

ANSWERS TO FREQUENTLY ASKED QUESTIONS ABOUT BENEFITS FOR QUALIFIED HAWAII CONTRACT PROFESSIONALS

2022 BENEFITS OPEN ENROLLMENT

- Q1.** When is Open Enrollment?
- Q2.** What benefits does Robert Half offer?
- Q3.** What's changing for 2022?
- Q4.** How can I learn about my benefits and costs?

ENROLLING IN BENEFITS

- Q5.** Who is eligible to enroll?
- Q6.** How do I know if I'm eligible for the Kaiser or HMSA medical plans?
- Q7.** Which benefit plans can I enroll in to cover my dependents?
- Q8.** Can I enroll in both medical plans?
- Q9.** When can I enroll?
- Q10.** How do I enroll?
- Q11.** What if I want to make changes to my benefits after enrolling?
- Q12.** Can I cancel my benefits at any time during the year?
- Q13.** What happens if I'm eligible for medical coverage but do not take action?

MEDICAL COVERAGE

- Q14.** Am I required to have medical coverage?
- Q15.** How does a medical plan through a state or federal health insurance marketplace differ from the plans available through Robert Half?
- Q16.** What happens to my medical plan coverage if my hours drop below the average of 20 hours or more per week during 2022?
- Q17.** How can I find out what services are covered by the medical plans?
- Q18.** What is a Group Hospital Indemnity Plan?
- Q19.** Will I receive an ID card?
- Q20.** Can I visit any provider for service?
- Q21.** How do I submit a claim?

PAYING FOR YOUR BENEFITS

- Q22.** How do I pay for my benefits?
- Q23.** How do I pay for missed premiums?

OTHER

- Q24.** Whom can I contact if I have questions about my benefits?

2022 BENEFITS OPEN ENROLLMENT

Q1. WHEN IS OPEN ENROLLMENT?

A. The 2022 Open Enrollment period for Robert Half benefits for qualifying contract professionals is **November 22 through December 10, 2021**. Benefits elected during Open Enrollment will be effective January 1, 2022, for the Kaiser and HMSA medical plans, and January 3, 2022, for all other benefits.

Q2. WHAT BENEFITS DOES ROBERT HALF OFFER?

A. Robert Half offers qualifying Hawaii contract professionals and their dependents access to various benefits options through The American Worker.

Medical plans

Robert Half offers the following medical options for contract professionals:

- Kaiser Medical Plan*
- HMSA Medical Plan*

NOTE: You can also consider coverage through the federal health insurance marketplace. For more information, visit [healthcare.gov](https://www.healthcare.gov) or call **1.800.318.2596**.

*If eligible (see Q6)

Other benefits

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

- Group Hospital Indemnity Plans (fixed-indemnity plans)
- Dental
- Vision
- Life and Accidental Death and Dismemberment (AD&D) Insurance
- Critical Illness and Accident Insurance Package
- 401(k) Plan administered by Fidelity Investments¹

¹There 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 401(k) plan, go to www.netbenefits.com/easyenroll or call Fidelity at 1.800.835.5097.

Q3. WHAT'S CHANGING FOR 2022?

A. The American Worker will replace Mercer Marketplace as our benefits platform.

Great news, Kaiser and HMSA are available through The American Worker. Rates will remain the same.

New Dental and Vision plans are available through Ameritas.

Group Hospital Indemnity Plans, Life and AD&D, Critical Illness and Accident are now available through Nationwide as supplemental coverage.

With the transition to The American Worker, coverage under most plans will remain the same. However, there are some changes, so make sure to visit the online benefits guide at roberthalf.gobenefits.net for more details.

THE FOLLOWING CHART SHOWS THE CARRIERS FOR 2022:

BENEFIT	2022
Kaiser Medical Plan	Kaiser Permanente
HMSA Medical Plan	HMSA
Dental	Ameritas
Vision	Ameritas
Group Hospital Indemnity Plans	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 RHAWP2022 to **1.855.932.4533** for more information. The amount you pay depends on the benefit and coverage tier you elect. Your premiums for most benefits will be deducted through payroll on an after-tax basis. Premiums for the Kaiser and HMSA medical plans will be deducted through payroll pre-tax.

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

ENROLLING IN BENEFITS

Q5. WHO IS ELIGIBLE TO ENROLL?

A. Benefits are available to contract professionals hired by Robert Half to complete job assignments. Eligibility requirements depend on the terms of the applicable plan:

- **Kaiser and HMSA:** Robert Half complies with the Hawaii Prepaid Health Care Act. Hawaii contract professionals become eligible for medical coverage on the first of the month after or coinciding with working 20 hours or more each week for four consecutive weeks. When you meet the eligibility requirement, you can elect to cover yourself, your spouse/domestic partner and your children.
- **Dental, Vision, Group Hospital Indemnity Plans, Life and AD&D Insurance, and Critical Illness and Accident Insurance package benefits:** You and, where applicable, your spouse/domestic partner and your children, are eligible to enroll within 30 days of your first Robert Half pay statement.

Q6. HOW DO I KNOW IF I'M ELIGIBLE FOR THE KAISER AND HMSA MEDICAL PLANS?

A. Robert Half complies with the Hawaii Prepaid Health Care Act. Hawaii contract professionals become eligible for medical coverage on the first of the month after or coinciding with working 20 hours or more each week for four consecutive weeks. When you become eligible, you will be notified via email with your enrollment options.

Q7. 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: Kaiser Medical Plan, HMSA Medical Plan, Group Hospital Indemnity Plans, Dental, Vision, Life/AD&D Insurance and the Critical Illness & Accident Insurance Package.

Q8. CAN I ENROLL IN BOTH MEDICAL PLANS?

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

Q9. 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 22 – December 10, 2021). 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 Q11).

Q10. HOW DO I ENROLL?

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

Online:

- Go to **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. - 5:00 p.m. PT. Please have your employee ID available when calling.

Via Text: RHAWP2022 to **1.855.932.4533** for more information.

Q11. WHAT IF I WANT TO MAKE CHANGES TO MY BENEFITS ELECTIONS AFTER ENROLLING?

A. As long as you are still in the enrollment window, you can make changes to your benefits elections. For 2022 benefits, you must enroll between November 22 and December 10, 2021. You can make changes to your elections any time during this enrollment window. Elections you make during Open Enrollment will be effective January 1, 2022 for the Kaiser and HMSA medical plans, and January 3, 2022 for all other benefits, provided premiums are paid on time (see Q22 and Q23). 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 within the time required, which is usually within 30 days of the event, by contacting The American Worker at **1.855.495.1192**. If you don't, you will not be able to enroll in or make changes to your coverage until the next Open Enrollment period.

Q12. CAN I CANCEL MY BENEFITS AT ANY TIME DURING THE YEAR?

A. Yes, you may cancel your benefits (except for the Kaiser and HMSA medical plans) 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 any of your coverage, **all benefits** (other than your medical plan) in which you are enrolled will be terminated. If coverage is canceled, you will not be able to re-enroll until the next Open Enrollment period or until you meet the eligibility requirements for the relevant benefit. To cancel Kaiser and HMSA medical coverage, you must have a qualifying life event (see Q11).

Q13. WHAT HAPPENS IF I'M ELIGIBLE FOR MEDICAL COVERAGE BUT DO NOT TAKE ACTION?

A. If you are eligible for medical coverage, you will be automatically enrolled in employee-only coverage under the Kaiser Medical Plan. Your share of the premium cost will be deducted from your paychecks.

MEDICAL COVERAGE

Q14. AM I REQUIRED TO HAVE MEDICAL COVERAGE?

A. Yes. You are automatically enrolled in the employee-only Kaiser Medical Plan if you meet the eligibility requirements and do not complete an HC-5 form claiming an exemption or waiving coverage.

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 premium subsidy to help pay for medical coverage. Here's how the medical plans work:

- Hawaii has a federal health care insurance marketplace plan that offers the Kaiser and HMSA Medical Plans with multiple plan offerings.
- **The Kaiser Medical Plan** is a comprehensive medical plan that meets the requirements of the Hawaii Prepaid Health Act.
- **The HMSA Medical Plan** is a comprehensive medical plan that meets the requirements of the Hawaii Prepaid Health Act.

Q16. WHAT HAPPENS TO MY MEDICAL PLAN COVERAGE IF MY HOURS DROP BELOW THE AVERAGE OF 20 HOURS OR MORE PER WEEK DURING 2022?

A. In order to remain eligible for medical coverage, you must continue to work at least 20 hours per week. If you have four consecutive weeks working less than 20 hours, your coverage will end on the last day of that month. You can become eligible again by working at least 20 hours per week for four consecutive weeks.

Q17. HOW CAN I FIND OUT WHAT SERVICES ARE COVERED BY THE MEDICAL PLANS?

A. For plan details, visit roberthalf.gobenefits.net or call the American Worker at 1.855.495.1192.

Q18. 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 and expenses, such as doctor's office visits, diagnostic X-rays and lab work, hospital stays and surgical procedures.

It may 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.

You can combine the Group Hospital Indemnity Plan with either the Kaiser or HMSA medical plan.

Q19. 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 Kaiser and HMSA Medical Plans) and the Group Hospital Indemnity Plans. You will **not** receive ID cards for the Dental, Vision, Life and Accidental Death and Dismemberment (AD&D) Insurance and Critical Illness and Accident Package benefits. For Dental and Vision, you only need to provide your Social Security number to your providers.

Q20. CAN I VISIT ANY PROVIDER FOR SERVICE?

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

- **Kaiser Medical Plan:** This plan requires you to use only Kaiser network providers. If you use an out-of-network provider, you will not receive coverage. To locate a Kaiser network provider, visit kp.org.

- **HMSA Medical Plan:** This plan does not require you to use HMSA network providers; however, you will receive substantial discounts by utilizing doctors within their network. To locate an HMSA network provider, visit hmsa.com.
- **Group Hospital Indemnity Plans (fixed-indemnity plans):** These plans do not require you to utilize network providers. For more information, visit roberthalf.gobenefits.net.
- **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.

Q21. 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 on your behalf. (For Dental and Vision, you need only provide your Social Security number.) If an out-of-network provider is unwilling to file the claim on your behalf, you may need to pay for the services up front and submit a claim for reimbursement. Please note that if you use a out-of-network provider, the plan will only pay up to the usual and customary charge. No claims will be paid for any services or procedures incurred prior to the effective date of your coverage or for any week in which premiums are not paid.

PAYING FOR YOUR BENEFITS

Q22. HOW DO I PAY FOR MY BENEFITS?

A. Premiums or contributions for the benefits you select will be withheld from your paycheck on a weekly basis. Robert Half will withhold premiums/contributions on an after-tax basis, meaning after taxes are withheld. Your coverage will continue uninterrupted as long as premiums/contributions are deducted from your paycheck.

IMPORTANT: If you don't receive a paycheck or receive a paycheck without a premium deduction, your benefits (other than medical coverage under the Kaiser or HMSA Medical Plans) will be suspended. Coverage will remain suspended until you receive your next paycheck with a premium deduction, unless you make premium payments on your own. To avoid suspended coverage, you must make a missed premium payment to the American Worker every time a deduction is not processed from your paycheck. You can make a missed premium payment for up to four consecutive weeks. (See Q23 for more information.)

Q23. HOW DO I PAY FOR MISSED PREMIUMS?

A. 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.

OTHER

Q24. 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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