

Answers to Frequently Asked Questions about Benefits for Contract Talent

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2024 Benefits Open Enrollment

Q1. WHEN IS OPEN ENROLLMENT?

A. The 2024 Open Enrollment period for Robert Half benefits for qualifying contract talent is **Nov. 20 through Dec. 8, 2023**. Benefits elected during Open Enrollment will be effective Jan. 1, 2024.

Q2. WHAT BENEFITS DOES ROBERT HALF OFFER?

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

Medical plans

Robert Half offers the following medical options:

- **Contract Talent (except Hawaii)**
 - » Preventive Care Plus Plan¹
 - » High-Deductible Medical Plan¹ (if eligible)
- **Contract Talent in Hawaii**
 - » Kaiser Medical Plan²
 - » HMSA Medical Plan²

¹Residents of some states may not be eligible to enroll in these plans or they may be subject to a state tax penalty if they do so, because the plans do not meet state law requirements. Residents of affected states may enroll in medical coverage through their state or federal insurance exchanges.
²If eligible (see Q6)

NOTE: If the medical plans provided by Robert Half don't meet your needs, you may obtain health coverage through your state or federal insurance marketplace established by the Affordable Care Act. Visit [healthcare.gov](https://www.healthcare.gov) for more information.

Other benefits

In addition to these medical plan options, Robert Half offers a variety of voluntary supplemental benefits¹ including:

- 401(k) Plan administered by Fidelity Investments²
- BenefitHub discounts on auto, home and pet insurance, identity theft and other local deals
- Commuter Benefits (for those who work in the San Francisco Bay Area, New York City, Washington D.C., Seattle, New Jersey, Philadelphia or Illinois)
- Critical Illness & Accident
- Dental
- Hospital Indemnity³
- Life and Accidental Death & Dismemberment (AD&D) Insurance
- Short-Term Disability
- SoFi (financial support platform)
- Vision

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

²There 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.

³New Hampshire, New Mexico 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.

Q3. WHAT'S CHANGING FOR 2024?

A. You can expect the following changes:

- To help you get the most out of your weekly paycheck, benefit premiums for Medical, Dental and Vision plans will be deducted through payroll on a pre-tax basis, instead of after tax, thereby reducing your taxable income. If you want to make changes or cancel your benefit elections after this year's Open Enrollment, you must have a qualifying life event such as birth, marriage or gain/loss of coverage; otherwise, you will need to wait until next year's Open Enrollment period.
- There will be a slight increase of less than \$1 per week for the Preventive Care Plus Plan. We're holding employee premiums flat for the High-Deductible Medical Plan, as well as the Dental, Vision, Disability, Life Insurance, Hospital Indemnity and Critical Illness & Accident plans.
- New vendor discounts are available through Fidelity for adult caregiving (Wellthy and Alska) or for tax preparation services (Turbo Tax and H&R Block).
- Enrolled in a High-Deductible Medical Plan? You have the option to open a Health Savings Account (HSA) at Fidelity with no monthly fee.

THE FOLLOWING CHART SHOWS THE CARRIERS FOR 2024:

BENEFIT	2024
Preventive Care Plus Plan	
Administrator	The American Worker
Network	First Health LBP Network
Pharmacy	CerpassRx
Telehealth	Teladoc
Employee Assistance Program (EAP)	SupportLinc
High-Deductible Medical Plan	
Administrator	The American Worker
Network	Cigna
Pharmacy	CerpassRx
Telehealth	Teladoc
Employee Assistance Program (EAP)	SupportLinc
Kaiser Medical Plan (Hawaii)	Kaiser Permanente
HMSA Medical Plan (Hawaii)	HMSA
Dental	Ameritas
Vision	Ameritas
Group Hospital Indemnity Plans	Nationwide
Short-Term Disability	Nationwide
Life and AD&D Insurance	Nationwide
Critical Illness & Accident Insurance	Nationwide
COBRA Benefits	Administered by The American Worker
401(k) Plan	Fidelity Investments
Financial Support	SoFi
Discounts	BenefitHub and Fidelity

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

A. Visit The American Worker website at RHAWPbenefits.com or text RHAWP to **1.855.932.4533** for more information. The amount you pay depends on the benefit and coverage tier you elect. The Preventive Care Plus Plan, High-Deductible Medical Plan, Kaiser, HMSA, Dental and Vision premiums are deducted on a pre-tax basis. Your benefit premiums will be deducted through payroll on an after-tax basis for Group Hospital Indemnity, Short-Term Disability, Life and AD&D and Critical Illness & Accident.

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, New Jersey, Philadelphia or Illinois, you are 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 are 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 contract talent hired by Robert Half to complete job assignments. Eligibility requirements depend on the terms of the applicable plan:

- **Preventive Care Plus Plan:** You, your spouse/domestic partner and your children are eligible to enroll within 30 days after you receive your first pay statement from Robert Half. This plan is not available in Hawaii.
- **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 eligibility and make an offer of coverage to eligible employees. Robert Half uses this administrative period (one month plus one partial month) to process your information and notify you of your eligibility. If you are eligible, you will be notified after the administrative period ends. The effective date of your plan will be the first of the month after the administrative period ends. This plan is not available in Hawaii.
- **Kaiser and HMSA (Hawaii only):** Robert Half complies with the Hawaii Prepaid Health Care Act. Hawaii contract talent 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. You cannot enroll in both the Kaiser Medical Plan and HMSA at the same time.
- **Group Hospital Indemnity Plans, Dental, Vision, Short-Term Disability, Life and AD&D Insurance and Critical Illness & Accident Insurance 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.

Q7. WHAT IF I WANT TO MAKE CHANGES TO MY BENEFIT ELECTIONS AFTER ENROLLING?

A. You can make changes to your benefit elections during Open Enrollment, which begins on Nov. 20 and ends on Dec. 8, 2023. Elections you make during Open Enrollment will be effective Jan. 1, 2024, for all 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:

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

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 the time required, which is usually 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.

Q8. HAWAII CONTRACT TALENT: 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.

Q9. CAN I CANCEL MY BENEFITS AT ANY TIME DURING THE YEAR?

A. You cannot cancel your benefits unless you experience a qualifying life event (QLE, see Q7). If coverage is cancelled due to a QLE, you will not be able to re-enroll until the next Open Enrollment period or you experience another QLE.

Medical Coverage

Q10. AM I REQUIRED TO HAVE MEDICAL COVERAGE?

Hawaii

A. Yes. You will be 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.

All Other States

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 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.

Q11. 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:

- **The High-Deductible Medical Plan** is a comprehensive medical plan and is only available to eligible contract professionals. (See **Q6** for eligibility determination.)
 - » If you are notified by The American Worker that you are eligible for the High-Deductible Medical Plan but don't elect that coverage, you will not be eligible for a premium subsidy through a state or federal health insurance marketplace unless the Plan is not "affordable" for you. The insurance marketplace will determine whether the High-Deductible Medical Plan is affordable based on your annual income.
- **Hawaii** has a federal health care insurance marketplace plan that offers Kaiser and HMSA Medical Plans with multiple plan offerings.
 - » **The Kaiser and HMSA Medical Plans offered by Robert Half** are comprehensive medical plans that meet the requirements of the Hawaii Prepaid Health Act.
- **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 Preventive Care Plus Plan** provided by Robert Half offers preventive care benefits only and is **not** a comprehensive medical plan. You may decide to enroll in additional medical coverage elsewhere.

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 these plans are not considered minimum creditable coverage by the Commonwealth of Massachusetts.

Q12. 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, telemedicine, an EAP and more.

You must first satisfy a calendar-year deductible for in-network services (\$6,000 for individual coverage) 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.

The High-Deductible Medical plan is a Health Savings Account (HSA) eligible plan. You are able to set up an individual HSA through Fidelity by calling **1.800.544.3716** or by enrolling online at fidelity.com. There is no monthly or annual fee for participants. HSAs are tax-advantaged in three ways. First, personal HSA contributions using after-tax money may be federal income tax-deductible. Second, spending your HSA money on qualified medical expenses is free of federal income taxes. Third, if you invest some or all of your HSA money, any growth is also tax free. Find more information at www.fidelity.com/go/hsa/faqs.

Q13. WHAT HAPPENS TO MY HIGH-DEDUCTIBLE MEDICAL PLAN COVERAGE IF MY HOURS DROP BELOW THE AVERAGE OF 30 HOURS OR MORE PER WEEK DURING 2024?

A. If you are eligible for and enrolled in the High-Deductible Medical Plan, your coverage will continue for 12 consecutive months from the effective date. For example, if you are eligible for the High-Deductible Medical Plan effective Feb. 1, 2024, and enroll, your coverage will be active until Jan. 31, 2025, provided you continue to work for Robert Half as contract talent and pay the required premiums.

Coverage will be canceled if you transition to a permanent Robert Half employee, a full-time engagement professional or an independent contractor. 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.

Q14. HOW CAN I FIND OUT WHAT PREVENTIVE CARE SERVICES ARE COVERED BY THE PREVENTIVE CARE PLUS PLAN?

A. Generally, the Preventive Care Plus Plan covers preventive care services at 100% when you use an in-network provider and also includes telehealth services and an EAP. For plan details, visit The American Worker website at [RHAWPbenefits.com](https://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.

Q15. WHAT IS A GROUP HOSPITAL INDEMNITY PLAN?

A. A Group Hospital Indemnity Plan is **not** a medical plan. It provides limited cash payments 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 can 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 any of the medical plans.

Q16. 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 (High-Deductible Medical Plan, Preventive Care Plus Plan, Kaiser or HMSA) and the Group Hospital Indemnity Plan. You will **not** receive ID cards for the Dental, Vision, Short-Term Disability, Life and Accidental Death and Dismemberment (AD&D) Insurance and Critical Illness & Accident Insurance benefits. For dental and vision, you only need to provide your Social Security number to your providers.

Q17. 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 Cigna's network. To locate a Cigna network provider, visit [MyCigna.com](https://mycigna.com).
- **Preventive Care Plus Plan:** This plan requires you to use First Health network providers only. If you use an out-of-network provider, you will not receive coverage. To locate a First Health network provider, visit [FirstHealthLBP.com](https://firsthealthlbp.com).

- **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 Plan (fixed-indemnity plan):** This plan does not require you to utilize network providers. For more information, visit [RHAWPbenefits.com](https://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](https://ameritas.com), select "health" and then select "Find a Dental or Vision Provider." Enter your city/county, state, or zip code. Click "Select a network" 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](https://ameritas.com) and in the VSP section, click "Find VSP Providers." Enter your zip code or street address, city, and state and click "Search."

Q18. 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 and submit a claim for reimbursement. Please note that if you use an out-of-network provider, the plan will only pay up to the usual and customary charge. No claims will be paid for any health services or procedures incurred prior to the effective date of your coverage or for any week that premiums are not paid.

Paying for Your Benefits

Q19. 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. If you are enrolled in the Preventive Care Plus Plan, High-Deductible Medical Plan, Kaiser or HMSA Medical Plan, Dental, Vision or Commuter benefits, your premiums will be deducted from your payroll on a pre-tax basis. For other benefits, your premiums will be deducted from your payroll on an after-tax basis. Your coverage will continue uninterrupted as long as premiums/contributions are deducted from your paycheck.

IMPORTANT for all plans EXCEPT the High-Deductible Medical Plan, Kaiser or HMSA: If you don't receive a paycheck or receive a paycheck without a premium deduction, your benefits coverage will be 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 **Q20** for more information.)

Q20. 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. 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.

- 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 the missed week(s).

For the High-Deductible Medical Plan ONLY:

- If you miss a premium payment for any reason, you can ensure your coverage will continue 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

Q21. WHO 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.

Your Summary of Benefits Coverage (SBC) and/or annual notices can be found at roberthalf.gobenefits.net, or for a paper copy, please contact the HR Solutions Center at 855-744-6947 or HRsolutions@roberthalf.com.

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