

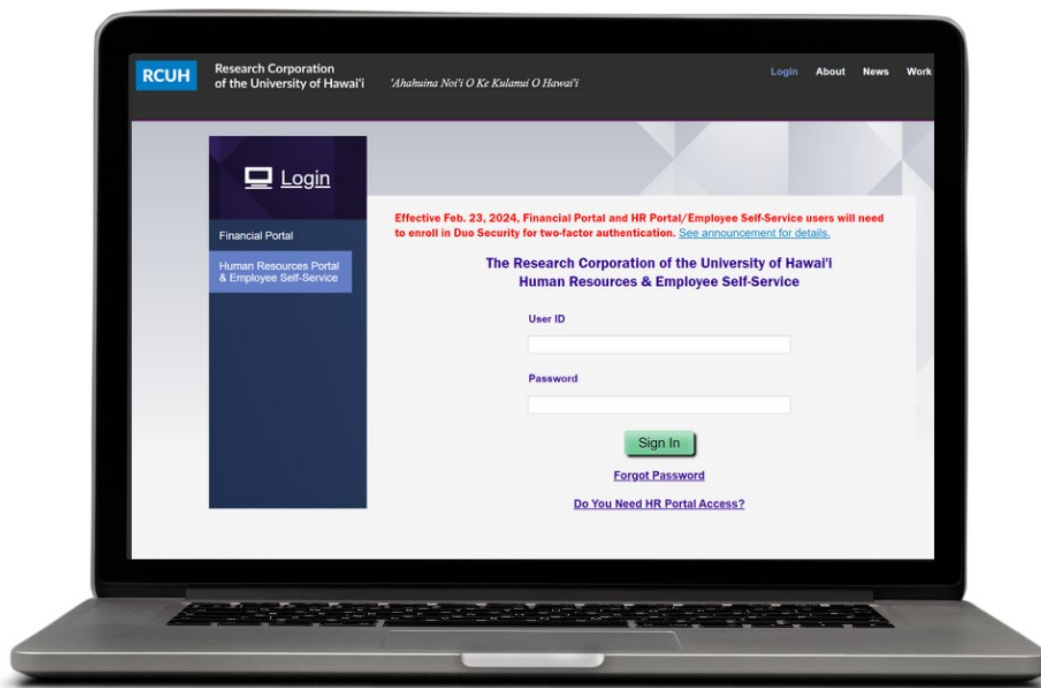
# RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

(For active benefits-eligible employees, April 24, 2024 – May 17, 2024 only)

## LOG IN TO RCUH EMPLOYEE SELF-SERVICE (ESS):

To log into ESS, use the following link:

<https://hr.rcuh.com/psp/hcmprd/EMPLOYEE/EMPL/?cmd=login>



Effective February 23, 2024, RCUH will require two-factor authentication for ESS. Similar to the University of Hawai'i, RCUH will be incorporating DUO Security as its new two-factor authentication solution. **Click here** for instructions if you have not set up your two-factor authentication for ESS. If you need assistance with two-factor authentication or password reset for ESS, contact the RCUH HR Help Desk at [hrhelpdesk@rcuh.com](mailto:hrhelpdesk@rcuh.com) or call (808) 956-8900.

# RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

## HOW TO SUBMIT THE ELECTRONIC RCUH OPEN ENROLLMENT (OE) FORM:

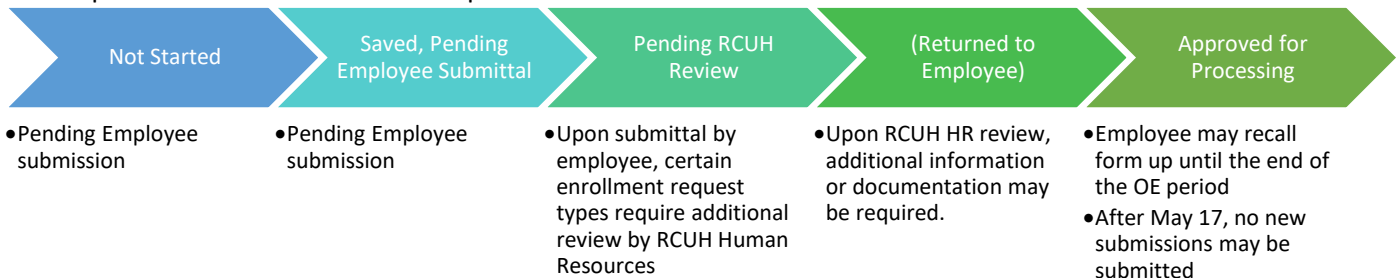
On April 24, 2024, the **“Open Enrollment”** link will be available to all benefits-eligible active employees under the **Benefits** tile. The deadline to complete the RCUH OE form is May 17, 2024. **Do not submit Open Enrollment election or changes via eUpload.**

The screenshot shows the RCUH Employee Self-Service portal interface. At the top, there is a navigation bar with links for Login, About, News, Work, and Training. Below this, there are several content tiles:

- ANNOUNCEMENTS:** Contains several bullet points regarding payroll deadlines, retirement meetings, and benefit changes.
- eTimesheets:** Features a prominent **Payroll Deadline: 03/31/2024 12:00 Noon (HST)** and links for current and past timesheets.
- REMINDERS:** Lists key dates and actions, including the **Open Enrollment Deadline: May 17, 2024** and the **Last Day to Consent for Electronic W-2 is Tuesday, December 26, 2023**.
- eUpload:** A blue tile with a cloud icon and an upward arrow, labeled "eUpload".
- Benefits:** A yellow-bordered tile with a shield icon and a plus sign, labeled "Benefits". It contains links for "Open Enrollment" and "Benefits Summary".

Under **“REMINDERS”** you will see the status of your RCUH OE form.

### RCUH Open Enrollment Form: Status Explanations



If you saved or submitted your OE form and the status under **“REMINDERS”** does not update in real time, you may need to log out and log back into ESS to see the status change.

Click on **“Open Enrollment”** to begin.

# RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

The **“Open Enrollment”** link will take you to your RCUH OE form.

For plan year July 1, 2024 - June 30, 2025

1. Check if personal information is up-to-date. If not, click link to make changes. Link will not be available during payroll processing blackout periods.

**Open Enrollment 2024-2025**

Empl ID: Name: Address:  Phone: Email: <a href="#" style="border: 1px solid blue; padding: 2px;">Click here to update personal information</a>	Status: Not Started  Today's Date: 04/07/2024 Effective Date: 07/01/2024
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Welcome to Open Enrollment 2024! This year's deadline for benefit changes is **May 17, 2024**. If you have any questions, please contact the RCUH Employee Benefits Section at [rcuh\\_benefits@rcuh.com](mailto:rcuh_benefits@rcuh.com) or call (808) 956-2326 or (808) 956-7055. All enrollment/changes will be effective July 01, 2024.

During the Open Enrollment period, you may also enroll yourself or a qualified family member into [Supplemental Long-Term Care](#) (subject to medical underwriting). Contact the Employee Benefits Section.

	Current 2023 Benefit Election	Deduction	New 2024 Benefit Election	Deduction
<b>Medical/Vision/Drug</b>	HMSA (PPO) Preferred Provider Employee + 1 (PreTax)	\$680.34	HMSA (PPO) Preferred Provider Employee + 1 (PreTax)	\$750.71
<b>Dental</b>	Hawaii Dental Service Employee + 1 (PreTax)	\$28.24	Hawaii Dental Service Employee + 1 (PreTax)	\$28.24
<b>FSA - Healthcare</b>		\$80.00		Not Enrolled
<b>FSA - Dependent</b>		Not Enrolled		Not Enrolled
<b>Life Insurance</b>	Group Life - Class 2 (\$600k)	\$0.00	Group Life - Class 2 (\$600k)	\$0.00

2. Shows what you are currently enrolled/waived in and employee deduction amounts through June 30, 2024.

Reminder: if enrolled in FSA, any unused remaining funds will be forfeited on June 30, 2024.  
**No carryovers.**

3. Shows what you will be enrolled/waived in and employee deduction amounts starting July 1, 2024 - June 30, 2025.

Reminder: FSA enrollments are not automatic. If you wish to continue FSA for the upcoming plan year, you must re-enroll.

4. Click on buttons to view panels to enroll or make changes.

Those who waive medical for the upcoming plan year must submit a new medical waiver. Click the Medical/Vision/Drug button to access the medical waiver form.

# RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

## Medical (to enroll or make changes)

Your current election will be defaulted. If you do not make a change, your current election will continue in the July 1, 2024 – June 30, 2025 plan year.

**Current Election:** HMSA (PPO) Preferred Provider  
Employee + 1

You may change your election for 2024 below:

PLAN NAME	===== EMPLOYEE COST PER MONTH =====		
	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + FAMILY
HMSA (PPO) Comp Med Basic	<input type="checkbox"/> \$258.09	<input type="checkbox"/> \$516.16	<input type="checkbox"/> \$903.64
HMSA (PPO) Comp Med	<input type="checkbox"/> \$296.39	<input type="checkbox"/> \$592.74	<input type="checkbox"/> \$1,037.67
HMSA (PPO) Preferred Provider	<input type="checkbox"/> \$375.36	<input checked="" type="checkbox"/> \$750.71	<input type="checkbox"/> \$1,314.14
HMSA (HMO) (Hawaii Residents Only)	<input type="checkbox"/> \$343.58	<input type="checkbox"/> \$687.16	<input type="checkbox"/> \$1,202.86
Kaiser (HMO) Standard - Plan A (Hawaii Residents Only)	<input type="checkbox"/> \$199.33	<input type="checkbox"/> \$398.67	<input type="checkbox"/> \$697.67
Kaiser (HMO) Comp - Plan B (Hawaii Residents Only)	<input type="checkbox"/> \$231.16	<input type="checkbox"/> \$462.32	<input type="checkbox"/> \$809.05
Waive (must submit waiver annually)	<input type="checkbox"/> \$0.00		

[Add Dependent](#)

Name	Relationship	Current Medical	New Medical
: SPOUSE'S NAME	Spouse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If adding dependents, select dependents from the existing list (if shown). If your dependent is not listed, click on **“Add Dependent.”**

To avoid delays in processing, ensure your dependent’s legal name and information is accurate.

Click on **“Return and Save”** to save elections.

You will receive an error if there is a discrepancy between the coverage tier and number of dependents checked off at the bottom. For example, if this employee selects HMSA PPO EMPLOYEE + FAMILY without adding any other dependents, they will receive an error message.

# RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

## Medical (to waive/cancel)

If you are waiving/canceling medical insurance for the July 1, 2024 – June 30, 2025 plan year, you must submit a medical waiver.

**Current Election:** Waived

You may change your election for 2024 below:

PLAN NAME	===== EMPLOYEE COST PER MONTH =====		
	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + FAMILY
HMSA (PPO) Comp Med Basic	<input type="checkbox"/> \$258.09	<input type="checkbox"/> \$516.16	<input type="checkbox"/> \$903.64
HMSA (PPO) Comp Med	<input type="checkbox"/> \$296.39	<input type="checkbox"/> \$592.74	<input type="checkbox"/> \$1,037.67
HMSA (PPO) Preferred Provider	<input type="checkbox"/> \$375.36	<input type="checkbox"/> \$750.71	<input type="checkbox"/> \$1,314.14
HMSA (HMO) (Hawaii Residents Only)	<input type="checkbox"/> \$343.58	<input type="checkbox"/> \$687.16	<input type="checkbox"/> \$1,202.86
Kaiser (HMO) Standard - Plan A (Hawaii Residents Only)	<input type="checkbox"/> \$199.33	<input type="checkbox"/> \$398.67	<input type="checkbox"/> \$697.67
Kaiser (HMO) Comp - Plan B (Hawaii Residents Only)	<input type="checkbox"/> \$231.16	<input type="checkbox"/> \$462.32	<input type="checkbox"/> \$809.05
Waive (must submit waiver annually)	<input checked="" type="checkbox"/>	\$0.00	<a href="#">Medical Waiver (B5W) Form</a>

[Add Dependent](#)

Name	Relationship	Current Medical	New Medical
SPOUSE'S NAME	Spouse	<input type="checkbox"/>	<input type="checkbox"/>

If you want to waive medical with RCUH, check off waive. Then the **“Medical Waiver (B5W) Form”** will appear.

Click the **“Medical Waiver (B5W) Form”** to complete the medical waiver.

Click **“Return and Save.”**

You will receive an error if you select waive and do not complete the eWaiver.

# RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

## Dental (to enroll, make changes, or waive/cancel)

Your current election will be defaulted. If you do not make a change, your current election will continue in the July 1, 2024 – June 30, 2025 plan year.

If adding dependents, select dependents from the existing list (if shown). If your dependent is not listed, then click on **“Add Dependent.”**

To avoid delays in processing, ensure your dependent’s legal name and information is accurate.

Current Election: Hawaii Dental Service  
Employee + 1

You may change your election for 2024 below:

PLAN NAME	===== EMPLOYEE COST PER MONTH =====		
	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + FAMILY
Hawaii Dental Service	<input type="checkbox"/> \$14.12	<input checked="" type="checkbox"/> \$28.24	<input type="checkbox"/> \$46.40
Waive	<input type="checkbox"/> \$0.00		

[Add Dependent](#)

Name	Relationship	Current Dental	New Dental
SPOUSE'S NAME	Spouse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Click on **“Return and Save”** to save elections.

You will receive an error if there is a discrepancy between the coverage tier and number of dependents checked off at the bottom. Ex. If this employee selects Hawaii Dental Service EMPLOYEE + FAMILY without adding any other dependents, they will receive an error message.

If waiving/canceling dental insurance, you will not be prompted to complete a waiver form. A waiver form is only required if waiving medical insurance with RCUH.

# RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

## Flexible Spending Account – Healthcare (to enroll)

This must be completed to enroll into FSA Healthcare for the July 1, 2024 – June 30, 2025 plan year. Do not complete if you do not want to enroll.

Enter amount you want deducted from your paycheck to contribute to your FSA Healthcare account. The annual total for 2024 will auto-generate.

Flexible Spending Account - Healthcare Election for July 01, 2024-June 30, 2025

Contribution Per Pay Period for 2024:   
(Minimum \$5, maximum \$133.33)

Annual Total for 2024: \$720.00

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Once again, any money in your pre-tax Flexible Spending Account that is not used by the end of the plan year (July 01, 2024-June 30, 2025) will be forfeited.

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Click on **“Return and Save”** to save elections.

# RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

## Flexible Spending Account – Dependent Care (to enroll)

This must be completed if you want to enroll into FSA Dependent Care for the July 1, 2024 – June 30, 2025 plan year. Do not complete if you do not want to enroll.

Enter amount you want deducted from your paycheck to contribute to your FSA Dependent Care account. The annual total for 2024 will auto-generate.

Flexible Spending Account - Dependent Care Election for July 01, 2024-June 30, 2025

**Contribution Per Pay Period for 2024:**

(Minimum \$5, maximum for married couples filing separately \$104.16/maximum for single taxpayer or married couples filing jointly \$208.33)

Annual Total for 2024: \$2,400.00

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Once again, any money in your pre-tax Flexible Spending Account that is not used by the end of the plan year (July 01, 2024-June 30, 2025) will be forfeited.

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[Return and Save](#)

Click on **“Return and Save”** to save elections.



# RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

## \*Life Insurance Beneficiary Designation Section (to complete, add, or change)

Required fields for beneficiary information:

- Legal Name – First Name, Middle Initial, and Last Name (you can also elect your trust/estate)
- Relationship
- Email Address or Mailing Address (only one is required)
- Phone Number
- % of Benefit

An error message will generate if any of the above are missing.

### Life Insurance

The RCUH provides Group Life Insurance benefits to regular employees working 75% FTE or more. Eligible employees will receive a life insurance benefit of two (2) times their annual salary rounded upward to the next higher \$1,000, not to exceed elected amount.

**Imputed Income**  
The Internal Revenue Service (IRS) Code states that any life insurance coverage in excess of \$50,000 provided by an employer, or regardless of who pays the premium, is subject to taxation in accordance with its imputed income tax table. Therefore, coverage values in excess of \$50,000 will be subject to the imputed income tax withholding.

During the Open Enrollment period, you may change your Group Life Insurance maximum coverage amount (increases are subject to medical underwriting). Please contact RCUH Employee Benefits at [rcuh\\_benefits@rcuh.com](mailto:rcuh_benefits@rcuh.com) if you wish to make any changes.

GLIAD2 2x annual earnings not to exceed \$600,000 (Default)  
 GLIAD4 2x annual earnings not to exceed \$200,000  
 GLIAD5 2x annual earnings not to exceed \$100,000  
 GLIAD3 2x annual earnings not to exceed \$50,000

**Beneficiary Designation:**  
Please designate at least one beneficiary below. You may designate more than one beneficiary, as long as the percent of benefit totals to 100%. You may click on **+** to add more beneficiaries, or you may click on **-** to delete beneficiaries.

**Primary Beneficiary:**

First Name	M.I.	Last Name	*Relationship	Email Address	*Phone	Mailing Address	*% of Benefit		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Relationship"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Mailing Address"/>	<input type="text" value="0"/>	<input type="button" value="+"/>	<input type="button" value="-"/>

**Secondary Beneficiary (optional):**

First Name	M.I.	Last Name	*Relationship	Email Address	*Phone	Mailing Address	*% of Benefit		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Relationship"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Mailing Address"/>	<input type="text" value="0"/>	<input type="button" value="+"/>	<input type="button" value="-"/>

Click on “Return and Save” to save elections.

# IMPORTANT DATES

<b>Plan Year</b>	<b>July 1, 2024 – June 30, 2025</b>
<b>Open Enrollment Dates</b>	
Open Enrollment Election Period	April 24 – May 17, 2024
Open Enrollment Submission Deadline (No changes will be accepted after May 17, 2024)	May 17, 2024
Open Enrollment Submission Confirmation Email (Any discrepancies must be reported to RCUH Employee Benefits section by June 12, 2024)	June 7, 2024
Health (medical/dental) Cards/NBS MasterCard Debit Card will be mailed to employees, if enrolled	Within 10 business days from July 1, 2024
<b>Coverage and Deduction Dates</b>	
Effective Date for Open Enrollment Submission (enrollment and changes)	July 1, 2024
First Premium Deduction for Health Insurance Will Occur (if enrolled)	June 16 – 30, 2024 pay period (will be reflected on July 5th pay statement)
First Premium Deduction for Flexible Spending Accounts for Healthcare and/or Dependent Care, Supplemental Long-Term Care Will Occur, if enrolled	July 1-15, 2024 pay period (will be reflected on July 22nd pay statement)
<b>FSA Reminder Before Open Enrollment (For individuals enrolled in FSA for the 2023-2024 Plan Year)</b>	
Last Day to Spend Your FSA Healthcare/FSA Dependent Care if enrolled for the July 1, 2023 – June 30, 2024 Plan Year	June 30, 2024
Last Day to Submit Receipts (for expenses incurred by June 30, 2024) to NBS for Manual Claim Reimbursement for the July 1, 2023 - June 30, 2024 Plan Year	September 28, 2024

See **RCUH Employee Benefits Deduction Schedule**.

# REQUIRED SUPPORTING DOCUMENTS

Action	Required Supporting Documents (If document is not in English, please also include translation)
Enroll/Make changes for Self	N/A
Add a Spouse	<ul style="list-style-type: none"> <li>• Marriage Certificate</li> </ul>
Add a Civil Union Partner	<ul style="list-style-type: none"> <li>• Civil Union Certificate</li> </ul>
Add a Domestic Partner	<ul style="list-style-type: none"> <li>• Notarized Declaration Domestic Partnership (Form B-14)</li> <li>• Affidavit of Dependency for Tax Purposes (Form B-16) – Notarized only if individual is a tax dependent</li> </ul>
Add a Dependent Child	<ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• Guardianship Decree (if legal guardian)</li> <li>• Adoption Decree (if child is placed for adoption or adopted)</li> </ul>



**HELPFUL TIP:** RCUH HR requires documentation to validate an individual's full legal name (i.e., clear indication of first name, middle initial, and last name) and date of birth. Discrepancies may result in delay of enrollment processing and/or services until resolved. For example, some prescriptions require government-issued identification, which must match the name on your health card and prescription.

# OPEN ENROLLMENT CHECKLIST

- Review your current enrollments and how much they are costing you.** Log into **Employee Self-Service** > Benefits > Benefits Summary.
- Check your plan's monthly premiums.** If applicable, compare the **monthly premium rates** to your spouse's.
- Decide which plan is best for you and your family this year.** Understand your current coverage plan and how much it is actually costing you (e.g., monthly premiums, out-of-pocket expenses, etc.). It is always best to **review health plans** annually and assess how you are using the plan.
  - Are there any foreseeable upcoming changes? (e.g., birth of child, any scheduled surgeries, etc.)?
  - How often do you and your family go to the doctor?
  - How much do you and your family spend each year on out-of-pocket healthcare expenses (e.g., doctor's visits, copayments, urgent care, emergency room bills, prescriptions etc.)?
  - Do you require specialty care or special prescriptions? If so, make sure the plan you are enrolling into covers these.



**Note** - If you cancel health coverage with RCUH, you will not be able to enroll back into our plan until next year's Open Enrollment period unless you experience a **Qualifying Life Event**.

- Adding eligible dependents?** Start preparing your required supporting documents. If we do not have your dependent on file, you will need to submit supporting documentation that confirms their legal name, date of birth, and validates their proof of relationship.
- Waiving medical coverage?** If you are waiving medical coverage, you must complete an eWaiver form for each plan year. If you are currently waived, your waiver is only good through June 30, 2024, so RCUH will need a new waiver for the upcoming plan year.

# OPEN ENROLLMENT CHECKLIST

- Interested in a Flexible Spending Account (FSA) this year?** Determine if an FSA might be appropriate for you and your family (spouse and eligible dependents). RCUH has two FSAs – for healthcare expenses and for dependent care expenses. In addition to your out-of-pocket costs, review the list of eligible FSA expenses. You may be surprised at what you can purchase using pre-tax dollars! See the **RCUH Benefits Spotlight: Flexible Spending Accounts Healthcare & Dependent Care** for more information.

Based on your predictable and foreseeable spending for the next plan year, calculate your annual commitment of how much you would like to contribute to a FSA Healthcare and/or FSA Dependent Care account over the course of 24 pay periods.

REMEMBER: Budget wisely! Remaining balances at the end of the plan year (i.e., June 30th) or upon termination of eligibility are subject to forfeiture. Use it or Lose it—no exceptions.

**Re-enrollment is not automatic.** If you want to continue your current FSA benefit, you must re-enroll in the benefit.

**REMINDERS:** Pre-Tax Parking and Transit enrollments, changes, or cancellations are not part of Open Enrollment. **Do NOT submit forms to EUTF or Island Flex. EUTF and Island Flex programs are for State of Hawai'i employees and not for RCUH employees.**



**HELPFUL TIP:** Choosing a health insurance plan is not an easy decision! Have a family discussion. Monthly premiums are just one expense. Take some time to review your credit card bills and checking accounts for all medical-related expenses! The plan with the lowest monthly premium may actually be costing more if you factor in out-of-pocket expenses. Be sure to factor in your deductibles, copayments/coinsurance, calendar year maximum out-of-pocket levels and your expected usage for the year (scheduled surgery or orthodontics). If you require specialty care or prescriptions, be sure the plan you choose covers what you need. Your needs may actually change from year to year. This is a family financial decision that affects everyone in the household.

# OPEN ENROLLMENT CHECKLIST:

- Update your Life Insurance Beneficiaries (for Regular, Relief Status employees 75% FTE or greater only)

1. After Open Enrollment ends, the life insurance beneficiaries will be housed online in your Employee Self-Service. For this Open Enrollment period, ALL eligible employees (Regular Status 75% FTE or more) are required to review and update their Group Life Insurance beneficiaries and maintain this information as necessary. You will need: Beneficiary's legal name, mailing address or email address, and phone number.
2. Confirm your Life Insurance maximum coverage amount in **Employee Self-Service** > Benefits > Benefits Summary. If you previously reduced below the default level (up to 2x annual salary up to \$600k) and wish to increase your maximum coverage amount, please contact the RCUH Employee Benefits section to complete the necessary documents. You may need to complete a medical underwriting process with MetLife.



**HELPFUL TIP:** Read **MetLife's What Is a Beneficiary & How Do You Choose One?** for the difference between a primary beneficiary and contingent (or secondary) beneficiary.

- Consider Long Term Care Supplemental Insurance (for Regular, Relief status employees 75% FTE or greater only)

1. Determine interest in insurance coverage above and beyond the base benefit (**refer to Long Term Care Insurance section in this Guide**) for:
  - a. Eligible and enrolled employee
  - b. Eligible family member
2. Use the UNUM Calculator to adjust state of residency, age, duration, and amount of benefit you are looking for <https://unuminfo.com/rcuh/default.aspx>
3. Complete EMPLOYEE or FAMILY Enrollment Form and LTC Insurance Application and submit to RCUH Employee Benefits at [rcuh\\_benefits@rcuh.com](mailto:rcuh_benefits@rcuh.com) by May 17, 2024. A medical questionnaire and signed Authorization to Request Medical Information must be completed and you must be approved for coverage by UNUM prior to confirmation of coverage.

# OPEN ENROLLMENT CHECKLIST:

## SUBMIT YOUR FORM:

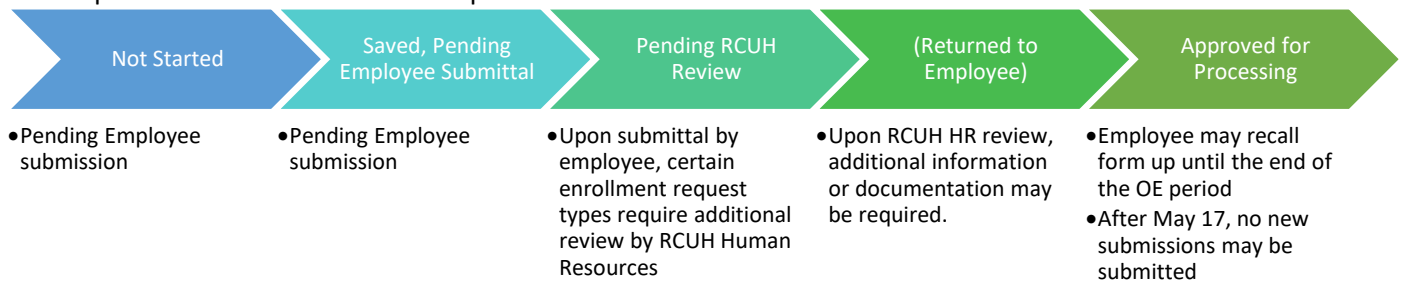


**IMPORTANT:** All benefits eligible employees are **REQUIRED** to submit an Open Enrollment Form, even if you are not making any changes!

Submit your electronic RCUH Open Enrollment form in ESS. The deadline will be May 17, 2024. You can always save your progress and submit when you are ready. Some actions may require additional documentation and RCUH review upon submittal. You can also recall your submission and edit your response and resubmit up until May 17. No changes will be accepted after May 17, absent extenuating circumstances.

## RCUH OPEN ENROLLMENT FORM – STATUS EXPLANATION:

RCUH Open Enrollment Form: Status Explanations



## OPEN ENROLLMENT CONFIRMATION NOTICE

You should expect to receive a confirmation email from RCUH Human Resources upon the processing of all submissions no later than June 7, 2024 to your primary email address in Employee Self-Service. This notification will serve as a final confirmation of your Open Enrollment elections. Any discrepancies should be reported to the RCUH Employee Benefits section no later than June 12, 2024. If you fail to submit your election, the default enrollments will be confirmed, including waiver of medical insurance. Failure to submit a new waiver may lead to disciplinary action, up to and including termination of employment.