

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

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## 2023 BENEFITS OPEN ENROLLMENT

### Q1. WHEN IS OPEN ENROLLMENT?

A. The 2023 Open Enrollment period for Robert Half benefits for qualifying contract professionals is **November 21 through December 9, 2022**. Benefits elected during Open Enrollment will be effective January 1, 2023, for the High-Deductible Medical Plan, Kaiser Medical Plan and HMSA Medical Plan. All other benefits will be effective January 2, 2023.

### Q2. WHAT BENEFITS DOES ROBERT HALF OFFER?

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

## Medical plans

Robert Half offers the following medical options:

- **Contract Professionals (except Hawaii)**
  - » Preventive Care Plus Plan<sup>1</sup>
  - » High-Deductible Medical Plan<sup>1</sup> (if eligible)
- **Contract Professionals in Hawaii**
  - » Kaiser Medical Plan<sup>2</sup>
  - » HMSA Medical Plan<sup>2</sup>

<sup>1</sup>Residents 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.

<sup>2</sup>If 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 benefits<sup>1</sup> including:

- Group Hospital Indemnity Plans
- Dental
- Vision
- Short-Term Disability
- Life and Accidental Death & Dismemberment (AD&D) Insurance
- Critical Illness & Accident Insurance
- Commuter Benefits (for those who work in the San Francisco Bay Area, New York City, Washington D.C., Seattle, New Jersey or Philadelphia)
- 401(k) Plan administered by Fidelity Investments<sup>3</sup>
- SoFi (financial support platform)
- BenefitHub discounts on auto, home and pet insurance, identity theft, and other local deals

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

<sup>2</sup>New 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.

<sup>3</sup>There 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](http://www.netbenefits.com/easyenroll) or call Fidelity at 1.800.835.5097.

## Q3. WHAT'S CHANGING FOR 2023?

A. While we've been able to hold employee premiums flat for two years for the Preventive Care Plus Plan, there will be an increase in 2023. There will be an increase of \$1.15 – \$3.30 per week, depending on your elected tier level.

The new mobile app, Benefit Spot, makes it easy to access benefits information on the go. Search "Benefit Spot" in your device's app store to download. Use the company code "roberthalf" to access benefit information, helpful information, contacts and more.

Our new employee assistance program (EAP) provider, SupportLinc provided by CuraLinc, offers faster, easier ways to access care, including online appointment scheduling. Support includes in-person, text-based and virtual therapy, small group therapy and a dedicated program for teens. You and your dependents/household members can receive up to five free, one-on-one counseling sessions per topic per year. Use SupportLinc beginning December 1, 2022.

To support your journey to financial well-being, we're introducing SoFi, a financial wellness platform. Learn about reducing student loan debt, home refinancing, credit scores and 529 college savings plans. Plus, you'll receive discounted rates and cash incentives on student loan refinancing and personal loans.

## THE FOLLOWING CHART SHOWS THE CARRIERS FOR 2023:

BENEFIT	2023
<b>Preventive Care Plus Plan</b>	
Administrator	The American Worker
Network	First Health LBP Network
Pharmacy	CerpassRx
Telehealth	Teladoc
Employee Assistance Program (EAP)	SupportLinc
<b>High-Deductible Medical Plan</b>	
Administrator	The American Worker
Network	Cigna
Pharmacy	CerpassRx
Telehealth	Teladoc
Employee Assistance Program (EAP)	SupportLinc
<b>Kaiser Medical Plan (Hawaii)</b>	Kaiser Permanente
<b>HMSA Medical Plan (Hawaii)</b>	HMSA
<b>Dental</b>	Ameritas
<b>Vision</b>	Ameritas
<b>Group Hospital Indemnity Plans</b>	Nationwide
<b>Short-Term Disability</b>	Nationwide
<b>Life and AD&amp;D Insurance</b>	Nationwide
<b>Critical Illness &amp; Accident Insurance</b>	Nationwide
<b>COBRA Benefits</b>	Administered by The American Worker
<b>401(k) Plan</b>	Fidelity Investments
<b>Financial Support</b>	SoFi
<b>Discount Portal</b>	Benefit Hub

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

A. Visit The American Worker website at **[RHAWPbenefits.com](http://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. Your benefit premiums will be deducted through payroll on an after-tax basis. Kaiser or HMSA premiums are deducted on a pre-tax basis.

You can also review the online benefit guide at **[roberthalf.gobenefits.net](http://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 or Philadelphia, you will 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 are administered by WorkTerra. For more information, go to **[workterra.lh1ondemand.com](http://workterra.lh1ondemand.com)** or call **1.888.327.2770**.

## ENROLLING IN BENEFITS

### Q6. 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:

- **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 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 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. 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 November 21 and ends on December 9, 2022. Elections you make during Open Enrollment will be effective January 1, 2023, for the High-Deductible Medical Plan, Kaiser Medical Plan and HMSA Medical Plan. All other benefits will be effective on January 2, 2023, 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 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 PROFESSIONALS: 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. Yes, you may cancel your benefits at any time (except for the Kaiser and HMSA Medical Plans) 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 Kaiser or HMSA Medical Plans) in which you are enrolled will be terminated. You are not able to cancel some benefits and keep others. 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 or HMSA medical coverage, you must have a qualifying life event. See Q7.

## MEDICAL COVERAGE

### Q10. AM I REQUIRED TO HAVE MEDICAL COVERAGE?

#### Hawaii

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.

## 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** 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 and more.

You must first satisfy a calendar-year deductible for in-network services (\$6,000 for individual coverage in 2023) 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](http://roberthalf.gobenefits.net).

### 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 2023?

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 February 1, 2023, and enroll, your coverage will be active until January 31, 2024, provided you continue to work for Robert Half 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](http://RHAWPbenefits.com).

### Q14. 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](http://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](http://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 Plans. 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://www.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://www.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](https://www.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](https://www.hmsa.com).
- **Group Hospital Indemnity Plans (fixed-indemnity plans):** These plans do not require you to utilize network providers. For more information, visit [RHAWPbenefits.com](https://www.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://www.ameritas.com) and select "Find a Health 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](https://www.ameritas.com) and select "Find a Provider." Then select "Vision: VSP," click on "Look up VSP providers."

## 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. Robert Half will withhold premiums/contributions on an after-tax basis. If you are enrolled in the Kaiser or HMSA Medical Plan, your premiums will be deducted from your payroll on a pre-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 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 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. 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 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. 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.

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

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