

ANSWERS TO FREQUENTLY ASKED QUESTIONS ABOUT BENEFITS FOR QUALIFIED U.S. TEMPORARY PROFESSIONALS

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2021 BENEFITS OPEN ENROLLMENT

Q1. WHEN IS OPEN ENROLLMENT?

A. The 2021 Open Enrollment period for Robert Half benefits for qualifying temporary professionals is **November 23 through December 11, 2020**. Benefits elected during Open Enrollment will be effective January 1, 2021, for the High-Deductible Medical Plan, and December 28, 2020, for all other benefits.

Q2. WHAT BENEFITS DOES ROBERT HALF OFFER?

A. Robert Half offers qualifying U.S. temporary professionals and their dependents access to various benefits options through The American Worker.

Medical plans

Robert Half offers the following medical options for temporary professionals:

- The High-Deductible Medical Plan* (if eligible)
- The Preventive Care Plus Plan*

*Residents of some states may not be eligible to enroll in these plans or they may be subject to a state tax penalty because the plans do not meet state law requirements. Residents of affected states may enroll in medical coverage through their state exchanges.

NOTE: You also have access to medical coverage through state or federal health insurance marketplaces. We offer facilitated access to the marketplaces through GoHealth at gohealthcoverage.com/hub. Plans available through GoHealth aren't connected with Robert Half in any way.

Other benefits

In addition to these medical plan options, Robert Half offers a variety of voluntary supplemental benefit products¹ including:

- Group Hospital Indemnity Plans (fixed-indemnity plans)²
- Dental
- Vision
- Short-Term Disability
- Life and Accidental Death and Dismemberment (AD&D) Insurance
- Critical Illness and Accident Insurance Package
- Commuter Benefits (for those who work in the San Francisco Bay Area, New York City, Washington D.C., Seattle or New Jersey)
- 401(k) Plan administered by Fidelity Investments³

¹Not all benefit plans/products are available in all states.

²New Hampshire and Vermont residents are not eligible for the Group Hospital Indemnity Plans. Group Hospital Indemnity Plan benefits vary slightly for residents in the state of Washington. A schedule of benefits for Washington residents is available by calling 1.855.495.1192.

³There is no waiting period to enroll in the 401(k) Plan, and you may enroll at any time. When you enroll in the 401(k) Plan, your contributions will generally begin on the first pay period of the following month. To enroll or learn more about the plan, go to www.netbenefits.com/easyenroll or call Fidelity at 1.800.835.5097.

Q3. WHAT'S CHANGING FOR 2021?

A. Teladoc will now be available for those enrolled in the High Deductible Medical Plan. Teladoc gives you access to doctors 24/7 by phone or online. For certain minor non-preventive services, Teladoc doctors can diagnose, treat and prescribe medication when necessary.

CerpassRx will be the new pharmacy benefit manager for the upcoming plan year. New ID cards will be sent to all Preventive Care Plus Plan and High-Deductible Medical Plan members.

Critical Illness insurance will now be available for Washington State residents. Critical Illness & Accident insurance are bundled together. If you live in Washington State and are enrolled in Accident insurance, you will be enrolled in the combined Critical Illness & Accident insurance package for 2021. Critical Illness & Accident insurance rates will change, so be sure to review your elections.

Premiums for the Preventive Care Plus Plan, High-Deductible Medical Plan, Dental, Disability, Life and Critical Illness & Accident (except for Washington State) will remain the same for the 2021 plan year.

THE FOLLOWING CHART SHOWS THE CARRIERS FOR 2021:

BENEFIT	2021
High-Deductible Medical Plan	
Administrator	The American Worker
Network	Cigna
Pharmacy	CerpassRx
Telehealth	Teladoc
Employee Assistance Program (EAP)	Magellan Health
Preventive Care Plus Plan	
Administrator	The American Worker
Network	First Health LBP Network
Pharmacy	CerpassRx
Telehealth	Teladoc
Employee Assistance Program (EAP)	Magellan Health
Dental	Ameritas
Vision	Ameritas
Group Hospital Indemnity Plans	Nationwide
Short-Term Disability	Nationwide
Life and AD&D Insurance	Nationwide
Critical Illness and Accident Insurance Package	Nationwide
COBRA Benefits	Administered by The American Worker
401(k) Plan	Fidelity Investments

Q4. HOW CAN I LEARN ABOUT MY BENEFITS AND COSTS?

A. Visit The American Worker website at RHAWPbenefits.com or text RHAWP2021 to 24587 to see benefit costs. Beginning January 1, 2021, you can text RHAWP2021 to **1.855.932.4533**. The amount you pay depends on the benefit and coverage tier you elect. Your benefit premiums will be deducted through payroll on an after-tax basis.

You can also review the online benefit guide at roberthalf.gobenefits.net for more detailed benefit information.

Q5. WHAT ABOUT COMMUTER BENEFITS?

A. If you work in the San Francisco Bay Area, New York City, Washington D.C., Seattle or New Jersey, you will continue to be eligible for commuter benefits. The commuter benefit program allows you to set aside pre-tax dollars through payroll contributions to use for commuting costs, such as public transportation, van pools and parking. These benefits will continue to be administered by WorkTerra. For more information, go to workterra.lh1ondemand.com or call **1.888.327.2770**.

ENROLLING IN BENEFITS

Q6. WHO IS ELIGIBLE TO ENROLL?

A. Benefits are available to temporary professionals who have worked on a job assignment for Robert Half. Eligibility requirements depend on the plan:

- **High-Deductible Medical Plan:** You, your spouse/domestic partner and your children are eligible for this plan if you have worked for Robert Half an average of 30 hours per week for 12 consecutive months. The Affordable Care Act (ACA) allows an administrative period for Robert Half to determine and make an offer to its eligible employees. Robert Half uses this administrative period to process your information and notify you. This means that you will not hear from Robert Half the exact day you reach 12 consecutive months of work. If you are determined to be eligible, you will be notified after the administrative period ends.
- **Preventive Care Plus Plan:** You, your spouse/domestic partner and your children are eligible to enroll within 30 days of the date of your first Robert Half pay statement.
- **Group Hospital Indemnity Plans, Dental, Vision, Short-Term Disability, Life and AD&D Insurance and Critical Illness & Accident Insurance Package benefits:** You, and where applicable, your spouse/domestic partner and your children are eligible to enroll within 30 days of the date of your first Robert Half pay statement.

Q7. HOW DO I KNOW IF I'M ELIGIBLE FOR THE HIGH-DEDUCTIBLE MEDICAL PLAN?

A. If you are a new hire, your eligibility is based on a 12-month look-back period and will be measured based on when you started your first assignment. If you worked an average of 30 hours or more per week during your look-back period, you will be notified of your eligibility for the High-Deductible Medical Plan after the Affordable Care Act (ACA) administrative period. This means you will not hear from Robert Half on the exact day you reach 12 consecutive months of work.

For 2021, you are eligible for the High-Deductible Medical Plan if you started working for Robert Half on or before October 16, 2019, and you worked an average of 30 hours or more per week during the 12-month period ending on October 15, 2020. If you elect to participate during Open Enrollment, your coverage will be effective January 1, 2021. The American Worker enrollment page on [RHAWPbenefits.com](https://www.rhawpbenefits.com) will show the High-Deductible Medical Plan as part of your options, if you are eligible.

Q8. WHICH BENEFIT PLANS CAN I ENROLL IN TO COVER MY DEPENDENTS?

A. Your spouse/domestic partner and children up to age 26 can be covered under the following plans: High-Deductible Medical Plan, Preventive Care Plus Plan, Group Hospital Indemnity Plans, Dental, Vision, Life/AD&D Insurance and the Critical Illness & Accident Insurance Package.

Q9. CAN I ENROLL IN BOTH MEDICAL PLANS?

A. No. You cannot enroll in both the High-Deductible Medical Plan and the Preventive Care Plus Plan at the same time. This means that if you enroll in the High-Deductible Medical Plan, you cannot enroll in the Preventive Care Plus Plan and vice versa. You can enroll in one of the Group Hospital Indemnity Plans in addition to either of the medical plans.

Q10. WHEN CAN I ENROLL?

A. If you are a new hire, or newly eligible for benefits, you must enroll within 30 days of your eligibility date. You can also enroll during Open Enrollment (November 23 – December 11, 2020). If you choose not to enroll at this time, you will not be eligible to enroll in The American Worker programs until the next Open Enrollment period, unless you experience a qualifying life event (see Q12).

Q11. HOW DO I ENROLL?

A. You can enroll online, by phone or via text.

Online:

- Go to [RHAWPbenefits.com](https://www.rhawpbenefits.com).
- Select "Returning User" and enter the username and password you previously created. If this is your first time, click on "Select New User" and enter the following:
 - Your employee ID, which can be found on your pay statement, paycheck stub, on the Home Page of the Online Time Reporting system or by contacting Robert Half Customer Service at pay.timereporting@roberthalf.com or **1.888.744.9202**.
 - Your last name
 - Your five-digit ZIP code
 - Group #: 156504

By Phone: Call **1.855.495.1192** Monday through Friday, 5:00 a.m. - 5:30 p.m. Please have your Employee ID available when calling.

Via Text: RHAWP2021 to 24587 for more information. Beginning January 1, 2021, you can text RHAWP2021 to **1.855.932.4533**.

Q12. WHAT IF I WANT TO MAKE CHANGES TO MY BENEFITS AFTER ENROLLING?

A. As long as you are still in the enrollment window, you can make changes to your benefits elections. For 2021 benefits, you must enroll between November 23 and December 11, 2020. You can make changes to your elections any time during this enrollment window. Elections you make during Open Enrollment will be effective January 1, 2021, for the High-Deductible Medical Plan, and December 28, 2020, for all other benefits, provided premiums are paid timely. In addition, if you decline coverage, you must wait until the next Open Enrollment period to enroll. However, if you experience a qualifying life event during the year, you may make changes to your elections at that time.

Qualifying life events may include:

- Marriage, divorce or legal separation
- Birth or adoption
- Loss of dependent coverage
- Death of your spouse/domestic partner or one of your children
- Change in work status for you or your spouse or domestic partner

The changes you make must be consistent with the qualifying life event, such as adding a dependent in the case of a birth or adoption. It is your responsibility to make changes to your benefit elections by contacting The American Worker at **1.855.495.1192** within 30 days of the event. If you don't, you will not be able to enroll in or make changes to your coverage until the next Open Enrollment period.

Q13. CAN I CANCEL MY BENEFITS AT ANY TIME DURING THE YEAR?

A. Yes, you may cancel your benefits at any time by contacting The American Worker at **1.855.495.1192** even if you do not have a qualifying life event. However, if you decide to cancel your coverage, **all benefits** in which you are enrolled will be terminated. You are not able to cancel some benefits and keep others. If coverage is canceled, you can't re-enroll until the next Open Enrollment period for coverage effective January of the following year.

MEDICAL COVERAGE

Q14. AM I REQUIRED TO HAVE MEDICAL COVERAGE?

A. There is no longer an individual mandate under the Patient Protection and Affordable Care Act (ACA). However, certain states may require residents to have coverage or pay a penalty. Check your local or state requirements for more information.

If you are NOT enrolled for medical coverage through Robert Half or would like to change your current coverage, Open Enrollment is your annual opportunity to make elections. If you don't enroll through Robert Half, you can enroll in another ACA-qualified plan through your spouse or domestic partner's employer, or through a state or federal health insurance marketplace.

Q15. HOW DOES A MEDICAL PLAN THROUGH A STATE OR FEDERAL HEALTH INSURANCE MARKETPLACE DIFFER FROM THE PLANS AVAILABLE THROUGH ROBERT HALF?

A. As you think about your medical coverage options, it's important to understand how much coverage you need and if you qualify for a subsidy to help pay for medical care coverage. Here's how the medical plans work:

- **State or federal health care insurance marketplace plans** are available. There are many options to choose from, with a range of comprehensive coverage and pricing. Depending on your financial situation, you may be eligible for a government subsidy to help pay for this coverage.

- **The High-Deductible Medical Plan** is a comprehensive medical plan, unlike the Preventive Care Plus Plan. It is only available to eligible candidates. (See Q7 for eligibility determination.)

- If you are eligible for benefits, you may not be eligible for a subsidy through a public health insurance marketplace, even if you don't elect this coverage and enroll through a marketplace instead.

- If you enroll through the federal or state health insurance marketplace and receive a subsidy to pay for your coverage, you may have to pay it back later when the government verifies your eligibility for the High-Deductible Medical Plan under Robert Half and determines that the plan is considered "affordable" per the ACA based on your income.

- **The Preventive Care Plus Plan** provided by Robert Half offers preventive care benefits only — it is **not** a comprehensive medical plan. You may decide to enroll in additional medical coverage elsewhere. However, if you enroll in this plan, you can't obtain subsidized public health care exchange coverage, even if you qualify.

IMPORTANT: Residents of Massachusetts may be subject to a state tax penalty, even if enrolled in the Preventive Care Plus Plan or the High-Deductible Medical Plan (if eligible), because those plans are not considered minimum creditable coverage by the Commonwealth of Massachusetts.

Q16. HOW DOES THE HIGH-DEDUCTIBLE MEDICAL PLAN WORK?

A. The High-Deductible Medical Plan is a comprehensive medical plan that covers office visits, hospital care, emergency care, prescription drugs and more.

You must first meet a calendar-year deductible for in-network services (\$6,000 for individual coverage in 2021) before the plan begins to pay benefits. For more details, please refer to the High-Deductible Medical Plan Summary of Benefits and Coverage (SBC) or the online benefit guide at **roberthalf.gobenefits.net**.

Q17. WHAT HAPPENS TO MY HIGH-DEDUCTIBLE MEDICAL PLAN COVERAGE IF MY HOURS DROP BELOW THE AVERAGE OF 30 HOURS OR MORE PER WEEK DURING 2021?

A. If you enrolled in the High-Deductible Medical Plan, your coverage will remain active for 12 consecutive months from the effective date even if your hours worked subsequently drop below 30 hours per week, provided that you continue to work for Robert Half. For example, if you are eligible for the High-Deductible Medical Plan effective February 1, 2021, and enroll, your coverage will be active for the 12 months following your effective date even if your work hours are less than 30 hours per week, provided you continue to work for Robert Half and pay for your share of the premiums.

Coverage will be canceled if you transition to another class of employment. You will be able to continue your coverage through COBRA. For more information, call The American Worker at **1.855.495.1192** Monday through Friday, 5 a.m. - 5 p.m. PT, or visit **RHAWPbenefits.com**.

Q18. HOW CAN I FIND OUT WHAT PREVENTIVE CARE SERVICES ARE COVERED BY THE PREVENTIVE CARE PLUS PLAN?

A. For plan details, visit The American Worker website at **RHAWPbenefits.com** or call **1.855.495.1192**. For a current and complete list of covered services, including all requirements such as age, gender and/or health conditions for services to be covered, visit **healthcare.gov/preventive-care-benefits**.

Q19. WHAT IS A GROUP HOSPITAL INDEMNITY PLAN?

A: A Group Hospital Indemnity Plan is not a medical plan. It provides limited supplemental coverage for certain health care services that your medical plan may not cover, such as doctor's office visits, diagnostic X-rays and lab work, hospital stays and surgical procedures.

These plans provide supplemental payments that may be applied toward doctor's office visits, diagnostic X-rays and lab work, hospital stays and surgical procedures. They also help cover certain out-of-pocket expenses associated with other plans you may have, such as deductibles and coinsurance incurred while receiving medical treatment. Like the Preventive Care Plus and High-Deductible plans, you can contact U.S. board-certified doctors 24/7 by phone or online.

You can combine the Group Hospital Indemnity Plan with either the Preventive Care Plus Plan or the High-Deductible Medical Plan.

Q20. WILL I RECEIVE AN ID CARD?

A. A welcome package will be mailed to your home address when you first enroll. ID cards are only available for your medical benefits (the High-Deductible Medical Plan and Preventive Care Plus Plan) and the Group Hospital Indemnity Plans. You will **not** receive ID cards for the Dental, Vision, Disability, Life and Accidental Death and Dismemberment (AD&D) Insurance and Critical Illness & Accident Package benefits. For Dental and Vision, you only need to provide your Social Security number to your providers.

Q21. CAN I VISIT ANY PROVIDER FOR SERVICE?

A. Your ability to visit your choice of providers varies by plan:

- **High-Deductible Medical Plan:** This plan does not require you to use Cigna network providers; however, you will receive substantial discounts by utilizing doctors within their network. To locate a Cigna network provider, visit **MyCigna.com**.

- **Preventive Care Plus Plan:** This plan requires you to use only First Health network providers. If you use an out-of-network provider, you will not receive coverage. To locate a First Health network provider, visit **FirstHealthLBP.com**.

- **Group Hospital Indemnity Plans (fixed-indemnity plans):** These plans do not require you to utilize network providers. For more information, visit **RHAWPbenefits.com**.

- **Dental:** This plan does not require you to use network providers but, in general, you will receive substantial discounts by utilizing Ameritas network providers. To locate providers in your area, visit **Ameritas.com** and select "Find a Provider." Then select "Dental," click on "Network Provider" and choose the "Classic (PPO)" network.

- **Vision:** This plan does not require you to use network providers, but in general, you will receive substantial discounts by utilizing Ameritas network providers. To locate providers in your area, visit **Ameritas.com** and select "Find a Provider." Then select "Vision: VSP," click on "Look up VSP providers" and choose the "Choice" network.

Q22. HOW DO I SUBMIT A CLAIM?

A. At the time of service, present your medical ID card and ask the provider to file the claim directly. (For Dental and Vision, you need only provide your Social Security number.) If a non-network provider is unwilling to file the claim on your behalf, you may need to pay upfront and submit the claim yourself for reimbursement. Please note that if you use a non-network provider, the plan will only pay up to the usual and customary charge. No claims will be paid for any service charges incurred prior to your effective date or for any week that premiums are not paid.

PAYING FOR YOUR BENEFITS

Q23. HOW DO I PAY FOR MY BENEFITS?

A. Premiums will be paid through after-tax payroll deductions on a weekly basis. Your coverage will continue uninterrupted as long as premiums are deducted from your paycheck.

IMPORTANT for all plans EXCEPT the High-Deductible Medical plan:

If you don't receive a paycheck or receive a paycheck without a premium deduction, your benefits will be suspended. Coverage will remain suspended until you receive your next paycheck with a premium deduction, unless you make a premium payment for the missed deduction. To avoid suspended coverage, you must make a missed premium payment every time a deduction is not processed from your paycheck. You can make a missed premium payment for up to four consecutive weeks. (See Q24 for more information.)

Q24. HOW DO I PAY FOR MISSED PREMIUMS?

A. This depends on your plan:

For all plans EXCEPT the High-Deductible Medical plan:

- You have up to four weeks from the date of your paycheck without a deduction to make a missed premium payment. If you do not pay for the missed premium deduction within that time frame, you will not be able to pay for that coverage period at a later date and you will not have coverage for that missed week.
- You can pay for missed premium deductions online, over the phone or by mail using an electronic or physical check, credit or debit card or money order. You can also authorize an automatic payment to be processed every time a premium is not deducted from your paycheck. Should you wish to stop your automatic payment, you are responsible for contacting The American Worker to cancel by visiting The American Worker website at **RHAWPbenefits.com** or calling **1.855.495.1192**. If you do not cancel your automatic payment, and your account has been charged for coverage, you will not receive a refund.

For the High-Deductible Medical Plan ONLY:

- If you miss a paycheck or didn't see a deduction, you can ensure your coverage continues by sending a payment. Send your payment directly to Robert Half. Contact Robert Half at **1.855.744.6947** or **benefits@roberthalf.com** for instructions on how to make a payment.
- You can make up to four direct payments to Robert Half while not on assignment to prevent a lapse in coverage.

OTHER

Q25. WHOM CAN I CONTACT IF I HAVE QUESTIONS ABOUT MY BENEFITS?

A. Contact The American Worker at **1.855.495.1192** Monday through Friday, 5 a.m. - 5 p.m. PT.

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This document is a Summary of Material Modifications, as required by ERISA. Your 2021 Open Enrollment materials, insurance contracts, plan documents and summary plan descriptions together comprise the official plan document which legally governs the administration of your benefit plans. Robert Half reserves the right to terminate or amend your benefit plans in any way and at any time.