

# 2022 Benefit Highlights

Hawaii Sunrunners



## Who's Eligible for Benefits

Employees working 20 hours or more per week for four consecutive weeks are eligible for benefits. Benefits are effective on the first of the month following date of hire. All employees are eligible to participate in the 401(k) on the first of the month following 60 days of service.

## How to Enroll

For detailed instructions on how to enroll, [click here](#).

## Changing Your Benefits Midyear

If you experience a qualifying life event (e.g., marriage, divorce, birth or adoption of a child, gain/loss of coverage) during the year, you have 31 days to make changes to your elections. You must provide documentation to validate your change in status.

## Get Answers to Your Benefits Questions

For general questions on your benefits, turn to the Benefit Advocate Center throughout the year at (844) 632-2197, Monday–Friday, 5 a.m. to 3:30 p.m. HST or [champion@hubinternational.com](mailto:champion@hubinternational.com).

Don't forget to visit [sunrun.gobenefits.net](http://sunrun.gobenefits.net) year round for:

- Plan overviews
- Carrier contact information
- Plan documents
- Videos and more

## 401(k) Plan & Company Match

- As a Sunrunner, you are eligible to participate in the 401(k) on the first of the month following 60 days of service.
- Employees age 18 or older will be automatically enrolled in the Empower Retirement 401(k) Plan at a contribution rate of 4% on the first of the month following 60 days of employment.
- Sunrun will match your contributions up to 3.5%.

## Finding an In-Network Provider

In general, you will lower your out-of-pocket health care costs when you use in-network health care providers (doctors, clinics, hospitals, etc.).

### How to Search for In-Network Providers

#### Medical: HMSA

- Go to [HMSA.com](http://HMSA.com)

#### Dental: HMSA

- Select “Find a Doctor” at the bottom of the page

#### Vision: HMSA

- You can search by name, location or specialty
- For more specific results, you can search by health plan

## Looking Up Prescriptions

The prescription drug formulary is a list of drugs your plan covers. It is divided into separate levels, called tiers. In general, you will pay less for lower-tier drugs, such as generics. To check your drug formulary listing:

- Go to [hmsa.com/help-center/your-hmsa-drug-formulary-list](http://hmsa.com/help-center/your-hmsa-drug-formulary-list).
- Type in your drug code.
- If you are on the Preferred Provider (PPO) plan or the CompMED (HMO/PPO) plan, use drug code 860.
- If you are on the Health Plan Hawaii Plus (HMO) Plan, use drug code 861.

The following chart outlines the many benefit options available to you. For details on your benefit options, visit [sunrun.gobenefits.net](https://sunrun.gobenefits.net).

## Your 2022 Benefits-at-a-Glance

Health	Financial	Work-Life
<p><b>Medical</b></p> <ul style="list-style-type: none"> <li>HMSA Preferred Provider (PPO) Plan</li> <li>HMSA CompMED (HMO/PPO) Plan</li> <li>HMSA Health Plan Hawaii Plus (HMO) Plan</li> <li>Telehealth (included under each plan)</li> </ul> <p><b>Dental</b></p> <ul style="list-style-type: none"> <li>HMSA PPO Plan</li> <li>HMSA Dental Network Program (HMO)</li> </ul> <p><b>Vision</b></p> <ul style="list-style-type: none"> <li>HMSA Plan</li> </ul>	<p><b>Flexible Spending Accounts (FSAs)</b></p> <ul style="list-style-type: none"> <li>Health Care FSA</li> <li>Dependent Care FSA</li> </ul> <p><b>Sunrun 401(k) Plan + Company Match</b></p> <p><b>Employee Stock Purchase Plan (ESPP)</b></p> <p><b>Basic Life (100% company paid)</b></p> <p><b>Voluntary Life and Accidental Death and Dismemberment (AD&amp;D) (employee paid)</b></p> <p><b>Short-Term &amp; Long-Term Disability (100% company paid)</b></p>	<p><b>Employee Assistance Program (EAP)</b></p> <p><b>Voluntary Benefits</b></p> <ul style="list-style-type: none"> <li>Accident Insurance</li> <li>Critical Illness Insurance</li> <li>Hospital Indemnity Insurance</li> <li>Legal Plan</li> <li>Auto &amp; Home Insurance</li> <li>Identity Theft Insurance</li> </ul> <p><b>Leaves of Absence</b></p> <p><b>PowerU Education Benefit</b></p> <p><b>Fond Employee Discount Program</b></p> <p><b>Nationwide Pet Discount Program</b></p> <p><b>Weight Watchers Support</b></p>

## 2022 Per Pay Period Employee Contributions

Medical, Dental and Vision Coverage			
	Preferred Provider (PPO) Plan	CompMED (HMO/PPO) Plan	Health Plan Hawaii Plus (HMO) Plan
Employee Only	\$16.62	\$11.08	\$11.08
Employee + Dependent	\$132.00	\$120.92	\$120.46
Family	\$198.00	\$181.38	\$180.92

**Note:** Voluntary benefit rates can be found in Workday during the enrollment process.



## 2022 Medical Coverage & Rates

The following chart includes details on your medical insurance options through the Hawaii Medical Service Association (HMSA), our medical plan administrator, for the 2022 plan year.

Plan Feature	Preferred Provider (PPO) Plan		CompMED (HMO/PPO) Plan		Health Plan Hawaii Plus (HMO) Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>						
Employee Only	\$0	\$100	\$0	\$0	\$0	N/A
Family	\$0	\$300	\$0	\$0	\$0	N/A
<b>Annual Out-of-Pocket Maximum</b>						
Employee Only	\$2,500		\$2,500		\$2,500	N/A
Family	\$7,500		\$7,500		\$7,500	N/A
<b>Annual Prescription Drug Out-of-Pocket Maximum</b>						
Employee Only	\$3,600		\$3,600		\$3,600	N/A
Family	\$4,200		\$4,200		\$4,200	N/A
<b>Services</b>						
Preventive Care	Plan pays 100%	Plan pays 70%	Plan pays 100%		Plan pays 100%	Not covered
Primary Care Physician Office Visit	\$12 copay	Plan pays 70% after deductible	\$14 copay		\$20 copay	Not covered
Specialist Office Visit	\$12 copay	Plan pays 70% after deductible	\$14 copay		\$20 copay	Not covered
<b>Prescription Drugs (Tier 1/Tier 2/Tier 3/Tier 4/Tier 5)</b>						
<b>Retail</b> (up to a 30-day supply)	\$7/\$30/\$75/ \$100/\$200 copay	\$7/\$30/\$75 copay + 20% coinsurance	\$7/\$30/\$75/ \$100/\$200 copay	\$7/\$30/\$75 copay + 20% coinsurance	\$7/\$30/\$75/ \$100/\$200 copay	\$7/\$30/\$75 copay + 20% coinsurance
<b>Mail Order</b> (up to a 90-day supply)	\$11/\$65/\$200 copay/Not covered/Not covered	Not covered	\$11/\$65/\$200 copay/Not covered/Not covered	Not covered	\$11/\$65/\$200 copay/Not covered/Not covered	Not covered

## 2022 Dental Coverage

The following are highlights of our in-network coverage options for 2022. For more details, please visit [sunrun.gobenefits.net](https://sunrun.gobenefits.net).

Dental	PPO Plan	HMO Plan
<b>Deductible</b>	\$0	\$0
<b>Coinsurance (Preventive/Basic/Major)</b>	100% / 70% / 50%	100% / see copay schedule / see copay schedule
<b>Annual Maximum Per Person</b>	\$1,500	N/A

## 2022 Vision Coverage

The following are highlights of our in-network coverage options for 2022. For more details, please visit [sunrun.gobenefits.net](https://sunrun.gobenefits.net).

Vision	PPO Plan (In-Network)	HMO Plan (In-Network)
<b>Vision Exam Copay</b>	\$10	\$10
<b>Frame Copay</b>	\$15 (every other year)	\$15 (every year)
<b>Contact Copay / Allowance</b>	\$25 / \$130	\$25 / \$130