

YOUR 2024 Benefits Snapshot



Open Enrollment is October 12-26.

What's New for 2024

We review our benefits program each year to ensure we are providing the plans and coverages that best meet the needs of you and your family.

Detailed benefit information can be found on [RSFBenefits.com](https://rsfbenefits.com). The following are a few highlights of our 2024 offerings.

Easy Access to Benefits Info

You and your family members can easily access your benefits information whenever and wherever you need it at our benefits website, [RSFBenefits.com](https://rsfbenefits.com). You also can download the Benefitplace™ app to complete your enrollment on your mobile device. Use the code "RSFBenefits".

Enrolling by telephone is NOT an option. All benefit elections must be submitted on the benefits website or Benefitplace™ app.

Flexible Spending Accounts/Health Savings Account

The IRS has increased the HSA contribution limits for 2024. The annual limit on HSA contributions will be \$4,150 for teammate only coverage and \$8,300 for family coverage. Catch-up contributions for those ages 55 or older remains \$1,000.

The maximum contribution limit for Health Flexible Spending Account for 2024 will be \$3,050. The maximum contribution limit for Dependent Care FSA remains \$5,000.

Life Insurance/ Ad&D

Basic life and AD&D will be insured by Sun Life beginning Jan. 1, 2024. Part-time and full-time teammates will be automatically enrolled at no cost to them for 2024. Teammates should actively review their new options for supplemental and dependent life insurance/AD&D. Supplemental life insurance/AD&D is available for teammates from 1X to 6X base annual earnings. There will be a combined maximum between Basic Life and Supplemental Life of \$2,500,000. The guaranteed issue is being raised to the lesser of \$2.5M or 2X base annual earnings which means that teammates can enroll in 2x if currently enrolled at 1x or currently waived coverage without evidence of insurability. Sun Life has agreed to allow teammates already currently enrolled in 3x or 4x to maintain those elections without evidence of insurability. Spouse life insurance was previously limited to \$10,000, but now teammates can elect up to \$100,000 (increments of \$10,000). Evidence of insurability is not required for amounts of \$30,000 or below. Child life insurance was previously limited to \$5,000, but now is available up to \$15,000 (increments of \$5,000).

Disability Benefits

RSFH is paying the full cost of Short-Term Disability insurance for part-time and full-time teammates working 15 hours/week or greater. RSFH is also paying the full cost of Long-Term Disability (LTD) insurance for full time teammates working 30 hours/week or greater. Eligible teammates will automatically be enrolled for 2024. After a one-week elimination period, short-term disability pays 60 percent of the teammate's weekly pay for up to 180 days. PTO may be used to cover the days out during the elimination period. While STD will replace Extended Illness Hours (EIH), no one will lose the EIH hours they have accrued as of pay period ending Dec. 16, 2023. RSFH will convert these hours into dollars and freeze your EIH bank and allow you to use it during STD to "top off" the STD benefit after the elimination period. LTD begins after 180 days and pays 60 percent of your monthly pay up to \$15,000 a month while disabled.

Voluntary Benefits

RSFH is offering an expansive new voluntary product line through BenePlace. The following new programs will be available during open enrollment for 2024, or upon a qualified life event: Critical Illness, Accident Insurance, Hospital Indemnity, Life with Long Term Care, Identity Protection, and Legal Protection. Auto/Home, Pet Insurance, and Travel Insurance will be available in Jan. 2024.

Have a question?

Contact the HR Benefits Team at **843-720-8400, Option 2** or by email at HRBenefitsTeam@rsfh.com

How to Enroll

STEP 1

CONSIDER YOUR OPTIONS

- Visit [RSFBenefits.com](https://rsfbenefits.com) and take the time to review the "What's New for 2024" page along with our medical, dental, vision and other plan options to determine the best plan for you and your family.
- Determine your contribution into your Health Savings Account (for **Alliance Save** participants) and/or Flexible Spending Accounts (Health and Dependent Day Care).

STEP 2

MAKE YOUR SELECTIONS

- ALL teammate usernames and passwords are reset for Open Enrollment.
Username: Use "RSF" plus your employee number (ex. If your employee number is 103123, enter RSF103123. Do not include the first initial of your name.)
Password: Use your date of birth in this format: the 2-digit date of your birth followed by the first 3 letters of your birth month followed by the 4-digit year of your birth (ex. 08Jun1976).
- Complete your selections from Oct. 12-26 by visiting the RSFH Benefits website at [RSFBenefits.com](https://rsfbenefits.com). or the Benefitplace™ app.

STEP 3

CONFIRM YOUR SELECTIONS

- Print your confirmation statement from the website as proof of enrollment. No confirmation statements will be mailed to your home.
- Please note that adding dependents to the plans requires you to submit the necessary documentation prior to your enrollment deadline.

IMPORTANT

Your 2023 elections for Health Savings Accounts, Health Flexible Spending Accounts and Dependent Care Flexible Spending Accounts do NOT carry over, so you must actively enroll in these plans if you want to participate in 2024. If you do not make changes, your 2023 elections for medical, dental and vision will carry over for 2024.

Coverage for Frequently Used Services

This is a summary. If there is a discrepancy between this summary and the plan document, the plan document controls.

BENEFITS	ALLIANCE PRIME		ALLIANCE FLEX		
	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
	RSFH-OWNED	RSFH-AFFILIATE	RSFH-OWNED	RSFH-AFFILIATE	
Calendar Year Deductible	\$500/individual \$1,000/family		\$1,000/individual \$2,000/family		\$2,000/individual \$4,000/family
Out-of-Pocket Maximum <i>(includes deductible)</i>	\$3,000/individual \$6,000/family		\$2,750/individual \$5,500/family		\$3,500/individual \$7,000/family
Cross Application	Not applicable		Deductibles and Out-of-Pocket Maximums cross apply to RSFH Health Alliance Network and BlueCross Network		
Primary Care Doctor Office Visits <i>(PCP)</i>	\$20 co-pay		\$20 co-pay		\$30 co-pay
Specialty Care Doctor Office Visits	\$60 co-pay		\$60 co-pay		\$70 co-pay
Coinsurance Paid by You	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible
PREVENTIVE CARE	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Routine Physicals	100% covered		100% covered		100% covered
Well-Child Visits	100% covered		100% covered		Pay 50% after deductible
Weight Loss	100% covered up to \$600		100% covered up to \$600		Pay 50% after deductible
Mammograms	100% covered (all deemed preventive)	Pay 50% after deductible	100% covered (all deemed preventive)	Pay 50% after deductible	Pay 50% after deductible
Annual Well-Woman Visit	100% covered		100% covered		100% covered
Other Gynecological Exams	\$20 co-pay		\$20 co-pay		\$30 co-pay
Colonoscopy	100% covered (all deemed preventive)	Pay 50% after deductible	100% covered (all deemed preventive)	Pay 50% after deductible	Pay 50% after deductible
BEHAVIORAL HEALTH	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Inpatient/Outpatient	Pay 20% after deductible		Pay 20% after deductible		
Office	Primary Care: \$20 co-pay Specialist: \$60 co-pay		Primary Care: \$20 co-pay Specialist: \$60 co-pay		
HOSPITAL CHARGES <i>(inpatient and outpatient)</i>	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Hospital Facility Charges	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible
Physician Charges	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible
URGENT AND EMERGENCY CARE	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Urgent Care	\$20 co-pay	n/a	\$20 co-pay	n/a	\$70 co-pay
Emergency Room <i>(copay waived if admitted)</i>	\$250 co-pay		\$250 co-pay		\$250 co-pay
Ambulance	Pay 20% after deductible		Pay 20% after deductible		Pay 20% after deductible
OUTPATIENT SERVICES	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Outpatient Routine Radiology <i>(x-ray)</i>	\$50 co-pay	Pay 50% after deductible	\$50 co-pay	Pay 50% after deductible	Pay 50% after deductible
Outpatient Specialty Radiology <i>(MRI, PET, CT)</i>	\$100 co-pay	Pay 50% after deductible	\$100 co-pay	Pay 50% after deductible	Pay 50% after deductible
Outpatient Laboratory	\$20 co-pay	Pay 50% after deductible	\$20 co-pay	Pay 50% after deductible	Pay 50% after deductible
Outpatient Surgery <i>(facility)</i>	Pay 20% after deductible	Pay 50% after deductible	Pay 20% after deductible	Pay 50% after deductible	Pay 50% after deductible
Outpatient Surgery <i>(physician/surgeon)</i>	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible
Outpatient Dialysis	Pay 20% after deductible		Pay 20% after deductible		Pay 20% after deductible
Outpatient Chemotherapy	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible
Bariatric Surgery	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible
OTHER SERVICES	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Therapy Services <i>(Physical, Speech, Occupational)</i> <i>Limited to 40 visits combined all network tiers per person per year</i>	\$60 co-pay per condition		\$60 co-pay per condition		\$70 co-pay per condition
Durable Medical Equipment	Pay 20% after deductible		Pay 20% after deductible		
Spinal Manipulations <i>(chiropractic care, massage therapy)</i> <i>Limited to \$1,000 maximum per member per benefit year</i>	Pay 50% (not subject to deductible)		Pay 50% (not subject to deductible)		
Home Health Care <i>(limited to 100 visits annually)</i>	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible
Hospice	Pay 20% after deductible		Pay 20% after deductible		
Organ Transplants and Transplant Evaluations	Pay 20% after deductible		Pay 20% after deductible		
Clinical Trials	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible
PRESCRIPTION COVERAGE	MEDIMPACT PHARMACY CLAIMS ADMINISTRATOR				
Prescription Drug Deductible	Not applicable		Not applicable		
Prescription Drug Out-of-Pocket Maximum	\$1,200 individual/\$2,400 family		\$1,200 individual/\$2,400 family		
Retail Prescription Drug <i>(Generic/Non-Preferred Generic/Brand/Non-Preferred Brand)</i>	\$10/ \$20/\$35/ Pay 40% (\$50 min/\$150 max)		\$10/ \$20/\$35/ Pay 40% (\$50 min/\$150 max)		
Mail Prescription Drug <i>(Generic/ Non-Preferred Generic/Brand/Non-Preferred Brand)</i>	\$20/ \$40/\$87.50/ Pay 40% (\$125 min/\$375 max)		\$20/ \$40/\$87.50/ Pay 40% (\$125 min/\$375 max)		

*Any combination of covered individuals can meet the family deductible; there is no individual deductible.

**Any combination of covered individuals can meet the family out of pocket maximum; there is no individual out of pocket maximum.

BENEFITS	ALLIANCE SAVE			
	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK
	RSFH-OWNED	RSFH-AFFILIATE		
Calendar Year Deductible	Individual Coverage: \$1,750/individual Family Coverage*: \$3,500/family		Individual Coverage: \$2,500/individual Family Coverage*: \$5,000/family	Individual Coverage: \$5,000/individual Family Coverage*: \$10,000/family
Out-of-Pocket Maximum <i>(includes deductible)</i>	Individual Coverage: \$3,500/individual Family Coverage**: \$7,000/family		Individual Coverage: \$5,000/individual Family Coverage: \$7,150/individual \$10,000/family	Unlimited
Cross Application	Deductibles and Out-of-Pocket Maximums cross apply to RSFH Health Alliance Network and BlueCross Network			Not Applicable
Primary Care Doctor Office Visits <i>(PCP)</i>	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Specialty Care Doctor Office Visits	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Coinsurance Paid by You	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
PREVENTIVE CARE	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK
Routine Physicals	100% covered		100% covered	Pay 50% after deductible
Well-Child Visits	100% covered		Pay 30% after deductible	Pay 50% after deductible
Weight Loss	100% covered up to \$600		Pay 30% up to \$600	Pay 50% up to \$600
Mammograms	100% covered (all deemed preventive)	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible
Annual Well-Woman Visit	100% covered		100% covered	Pay 50% after deductible
Other Gynecological Exams	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Colonoscopy	100% covered (all deemed preventive)	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible
BEHAVIORAL HEALTH	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK
Inpatient/Outpatient	Pay 20% after deductible			Pay 50% after deductible
Office	Pay 20% after deductible			Pay 50% after deductible
HOSPITAL CHARGES <i>(inpatient and outpatient)</i>	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK
Hospital Facility Charges	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Physician Charges	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
URGENT AND EMERGENCY CARE	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK
Urgent Care	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Emergency Room <i>(copay waived if admitted)</i>	Pay 20% after deductible		Pay 20% after deductible	Pay 20% after deductible
Ambulance	Pay 20% after deductible		Pay 20% after deductible	Pay 20% after deductible
OUTPATIENT SERVICES	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK
Outpatient Routine Radiology <i>(x-ray)</i>	Pay 20% after deductible	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible
Outpatient Specialty Radiology <i>(MRI, PET, CT)</i>	Pay 20% after deductible	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible
Outpatient Laboratory	Pay 20% after deductible	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible
Outpatient Surgery <i>(facility)</i>	Pay 20% after deductible	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible
Outpatient Surgery <i>(physician/surgeon)</i>	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Outpatient Dialysis	Pay 20% after deductible		Pay 20% after deductible	Pay 50% after deductible
Outpatient Chemotherapy	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Bariatric Surgery	Pay 20% after deductible		Pay 30% after deductible	Not covered
OTHER SERVICES	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK
Therapy Services <i>(Physical, Speech, Occupational)</i> <i>Limited to 40 visits combined all network tiers per person per year</i>	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Durable Medical Equipment	Pay 20% after deductible			Pay 50% after deductible
Spinal Manipulations <i>(chiropractic care, massage therapy)</i> Limited to \$1,000 maximum per member per benefit year	Pay 50% after deductible			
Home Health Care <i>(limited to 100 visits annually)</i>	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Hospice	Pay 20% after deductible			\$3,000 benefit maximum
Organ Transplants and Transplant Evaluations	Pay 20% after deductible		Pay 30% after deductible	Not covered
Clinical Trials	Pay 20% after deductible			Not covered
PRESCRIPTION COVERAGE	MEDIMPACT PHARMACY CLAIMS ADMINISTRATOR			
Prescription Drug Deductible	Included in Medical deductible			Not covered
Prescription Drug Out-of-Pocket Maximum	Included in Medical Out-of-Pocket Maximum			Not covered
Retail Prescription Drug <i>(Generic/ Non-Preferred Generic/Brand/Non-Preferred Brand)</i>	Pay 30% after deductible			Not covered
Mail Prescription Drug <i>(Generic/ Non-Preferred Generic/ Brand/Non-Preferred Brand)</i>	Pay 30% after deductible			Not covered



2024 Medical Plan Rates

		QUALIFIED* (BI-WEEKLY)	NOT QUALIFIED (BI-WEEKLY)			QUALIFIED* (BI-WEEKLY)	NOT QUALIFIED (BI-WEEKLY)
ALLIANCE PRIME				ALLIANCE PRIME			
Full Time	TM Only	\$68.83	\$110.40	Part Time	TM Only	\$145.65	\$187.21
	TM+Spouse	\$199.73	\$241.30		TM+Spouse	\$418.73	\$460.29
	TM+Children	\$108.23	\$149.79		TM+Children	\$262.37	\$303.93
	Family	\$230.53	\$272.10		Family	\$558.87	\$600.43
ALLIANCE FLEX				ALLIANCE FLEX			
Full Time	TM Only	\$117.44	\$159.00	Part Time	TM Only	\$248.58	\$290.15
	TM+Spouse	\$340.85	\$382.42		TM+Spouse	\$714.60	\$756.16
	TM+Children	\$257.05	\$298.62		TM+Children	\$541.56	\$583.13
	Family	\$480.30	\$521.86		Family	\$999.07	\$1,040.64
ALLIANCE SAVE				ALLIANCE SAVE			
Full Time	TM Only	\$9.88	\$47.05	Part Time	TM Only	\$9.88	\$47.05
	TM+Spouse	\$112.68	\$154.25		TM+Spouse	\$236.56	\$278.13
	TM+Children	\$77.99	\$119.55		TM+Children	\$170.43	\$212.01
	Family	\$166.79	\$208.35		Family	\$364.50	\$406.06



Your 2024 Dental Plan Biweekly Contributions

FULL-TIME	CORE PLAN	COREPLUS PLAN	ENHANCED PLAN
TM Only	\$7.21	\$12.77	\$15.36
TM + Spouse	\$15.14	\$26.82	\$32.24
TM + Child(ren)	\$18.74	\$33.05	\$39.71
Family	\$28.80	\$50.90	\$61.13

PART-TIME	CORE PLAN	COREPLUS PLAN	ENHANCED PLAN
TM Only	\$8.01	\$13.03	\$15.36
TM + Spouse	\$16.82	\$27.37	\$32.24
TM + Child(ren)	\$20.82	\$33.72	\$39.71
Family	\$32.00	\$51.94	\$61.13



Your 2024 Vision Plan Biweekly Contributions

FULL-TIME AND PART-TIME	
Teammate	\$3.54
Teammate + Spouse	\$7.13
Teammate + Child(ren)	\$7.79
Family	\$11.42

*Teammates with a hire date, status change, or life event with an effective date from January 1, 2024, through December 31, 2024, will default to the Qualified status for enrollment in the 2024 and 2025 medical plans