



Your
2024
Open
Enrollment
Guide

your guide to

health

and wellbeing.

RS&H

November 6 - November 20, 2023

open enrollment 2024

November 6 - November 20, 2023

RS&H prides itself in providing its associates with a comprehensive and competitive benefits package.

This year is an “active” Open Enrollment. All associates are required to review and elect 2024 benefits. Make your elections starting Monday, November 6, 2023; all elections must be submitted by Monday, November 20, 2023.

This packet contains all of the important information that you and your family will need to make an informed decision as it applies to your 2024 benefits. Elections chosen during this enrollment process will become effective January 1, 2024.

Before completing your enrollment, we encourage you to access **ALEX** to better understand RS&H's comprehensive benefits package at www.myalex.com/rsh/2024.



Please follow the instructions provided to complete your 2024 Benefits Enrollment:

1

Log into UKG

Already Registered – simply visit <https://blaze.rsandh.com> to access UKG.

Not Yet Registered – follow the **UKG Single Sign On (SSO) Instructions** in order to authenticate your account.

If you have difficulty accessing UKG, please contact Open.Enrollment@rsandh.com.

2

Access the Open Enrollment Module in UKG

- Select “Menu” in the upper left corner, then select “Myself”.
- Select **Open Enrollment** from the menu options; a new page will appear.
- Launch your session by clicking on the hyperlink **Open Enrollment 2024**.
- Make your selections by moving through the Open Enrollment election screens using the navigation buttons.

3

Add/update your Beneficiaries and Emergency Contacts

All associates will be responsible for entering and updating their beneficiaries and emergency contacts into UKG.

- Instructions on how to complete this process through the Open Enrollment module can be found [here](#).

We are hoping for a seamless Open Enrollment this year and with your help we can achieve just that. Please be sure to make your elections (even if you are declining coverage) **by November 20** as access will be disabled after this date.

Email us at Open.Enrollment@rsandh.com if you have any questions.



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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details.

The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your HR Benefits Department.



general information

eligibility

Dependents Eligible for Coverage

An eligible dependent is defined as a covered associate's legal spouse, qualifying domestic partner or a dependent child of the associate or associate's spouse. A dependent child is defined as:

- A biological child
- A step-child
- A legally adopted child
- A child for whom legal guardianship has been awarded to the covered associate or the associate's spouse
- Unmarried children of any age who become mentally or physically disabled before reaching the age limitations

Eligibility for dependent children varies by coverage:

Coverage plan	Dependent children are eligible...
Medical	Through the end of the calendar year in which they reach age 26 regardless of student or marital status
Dental and Vision	Until their 26th birthday regardless of student status if unmarried
Child Life Insurance	Through their 21st birthday if unmarried Through their 25th birthday if unmarried and a full-time student
MetLife Legal Plan	Until their 26th birthday if unmarried
Accident and Critical Illness Policies	Until their 26th birthday regardless of student status if unmarried



domestic partner eligibility

Definition of a Domestic Partner

A Domestic Partnership is defined as two adults who meet the following requirements:

- The Associate and Domestic Partner share a single permanent residence and intend to do so indefinitely.
- The Associate and Domestic Partner are jointly responsible for each other's basic food and shelter (living expenses) while the domestic relationship is in effect.
- The Associate and Domestic Partner are both no less than 18 years of age, are not related by blood and are under no legal disability.
- A Domestic Partner does NOT include roommates, siblings, parents, or other similar relationships.

Declaring Domestic Partnership

In order to declare a Domestic Partnership pursuant to this Policy, an Associate and his or her Domestic Partner must execute an RS&H Affidavit of Domestic Partnership and submit it to the HR Benefits Department with all other required documentation below.

If you are an associate covering a:

- **Registered Domestic Partner**, please complete the **“Registered Domestic Partnership Affidavit”**. You will also be required to provide a copy of your City/State Declaration of Domestic Partnership.
- **Non-Registered Domestic Partner**, please complete the **“Non-Registered Domestic Partnership Affidavit”**. You will be required to have your affidavit notarized.

When an Affidavit of Domestic Partnership has been submitted to and accepted by the Company, the Domestic Partner will be entitled to all of the benefits accorded a spouse upon the same terms and conditions as are set forth in these Policies, Procedures and Guidelines, except that insurance coverage will be subject to any additional requirements of the Company's insurance carriers. For example, the cost of coverage for these individuals will be paid on a post-tax basis.

Dependent Children

Sole dependents of a Domestic Partner are not eligible for benefit coverage however; legal dependent child(ren) of the covered Associate and Domestic Partner are eligible for benefit coverage. A copy of the adoption agreement, court custody agreement or guardianship documents (for both you and your domestic partner) are required in addition to the birth certificate and must be submitted with the Affidavit of Domestic Partnership.

If you are an associate covering a dependent child(ren):

- You must complete the applicable RS&H Affidavit of Domestic Partnership with the requested information for each child.
- You will also be required to provide a copy of a birth certificate for each child along with the adoption agreement, court custody agreement or guardianship documents naming both you and your domestic partner as legal guardians.

medical insurance

Medical coverage in 2024 is provided by BlueCross BlueShield.

RS&H offers you and your dependents the opportunity to enroll in one of three health plans: two High Deductible Health Plans (HDHP) with Health Savings Accounts (HSA) or a PPO Plan. Each plan allows you to visit any provider of your choosing. However, you will likely experience significant savings if you choose a participating provider due to network discounts and higher coverage levels.

Provider Directory Instructions

Your medical plan through BlueCross BlueShield uses a national network. You are encouraged to verify your provider's participation prior to making an appointment to avoid high out-of-network costs.

To find BlueCross Blue Shield in-network providers, instructions on your provider lookup can be found [here](#).

helpful insurance terms

These terms will help you understand your benefits and coverage options.

Copay – a set fee you pay whenever you use certain medical services, like a doctor visit.


Deductible – the dollar amount you pay before your medical insurance begins paying deductible-eligible claims.

Coinsurance – the percentage of covered medical expenses you continue to pay after you've met your deductible and before you reach your out of pocket maximum.

Out of pocket maximum – the most you will pay annually for covered expenses. This includes copays, deductibles, coinsurance, and prescription drugs.

Balance billing – the amount you are billed by your out-of-network provider to make up the difference between what your provider charges and what insurance reimburses. This amount is in addition to, and does not count towards, your out-of-pocket maximum.

medical plan summaries

	BCBS PPO Plan	BCBS Prime HDHP	BCBS Alternate HDHP			
Health Savings Account (HSA)						
Plan Eligibility	Not eligible	Eligible	Eligible			
2024 Maximum Contribution	Not applicable	\$4,150 single coverage \$8,300 family coverage				
In-Network Coverage						
Annual Deductible DED	\$1,500 per person \$4,500 family maximum	\$1,600 single coverage \$3,200 family coverage	\$3,200 per person \$6,400 family maximum			
Coinsurance (your share)	20% after deductible DED	20% after deductible DED	20% after deductible DED			
Out of pocket maximum	\$4,500 per person \$9,000 family maximum	\$3,000 single coverage \$6,000 family coverage	\$6,350 per person \$12,700 family maximum			
Preventive care	100% covered	100% covered	100% covered			
Primary Doctor Visit	\$30 copay	DED then 20%	DED then 20%			
Specialist Doctor Visit	\$55 copay	DED then 20%	DED then 20%			
Independent labs	100% covered	DED then 20%	DED then 20%			
Outpatient X-rays	100% covered	DED then 20%	DED then 20%			
Imaging (MRI, CT, PET, etc.)	\$250 copay per scan	DED then 20%	DED then 20%			
Convenience Clinic Visit	\$30 copay	DED then 20%	DED then 20%			
 Teladoc Virtual Visit	No cost (for general medical services)	DED then 20%	DED then 20%			
Urgent Care Center	\$60 copay	DED then 20%	DED then 20%			
Emergency Room	\$250 copay	DED then 20%	DED then 20%			
Inpatient Hospitalization	DED then 20%	DED then 20%	DED then 20%			
Outpatient Surgery	DED then 20%	DED then 20%	DED then 20%			
Prescription						
Preventive Medication	Based on tier	Covered 100%	Covered 100%			
Pharmacy Deductible	Not applicable	Combined with Medical DED	Combined with Medical DED			
Fill type:	Retail (30 days)	Mail order (90 days)	Retail (30 days)	Mail order (90 days)	Retail (30 days)	Mail order (90 days)
Tier one	\$10	\$25	DED then \$10	DED then \$25	DED then \$10	DED then \$25
Tier two	\$35	\$87.50	DED then \$35	DED then \$87.50	DED then \$35	DED then \$87.50
Tier three	\$60	\$150	DED then \$60	DED then \$150	DED then \$60	DED then \$150
Specialty (PPO Only)	\$100	\$250	Not applicable		Not applicable	
Out-of-Network Coverage (plus balance billing)						
Annual Deductible DED	\$4,500 \$13,500		\$3,000 \$6,000		\$5,000 \$10,000	
Coinsurance (your share)	50% after DED		40% after DED		40% after DED	
Out of pocket maximum	\$9,000 \$18,000		\$6,000 \$12,000		\$10,000 \$20,000	

Your per-paycheck (bi-weekly) cost for coverage:

	BCBS PPO Plan	BCBS Prime HDHP	BCBS Alternate HDHP
Associate Only	\$148.82	\$67.96	\$44.90
Associate + Spouse	\$337.12	\$175.22	\$120.24
Associate + Child(ren)	\$278.86	\$143.46	\$98.21
Associate + Family	\$513.53	\$275.54	\$190.81

medical plan cost saving tips

Try Virtual Visits

Virtual Visits allow you to see a doctor from anywhere, 24 hours a day, 7 days a week from your computer or smartphone. Virtual visits with a Behavioral Health Professional are also available.

Save the Emergency Room for Emergencies

Unless loss of life or limb is imminent, consider using a Virtual Visit or Urgent Care center – you might get **better care at a lower cost**. Emergency rooms are expensive and crowded, and it can take a long time to be seen depending on your condition. In the event of a true emergency – chest pain, head injuries, traumatic injuries, severe burns, asthma attacks, severe allergic reactions, etc. – get care from your nearest emergency room.

Stay In-Network

Coverage is available both in- and out-of-network, though your costs will be significantly lower if you use a **BlueCross BlueShield** network provider.

Use Outpatient Testing and Imaging Centers

The larger the building, the larger the bill. When possible, have your lab work and scans (MRI, CT, x-ray, etc.) at smaller outpatient diagnostic facilities instead of the hospital. Smaller centers have the same – or better – quality treatment for less money.

Shop Around

Shop for care before you make your appointment to find the best deal in your area. The most expensive care doesn't necessarily mean it's better, and BlueCross BlueShield's tools can help you find an experienced provider at the best cost.

Try Generic Medication

When you need a prescription, ask your doctor if a generic is appropriate. Generic medications are significantly less expensive than equivalent brand names, and they're clinically proven to be just as safe and effective – the FDA requires it. If you take medication on a regular basis, try **mail order** for greater cost savings and less time waiting in line at the pharmacy.

Combine your HDHP plan with an HSA

A High Deductible Health Plan (HDHP) with Health Savings Account (HSA) can save you significant money over a traditional health plan. It also includes enhancements that the PPO plan doesn't have: Some preventive care medications (designated as such by OptumRx) are 100% covered, the deductible does not apply. The Preventive Drug list is updated twice per year, and is available by visiting the [OptumRx Lookup](#).

Out-of-network care can be very expensive

In addition to the higher deductible, coinsurance, and out-of-pocket maximum limits, out-of-network providers and facilities will bill you for additional charges that are not covered by BlueCross BlueShield. This is known as 'balance billing', and **these charges do not count towards your out-of-pocket maximum limits**.



mail order pharmacy

Beginning January 1, 2024, if you take a medication regularly, you could save time and money with Optum Home Delivery.

- Get your medications delivered right to you mailbox - with **free standard shipping**.
- Order up to a 3-month supply.
- Talk to a pharmacist 24/7.

Submit your order one of three ways:

1. Online at optumrx.com/getstarted
2. Via the Optum Rx app
3. Call **1.855.524.0381**

Optum Rx[®]



optumrx.com



1.855.524.0381

Download the **OptumRx mobile app** to get started!



health savings account (HSA)

What is an HSA?

It's more than just a savings account. A Health Savings Account (HSA) is designed to be paired with a qualified High Deductible Health Plan (HDHP), like our Prime or Alternate HDHP, and can provide a smart way to save for current and future healthcare needs.

- Make tax-free contributions through payroll deductions to save for current and future expenses.
- Your funds never expire and always belong to you – even if you retire, leave RS&H, or are no longer covered under a qualified HDHP.
- Investment opportunities may be available once your account reaches a certain balance. Visit www.optumbank.com for additional information.
- At retirement, your HSA may be used as an additional retirement account with ordinary taxes applied.

Eligibility

Please remember that you'll need to enroll in either our **BCBS Prime HDHP** or **BCBS Alternate HDHP** plan to join our HSA. Also, you can't contribute to an HSA if you have any other non-HDHP medical coverage (including Medicare or TRICARE), are a dependent on someone else's tax return, or if you've received Veterans Administration benefits in the past three months.

In these cases, you can still enroll in our HDHP plan, but you'll need to opt out of the HSA.

If your eligibility for an HSA changes, it is your responsibility to notify HR to stop any additional HSA contributions.

RS&H Employer Contribution

RS&H will contribute **\$600** annually for associates enrolled in an "Employee Only" HDHP plan and **\$1,200** annually for associates enrolled in all other tiers of coverage in an HDHP plan. The RS&H contribution will be applied to HSA accounts on a bi-weekly basis. RS&H contributions will be pro-rated for new associates or associates with a qualified life event based upon the number of pay periods remaining in the calendar year.

Questions about your eligibility or how an HSA might affect your taxes? Contact your tax professional for advice.

How does this help me?

A High Deductible Health Plan (HDHP) with HSA can save you significant money over a traditional health plan.

- When you contribute pre-tax funds to your HSA account, this reduces your taxable income and you may experience tax savings.
- HDHP/HSA plans have a lower cost which allows more of your money to go towards the services you use rather than paying for the cost of the insurance.
- If you have a year (or years) where you don't use much of the money you contribute, you keep this money. It may gain interest while it remains in your account.
- The funds in your individual account can also be used to pay for COBRA during periods of unemployment and healthcare costs in retirement.

How much can I contribute?

The IRS sets annual maximums for pre-tax contributions. For 2024, the limits from all sources are:

If you cover yourself only	If you cover any dependents
\$4,150 (increase of \$300)	\$8,300 (increase of \$550)
Less \$600 RS&H Contribution	Less \$1,200 RS&H Contribution
\$3,550 = Your Tax-free Contribution	\$7,100 = Your Tax-free Contribution
RS&H Employer HSA Contributions will be deposited biweekly.	
Individuals age 55 and over may contribute an additional \$1,000 per year in 'Catch-Up' contributions.	
Maximums are set by the IRS and assume 12 months of coverage in a qualifying HDHP plan. Qualifying HDHP coverage lasting less than 12 months generally results in contribution maximums being pro-rated on a monthly basis.	

hsa account options

Optum Bank offers three HSA Account options: eAccess, eSaver, and eInvestor to help you make the most of your contributions.

- **eAccess:** Provides access to your tax-free money to pay for qualified expenses. This is the default account.
- **eInvestor:** Provides investment opportunities in mutual funds.
- **eSaver:** Allows you to save your contributions and watch them grow.

Fees vary based on the account type you choose. These represent a summary of the fees you may experience and is not all-inclusive. Please refer to the Optum documents for additional information.

	eAccess	eInvestor	eSaver
Monthly Maintenance Fee	\$1.00	\$3.00	\$3.00
Waived with an average balance of:	\$500	\$5,000	\$5,000
Includes:	HSA Card (unlimited transactions); Online Bill Pay		
Activity-Based Fees			
ATM Withdrawal	\$2.50/transaction plus ATM Fee	\$2.50/transaction plus ATM Fee	\$2.50/transaction plus ATM Fee
Check Order Fee	\$10.00 (25 checks)		
EFT Fee	First time: \$0.00 Subsequent: \$5.00/transfer		
Investments			
Monthly Fee	\$3.00	\$2.50	\$0.00
Balance Threshold	\$2,000	\$500	\$2,000

Rolling funds into an eSaver or eInvestor account

When you open your Optum Bank HSA, you will be defaulted into the eAccess account. If you would like to roll funds into an eSaver or eInvestor account to begin accruing interest or investing mutual funds immediately, call Optum Bank at **1.800.791.9361** (Option 1) to initiate the change to your account type. You will need to provide your Optum Bank account number at this time.

Approximately 90 days after opening your account, you will receive information regarding the other account types (eSaver & eInvestor) as well as a questionnaire to help you determine if another account type would work better for you as well as instructions to change your account type if you choose.



dental insurance

coverage summary

Dental coverage in 2024 is provided by MetLife.

MetLife offers an Indemnity (Choice Plan) and PPO (Preferred Plan) dental plan. Our plans allow you to visit any licensed dentist you like – but choose an in-network dentist and you’ll make the most of your benefits. Locate a **MetLife PDP Plus** network provider in your area by visiting www.metlife.com/dental.

	Choice Plan (Indemnity)		Preferred Plan (PPO Plan)	
	In-Network (you pay)	Out-of-Network (you pay)	In-Network (you pay)	Out-of-Network (you pay)
Annual Deductible	\$50 per person \$150 family maximum		\$50 per person \$150 family maximum	\$100 per person \$300 family max
Annual Benefit Maximum	\$1,750 per person		\$1,750 per person	
Preventive Services	100% covered	100% covered plus balance billing	100% covered	100% covered plus balance billing
Basic Services	DED then 20%	DED then 20% plus balance billing	DED	DED then 20% plus balance billing
Major Services	DED then 50%	DED then 50% plus balance billing	DED then 40%	DED then 50%
Child Orthodontia (to age 19)	50% covered \$1,500 lifetime maximum		50% covered \$1,500 lifetime maximum	
Reimbursement Level	Negotiated Fee	Higher level of payment (90% UCR)	Negotiated Fee	Lower level of payment (MAC)

If your dentist is out-of-network, your cost for care will likely be lower if you enroll in the **Choice plan**. Balance billing still applies to out-of-network care, but your responsibility will likely be lower in the Choice plan due to a higher level of payment by MetLife.

If your dentist is in the MetLife network, your cost for care will likely be lower if you enroll in the **Preferred plan** as you pay a smaller share towards in-network care.

Your per-paycheck (bi-weekly) cost for coverage:

	Choice Plan	Preferred Plan
Associate Only	\$6.10	\$4.60
Associate + Spouse	\$17.34	\$13.17
Associate + Child(ren)	\$15.55	\$11.81
Associate + Family	\$26.78	\$20.33



vision
insurance

 coverage summary

Vision coverage in 2024 is available for purchase through the National Vision Administrators (NVA) or Vision Service Plan (VSP).

The primary difference between the two plans is the **network providers**. Out-of-network care is available with either plan, though you will likely pay more out of your pocket.

All services are available each calendar year except frames, which are available every other calendar year.

Your per-paycheck (bi-weekly) cost for coverage:

	NVA Plan	VSP Plan
Associate Only	\$2.94	\$3.58
Associate + Spouse	\$5.88	\$7.17
Associate + Child(ren)	\$5.69	\$7.67
Associate + Family	\$8.88	\$12.27

National Vision Administrators (NVA)

Vision Service Plan (VSP)

	NVA Plan		VSP Plan	
	In-Network (you pay)	Out-of-Network (Reimbursement)	In-Network (you pay)	Out-of-Network (Reimbursement)
Network providers	More “big-box” retailers		More private practitioners	
Routine Eye Exam	\$10 copay	Up to \$30	\$10 copay	Up to \$45
Frames	\$130 allowance, then 20% off balance	Up to \$65	\$130 allowance, then 20% off balance	Up to \$70
Lenses Single Bifocal Trifocal	\$15 copay	Up to: \$25 \$40 \$60	\$15 copay	Up to: \$30 \$50 \$65
Elective Contact Lenses in lieu of glasses	\$150 allowance then discount off balance	Up to \$130	\$150 allowance	Up to \$105
Contact Lens exam: Fit, evaluation, follow-up	Daily wear: \$20 Extended wear: \$30	Up to \$20 / \$30	Up to \$60	Up to \$45
Medically Necessary Contact Lenses	100% covered	Up to \$200	100% covered	Up to \$210
Finding an in-network provider	<ul style="list-style-type: none"> Visit www.e-nva.com Select “Find Provider” Enter group number 2526000001 Search by Zip Code or State 		<ul style="list-style-type: none"> Visit www.vsp.com Select “Find a doctor” Search by Zip Code, State and additional available criteria 	
Vision Benefits - Mobile Apps	Download NVA Vision Benefits Member App		Download VSP Vision Care On The Go App	





flexible spending accounts (FSAs)

health care fsa

If you enroll in our PPO medical plan or decline medical coverage, you may pay for eligible health-related expenses with pre-tax money deducted from each paycheck.

Use your FSA debit card to pay your provider when you receive care.

Eligible out-of-pocket expenses include:

-  **Medical** – deductibles, copays, coinsurance
-  **Pharmacy** – prescription drug copays
-  **Dental** – dental & orthodontic expenses
-  **Vision** – glasses options, contact lenses, copays

For HDHP Prime & HDHP Alternate medical plan enrollees:

Your **Limited Purpose** Health Care FSA may only be used for eligible dental and vision expenses. For additional information, please see the Limited Purpose FSA eligible expenses list found at [HealthEquity](https://www.healthequity.com).

Contribution Maximum and Spend By Date

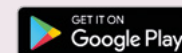
- Contribute up to **\$2,600** per year
- Up to \$610 of unused 2023 funds may be rolled over to 2024.
- Incur claims between January 1, 2024 and December 31, 2024; all claims must be submitted by March 15, 2025.
- The entire amount you elect to contribute will be available on January 1, 2024.



 www.healthequity.com

 **1.866.346.5800**

Download the **HealthEquity mobile app** to check your balance, submit receipts, and more!



Paying for care

HealthEquity will provide you with a **debit card** that can be used for your Health Care FSA eligible expenses. This card does not have a PIN number; you will use it as “credit”. Information on eligible expenses is available [here](#).

Tips for managing your FSA:

- If you are buying eligible and non-eligible items at the same time, have them rung up in separate transactions.
- Keep your receipts. HealthEquity may need these for **substantiation** of claims.
- You are responsible for how these funds are spent. You must use these funds only for IRS-approved expenses. If you are in doubt about the eligibility of an expense, you may contact HealthEquity at **1.866.346.5800**.
- If you accidentally charge an ineligible expense, contact HealthEquity Customer Service as soon as you become aware of the mistake. They will help you reimburse your account.
- You may manage your account online through healthequity.com or through the **HealthEquity Mobile app**. RS&H members must select “WageWorks” from the Login drop down menu.

Keep your receipts

Sometimes HealthEquity needs to determine the eligibility of a claim. If they request proof (receipts) and you do not provide it, you will need to reimburse your spending account.

If you do not comply or respond to their requests, the tax-exempt status of your account may be revoked and your debit card may be deactivated.





dependent care fsa

RS&H offers a Dependent Care FSA to pay for qualifying dependent care expenses with pre-tax money.

Care must be for a qualifying individual while you and your spouse (if applicable) work, look for work or attend school.

Qualifying Individuals include

- Your dependent child under the age of 13 who lives with you for more than half the year.
- Your tax dependent (i.e. a qualifying child or qualifying relative) who is physically or mentally incapable of self-care and lives with you for more than half of the year. The individual must spend at least eight hours per day in your household.
- Your spouse who is physically or mentally incapable of self-care and lives with you for more than half the year. The individual must regularly spend at least eight hours per day in your household.
- Additional information on qualifying individuals is available [here](#).

Maximum Contribution

The annual maximum contribution is **\$5,000** or **\$2,500** for married associates filing separately. Only the amount you've contributed to your account year-to-date is available for reimbursement at any given time.

Paying for care

Pay for your eligible care and keep your receipt. You can then file for reimbursement with HealthEquity using either your online account or the HealthEquity Mobile app. Information on eligible expenses is available [here](#).

Tips for managing your FSA:

- Keep your receipts. HealthEquity may need these for **substantiation** of claims.
- You are responsible for how these funds are spent. You must use these funds only for IRS-approved expenses. If you are in doubt about the eligibility of an expense, you may contact HealthEquity at **1.866.946.5800**.
- You may manage your account online through www.healthequity.com or through the **HealthEquity Mobile app**.



For additional information on this benefit, please contact **HR Benefits Department**.





transit and parking fsas

Transit FSA

Whether you pay to ride the train, bus or ferry, you can save on commuting expenses with a Transit FSA.

A Transit FSA allows you to use pre-tax dollars to pay for transit expenses. These expenses are deducted from your paycheck before taxes which lowers your taxable income.

Eligible Expenses

- Expenses incurred for a pass, token, fare card, voucher, or similar item for transportation on mass transit facilities

Ineligible Expenses

- Tunnel, bridge, or highway tolls (EZ Pass)
- Fuel, mileage, or other costs incurred to operate a personal vehicle or taxi
- Non-work related transportation or parking expenses
- Expenses incurred in traveling from your office to business or client meetings
- Transit or parking expenses of your spouse and dependents

Numbers and Dates

- Contribute up to **\$300** per month in pre-tax benefits for 2024, excess balances will be carried over into the following month
- If your pass needs exceed \$300 per month, you may purchase these on a post-tax basis through convenient paycheck deductions.

Parking FSA

A Parking FSA allows you to pay for eligible work-related parking expenses at your place of employment with pre-tax dollars. Examples include ramp or park-and-ride.

Enrolling in these benefits

You may enroll in a Transit or Parking FSA at any time during the year without a qualifying event. Associates **MUST** enroll through HealthEquity for Transit or Parking benefits even during Open Enrollment.

Expense Reimbursement

For expense reimbursement, log onto www.healthequity.com.

For more information on **Transit & Parking**, click [here](#).

Please note: IRS regulations do not permit reimbursements for expenses older than 180 days from the time at which the expense was incurred.

disability insurance

short-term disability insurance

Short-Term Disability insurance is designed to provide you with income protection on a more immediate, short-term basis.

The **Core Plan** is provided by RS&H at no cost to you. Enrollment in this plan is automatic. An additional **Buy-Up Plan** is available for purchase to provide you with extra financial protection.

	STD Core Plan	STD Buy-Up Plan
Your Cost	\$0, provided by RS&H	Depends on your earnings, see below
When benefits begin	After 7 calendar days of inability to work	After 7 calendar days of inability to work
How much it pays	60% of your income to a maximum of \$3,500 per week	An additional 30% of your income to a maximum of \$2,000 per week
How long payments last	Up to 180 days	Up to 180 days
Benefit tax status	Benefit payments are taxable income	Benefit payments are tax-free income

Pre-existing condition limitations apply for the buy-up plan:

You will not be covered for any disability that happens in the first six months of coverage if you received treatment for that condition in the three months before coverage began.

Estimating your Monthly Cost for the STD Buy-Up Plan

Example (earning \$40,000 per year)		
Your weekly earnings (salary ÷ 52) maximum \$2,000	\$769.23 x 0.30	\$ _____
Multiply by 0.30 Benefit is 30% of earnings	\$230.77 x 0.046	\$ _____
Multiply by 0.046 The benefit cost factor	\$10.62	\$ _____
	Sample estimated monthly cost for coverage	Your estimated monthly cost for coverage

This is an estimate of your monthly premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

If you drop this plan during this Open Enrollment and elect to purchase it again in the future, you will be subject to pre-existing condition limitations (the time period will start over).

long-term disability insurance

Long-Term Disability insurance is designed to provide you with lasting income protection in the event you're unable to return to work.

This coverage is provided by RS&H at no cost to you.

Your Cost	\$0, provided by RS&H
When benefits begin	After 180 calendar days of inability to work
How much it pays	60% of your income to \$20,000 per month
How long payments last	Up to your Social Security Normal Retirement Age if you remain unable to work
Benefit tax status	Benefit payments are taxable income

 mutualofomaha.com

 1.800.877.5176

Group: **GOOOAK86**

For coverage questions, please contact HR Benefits Department.





voluntary life and ad&d insurance

voluntary life insurance

You may apply to purchase additional life insurance through Mutual of Omaha to provide you and your family with additional financial protection.

	For you	For your spouse	For your eligible dependent child(ren)
Available increments	\$10,000	\$5,000	\$5,000
Maximum coverage	\$450,000	\$225,000	\$10,000
Annual increase amount	\$10,000 (Up to \$250,000 total coverage)	Not applicable	Not applicable
Medical question limit (see below)	\$250,000	\$50,000	Not applicable

Medical question limit:

If you elect this coverage as a newly eligible associate, you may purchase up to this amount with no medical questions required. Medical questions and approval by Mutual of Omaha will be required for any requests to enroll at a later date, increase coverage in excess of the annual increase amount, or when your requested coverage amount exceeds the medical question limit.

Associate/Spouse Cost Information

Using the table below, find your age as of January 1, 2024 and complete the formula below to estimate your cost for coverage. Spouse rates are based on the Associate's age as of January 1, 2024.

	Amount elected			Rate		Monthly cost
Associate coverage	\$ <input type="text"/>	÷1,000 =	<input type="text"/>	x	<input type="text"/>	= \$ <input type="text"/>
Spouse coverage	\$ <input type="text"/>	÷1,000 =	<input type="text"/>	x	<input type="text"/>	= \$ <input type="text"/>

Age	Rate
Under 30	0.06
30-34	0.08
35-39	0.09
40-44	0.14
45-49	0.22
50-54	0.36
55-59	0.54
60-64	0.81
65-69	1.16
70+	1.76

	Annual cost
Monthly cost x 12 =	\$ <input type="text"/>
	\$ <input type="text"/>

	Estimated per-paycheck cost
Annual cost ÷ 26 =	\$ <input type="text"/>
	\$ <input type="text"/>

Actual deductions may vary due to rounding.

additional voluntary ad&d insurance

You may purchase additional Accidental Death and Dismemberment (AD&D) coverage to provide extra protection for you and your family.

	AD&D Benefit
Available increments	\$25,000
Maximum coverage	\$500,000 (Amounts over \$250,000 cannot exceed 10 times your annual salary)
Medical question limit	Does not apply

Family Coverage

If covered, your dependents will be insured at a percentage of your AD&D benefit amount.

- **Spouse Only:** 50% of your total coverage amount
- **Child Only:** 15% of your total coverage amount for each child
- **Spouse & Child:** 40% of your total coverage amount for your spouse; 10% for each child

Associate Cost Information

Single coverage

$$\begin{array}{ccccccc}
 \$ & & \div 1,000 = & \boxed{} & \times & \boxed{0.0129} & = & \$ \\
 \text{Amount elected} & & & & \text{Bi-weekly rate} & & \text{Estimated Per-Paycheck Cost} & &
 \end{array}$$

Family coverage

$$\begin{array}{ccccccc}
 \$ & & \div 1,000 = & \boxed{} & \times & \boxed{0.0226} & = & \$ \\
 \text{Amount elected} & & & & \text{Bi-weekly rate} & & \text{Estimated Per-Paycheck Cost} & &
 \end{array}$$

Actual deductions may vary due to rounding.



optional benefit policies

RS&H makes several voluntary policies through Mutual of Omaha Benefits available for you to purchase.

These plans do not compete with or replace medical insurance in any way. While they do pay a benefit for specific illnesses and injuries, the benefit is paid direct to the policyholder to assist in covering expenses that may be incurred out of pocket.

Key Benefits to voluntary worksite policies:

- Pays direct to you to assist with out-of-pocket expenses
- Pays in addition to medical insurance benefits
- Portable upon leaving employment
- Coverage available for the entire family

 mutualofomaha.com

 1.800.775.8805



Group: **GOOOAK86**

For coverage questions, please contact HR Benefits Department.



critical illness and cancer

Many major illnesses can be financially devastating. While comprehensive medical insurance is designed to assist with the cost of treatment, Mutual of Omaha Benefits' supplemental Critical Illness policy pays a policyholder direct to assist with out of pocket expenses by providing a lump sum benefit that can be used at the policyholder's discretion.

The policy covers major illnesses including Cancer, Heart Attack, Stroke, Organ Transplants, and Kidney Failure. You may elect **\$10,000** in coverage for yourself, **\$10,000** for your covered spouse, and **\$5,000** for your covered dependent. There is no pre-existing condition limitation. As long as you are diagnosed after the effective date, you are covered.

You may enroll in this coverage with no medical questions.

Your per-paycheck (bi-weekly) cost for coverage:

	Critical Illness Plan
Associate Only	Your cost depends on your age, coverage tier, and tobacco status. Please see "Critical Illness brochure" for more information.
Associate + Spouse	
Associate + Child(ren)	
Associate + Family	

Click on the Plan Summary link in UKG for more information.



accident

(24 hour coverage - on and off the job)

Many families enjoy full and active lifestyles. At times unfortunate accidents can occur as a result of a simple mishap. While comprehensive medical insurance is designed to cover the treatment of an accident, Mutual of Omaha Benefits' Accident Policy can assist with out of pocket expenses by providing benefits paid direct to you.

For example, accidents as a result of these activities may be covered by this policy: Football, Baseball, Basketball, Soccer, Tennis, Volleyball, Paintball, Mountain Biking, Motorcycle Riding, Cheerleading, Skateboarding, Automobile Accidents, and Hunting.

A **\$50** wellness benefit, up to a family maximum, is available with this plan simply by providing evidence that you've been to your doctor using the Mutual of Omaha Claim Form. Additional information will be available through your plan documents after signing up for this policy.

- Medical questions are never required for Accident Coverage.

Your per-paycheck (bi-weekly) cost for coverage:

	Accident Plan
Associate Only	\$5.08
Associate + Spouse	\$7.38
Associate + Child(ren)	\$11.54
Associate + Family	\$13.38

Click on the Plan Summary link in UKG for more information.



additional coverage options



pet insurance

Your Pet Insurance Benefit

RS&H is excited to offer pet health insurance through PetPartners for your dog or cat at a 10% discount!

What is Pet Insurance?

Pet insurance is health insurance for dogs and cats. Get reimbursed for costly veterinary bills and focus more on the health of your pets and less on how you're going to pay for it. Plans feature comprehensive coverage for accidents, illnesses and injuries including cancer coverage.

How to Enroll:

Associates can enroll at any time throughout the year by visiting RS&H's custom pet site at <https://www.petpartners.com/enroll?p=RS&H>, and the RS&H discount will be automatically applied.

For questions or help enrolling, contact PetPartners at **1.866.774.1113** or help@petpartners.com and mention promo code "RS&H".

This will be direct billed to you. You will be required to give your credit card information when purchasing a pet insurance policy.



<https://www.petpartners.com/enroll?p=RS&H>

1.866.774.1113

identity theft

Allstate Identity Protection

Provides protection and restoration services:

- Identity, financial account, and tri-bureau credit monitoring
- Dark web monitoring
- Social media monitoring
- 24/7 alerts and fraud recovery
- Includes email and mobile, and app alerts
- Personal Device protection tools
- Phishing Protection
- Military-grade VPN
- Password Manager
- And MORE!

Up to \$1 million in identity theft expense reimbursement, or \$2 million per family

If you choose family coverage, that includes anyone “under roof, under wallet” meaning parents and grandparents, kids in college, or anyone else who depends on you can be covered.

Your monthly cost for coverage:

	Identity Protection
Associate Only:	\$9.50
Associate + Family:	\$17.50

Allstate Identity Protection will be billed directly to you and not deducted from your paycheck.

Allstate.

 <http://www.myaip.com/rsandh>

 **1.800.789.2720**

Sign up at: www.myaip.com/rsandh





metlaw legal plan program

You have the opportunity to purchase access to a comprehensive set of legal services and unlimited consultations.

MetLaw covers you, your spouse, and dependents for a flat monthly fee. Coverage includes telephone and office consultations for an unlimited number of personal legal matters with an attorney of your choice.

Services include:

- Estate planning documents
- Document preparation & review
- Family law and matters
- Immigration assistance
- Elder law matters
- Real estate matters
- Traffic offenses (limitations apply)
- Personal property protection
- Juvenile matters
- Consumer protection
- Financial matters

Your per-paycheck (bi-weekly) cost for coverage:

	Legal Plan
All coverage levels	\$10.38

Please review the information available on info.legalplans.com for additional information.



farmers groupselect auto insurance

RS&H is offering associates the opportunity to purchase Auto insurance through Farmers GroupSelect at discounted group rates.

You pay for coverage through convenient payroll deductions, and may keep the coverage should you change jobs.

Please call **1.800.422.4272** to obtain a free quote directly from Farmers GroupSelect. Like regular auto insurance, your auto quote will depend on your state, driving history, coverage levels, etc.

In most states, auto insurance can be changed at any time during the year; please contact **Farmers GroupSelect** directly for additional information.

important contacts

Medical Insurance

BlueCross BlueShield
Group: 71-6192N
1.800.830.1501
www.myhealthtoolkitfl.com

Health Savings Account

Optum Bank
1.800.791.9361
www.optumbank.com

Dental Insurance

MetLife
Group: 5986085
1.800.ASK.4MET (1.800.275.4638)
www.metlife.com/dental

Vision Insurance

National Vision Administrators (NVA)
Group: 2526000001
1.800.672.7723
www.e-nva.com

Vision Service Plan (VSP)
Group: 30085863
1.800.877.7195
www.vsp.com

Flexible Spending Accounts (FSAs)

HealthEquity
1.866.346.5800
www.healthequity.com

Associate Assistance Program (EAP) / Benefits & Claims Assistance

Health Advocate
Plan: "RS&H"
1.866.799.2728 (available 24/7)
www.healthadvocate.com/members

401(k) Retirement Plan

John Hancock
Plan: RS0202
1.800.294.3575
www.myplan.johnhancock.com

Voluntary Plans

Mutual of Omaha
Group: G000AK86
Life/CI/Accident: 1.800-775-8805 | Disability: 1.800-877-5176
www.MutualOfOmaha.com

Pet Insurance

PetPartners
1.866.774.1113
<https://www.petpartners.com/enroll?p=RS&H>

ID Theft

Allstate Identity Protection
1.800.789.2720
<https://www.myaip.com/rsandh>

MetLaw Legal Plan

MetLife
1.800.821.6400
info.legalplans.com access code: Legal

Farmers GroupSelect Auto Insurance

Farmers GroupSelect
1.800.422.4272

2024 benefit deductions

Your per-paycheck (bi-weekly) cost for coverage:

Medical Insurance	BCBS PPO Plan	BCBS Prime HDHP	BCBS Alternate HDHP
Associate Only	\$148.82	\$67.96	\$44.90
Associate + Spouse	\$337.12	\$175.22	\$120.24
Associate + Child(ren)	\$278.86	\$143.46	\$98.21
Associate + Family	\$513.53	\$275.54	\$190.81

Dental Insurance	Choice Plan	Preferred Plan
Associate Only	\$6.10	\$4.60
Associate + Spouse	\$17.34	\$13.17
Associate + Child(ren)	\$15.55	\$11.81
Associate + Family	\$26.78	\$20.33

Vision Insurance	NVA Plan	VSP Plan
Associate Only	\$2.94	\$3.58
Associate + Spouse	\$5.88	\$7.17
Associate + Child(ren)	\$5.69	\$7.67
Associate + Family	\$8.88	\$12.27

Optional Plans	Critical Illness Plan	Accident Plan
Associate Only	Your cost depends on your age, coverage tier, and tobacco status. Please see insert for more information.	\$5.08
Associate + Spouse		\$7.38
Associate + Child(ren)		\$11.54
Associate + Family		\$13.38

MetLaw Legal Plan	Legal Plan
All coverage levels	\$10.38

Farmers GroupSelect Auto Insurance

Your cost will vary by your driving history, coverage options, and the state you live in.



Open.Enrollment@rsandh.com



Gallagher

Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department. 04945-RSH-Toolkit-2024