

2024 BENEFIT HIGHLIGHTS

Hawaii Sunrunners



Who's Eligible for Benefits

Employees working 20 hours or more per week for four consecutive weeks are eligible for medical coverage. Benefits are effective on your 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

- Log in to OKTA Single Sign-On (sunrun.okta.com) and click on the Workday tile.
- Go to your inbox, then click on "Benefit Event – New Hire."
- Make your benefit elections or waive coverage. You must click "Submit" for your changes to be saved. Your healthcare benefits go into effect on your date of hire.
- Save a copy of your enrollment confirmation for your records.

Changing Your Benefits Midyear

If you experience a qualifying life event (e.g., marriage, divorce, birth or adoption of a child, etc.) during the year, you must make the appropriate changes to your benefits within 30 days of the event. In addition, you must upload the appropriate documentation through Workday at sunrun.okta.com.

401(k) Plan & Company Match

- Employees 18 and up 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%. You receive the full company match by contributing 6% or more in total between the pre-tax and post-tax (Roth) deferral options.

Finding an In-Network Provider

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

How to Search for In-Network Providers

Medical Dental Vision	• Go to HMSA.com
	• Select "Find a Doctor" at the bottom of the page
	• You can search by name, location or specialty
	• For more specific results, you can search by health plan

Find Covered 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.
- 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 the Sunrun Benefits Website (sunrun.gobenefits.net).

Your 2024 Benefits-at-a-Glance

Health	Financial	Work-Life
Medical <ul style="list-style-type: none">HMSA Preferred Provider (PPO) PlanHMSA CompMED (HMO/PPO) PlanHMSA Health Plan Hawaii Plus (HMO) PlanTelehealth (included under each plan) Dental <ul style="list-style-type: none">HMSA PPO PlanHMSA Dental Network Program (HMO) Vision <ul style="list-style-type: none">HMSA Plan	Flexible Spending Accounts (FSAs)* <ul style="list-style-type: none">Healthcare FSADependent Care FSA Tuition Reimbursement Program Sunrun 401(k) Plan + Company Match Employee Stock Purchase Plan (ESPP) Basic Life (100% company-paid) Voluntary Life and Accidental Death and Dismemberment (AD&D) (you pay) Short-Term & Long-Term Disability (100% company-paid)	Employee Assistance Program (EAP) Employee Discount Program Voluntary Benefits <ul style="list-style-type: none">Accident InsuranceCritical Illness InsuranceHospital Indemnity InsuranceAuto & Home InsuranceLegal PlanIdentity Theft InsuranceGroup Pet Insurance Pregnancy and Postpartum Support Program Leaves of Absence Surrogacy and Adoption Assistance

2024 Employee Contributions Per Pay Period

Medical, Dental and Vision Coverage			
	Preferred Provider (PPO) Plan	CompMED (HMO/PPO) Plan	Health Plan Hawaii Plus (HMO) Plan
Employee Only	\$18.92	\$12.46	\$15.23
Employee + One	\$147.23	\$134.31	\$139.85
Family	\$221.54	\$202.15	\$210.92

Benefit Resources

For general questions on your benefits, turn to the Sunrun Benefits Center throughout the year at (844) 632-2197, Monday – Friday, 9 a.m. to 6 p.m. CT or click on “Sunrun Benefits Center” in your Workday apps to chat live or open a ticket.



*Nondiscrimination Requirements: To prevent the health and/or dependent care FSA from being characterized by the IRS as discriminatory in favor of highly compensated employees—and therefore no longer eligible for favorable tax treatment—Sunrun may reject any elections or reduce contributions or benefits of the plan. This means your payroll deductions may be reduced or stopped, and/or your taxable income will be adjusted, as needed, to satisfy the nondiscrimination requirements.



2024 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 2024 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
Annual Deductible						
Employee Only	\$0	\$100	\$0		\$0	N/A
Family	\$0	\$300	\$0		\$0	N/A
Annual Out-of-Pocket Maximum						
Employee Only	\$2,500		\$2,500		\$2,500	N/A
Family	\$7,500		\$7,500		\$7,500	N/A
Annual Prescription Drug Out-of-Pocket Maximum						
Employee Only	\$3,600		\$3,600		\$3,600	N/A
Family	\$4,200		\$4,200		\$4,200	N/A
Services						
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
Prescription Drugs (Tier 1/Tier 2/Tier 3/Tier 4/Tier 5)						
Retail (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
Mail Order (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