



# PREMIUM CONVERSION PLAN

## PLAN DOCUMENT-FOR EMPLOYEES OF THE STATE OF HAWAII

### INTRODUCTION

The State of Hawaii's ("State") Premium Conversion Plan ("PCP" or "Plan") provides an opportunity to most health benefits plan participants to save some tax dollars and make the most of their paychecks. It is being offered pursuant to HRS chapter 78, and within the meaning of Section 125 of the Internal Revenue Code of 1986 ("Code"), as amended, relating to "cafeteria plans".

To retain this benefit, the State must administer the Plan in strict compliance with the Hawaii PCP Administrative Rules 14-51 ("Rules"). It is important to read this Plan Document thoroughly. Carefully weigh the Plan's effect on your social security benefits. You may want to consult with a tax advisor to help determine whether this Plan will benefit you.

Please keep in mind that this is only a summary of HRS chapter 14-51, "Premium Conversion Plan", and is not the complete text. In all cases where a question arises, the Rules will govern. The Rules may be examined, or a copy may be obtained by contacting:

**Director of Human Resources  
Development  
PCP Administrator  
235 S. Beretania St., 14<sup>th</sup> Floor  
Honolulu, Hawaii 96813**

Or, visit the DHRD website at:  
<http://dhrd.hawaii.gov/administrative-rules/>

This Plan Document sets forth the material features of the Plan in a question and answer format.

#### 1. WHAT ARE THE BENEFITS OF THIS PLAN?

When you enroll in this Plan, your income will be taxed *after* your health benefits contributions are deducted, *so your take-home pay should be greater than if you do not enroll.*

#### 2. WHO IS ELIGIBLE FOR THIS PLAN?

You are eligible to participate in the Plan if you are an employee of the State and enrolled in any health benefits plan offered through the Hawaii Employer-Union Health Benefits Trust Fund ("EUTF") and your payroll deductions are processed through the Department of Accounting and General Services.

#### 3. HOW DOES THE PLAN WORK?

When you enroll in this Plan:

- ◆ You authorize the State to reduce your gross salary (before federal, State, and social security taxes are calculated) by
- ◆ The total amount of your health benefits plan contributions; and

- ◆ The result is that your take-home pay is likely to increase since you will pay less federal income, State income, and FICA taxes.

Let's look at a hypothetical example to show how the Plan would increase the take-home pay of an employee: this employee earns a gross pay of \$2,000.00 per semi-monthly pay period, is married, claims zero exemptions, and enrolled in two-party health plans requiring a total employee contribution of \$283.00 per semi-monthly pay period:

NOT enrolled in PCP	
Gross Pay	\$2,000
PCP Reduction	0
Gross Taxable	\$2,000
Federal Tax withheld	\$101.60
State Tax withheld	\$88
FICA Tax withheld	\$153
Health Insurance	\$267
Vision Care	\$3
Dental Insurance	\$13
Other	\$100
Take-home pay	\$1274.40
Enrolled in PCP	
Gross Pay	\$2,000
PCP Reduction	\$283
Gross Taxable	\$1717
Federal Tax withheld	\$73.30
State Tax withheld	\$69.88
FICA Tax withheld	\$131.36
Health Insurance	0
Vision Care	0
Dental Insurance	0
Other	\$100
Take-home pay	\$1342.46

In this example, take-home pay will be \$68.06 more per pay period, or \$1633.44 more per year if this employee enrolled in the PCP. (Calculations based on 2019 State and Federal Income Tax Withholding Table).

Please note that the above example was based on an employee who is married. If you cover your domestic or civil union partner under your health plan, there may be other tax liabilities in connection with your domestic or civil union partner's coverage, such that the tax savings benefit of enrolling in the PCP may be minimal. Therefore, you may want to consult with a tax advisor prior to enrolling in the Plan.

#### 4. HOW AND WHEN CAN I ENROLL IN THIS PLAN?

New Employees- If you are a new employee, you may enroll in the Plan when you become eligible to enroll in any of the eligible health benefits plans. Normally, this is within ninety (90) calendar days of the date you were hired. If you do not enroll during this 90-day eligibility period or you elected not to enroll at the time you completed your new hire paperwork, you will not be able to enroll in the Plan until the following Plan year unless you are permitted under the Rules to enroll.

Employees wishing to enroll in PCP, shall make their selection in the "Plan Selection" section of the EUTF's EC-1 or EC-1H (for HSTA VB members only) enrollment form and submit it to your Human Resources Office (HRO) designee or the Department of Education- Employee Benefits Unit (DOE-EBU) for those working for the Department of Education.

Current Employees- If you are a current employee and do not enroll before the Plan year begins, you will have to wait until the following Plan year to enroll. The only exception to this rule occurs in the case where you are permitted under the Rules to change from an election of *no* health benefits plan coverage to an election *for* such coverage.

*For example*, if you previously did not take medical coverage through the State because you were covered under your spouse's medical plan, and your spouse dies or loses his/her job, you would be eligible to obtain medical coverage through the State, and you would also be eligible to enroll in the PCP. You must, however, file the appropriate forms with your HRO designee or DOE-EBU within ninety (90) calendar days of the event giving rise to your eligibility to enroll.

Open Enrollment-Employees may enroll, make changes to, or cancel their existing enrollment without experiencing a qualifying change in status event during this designated time period. Employees wishing to enroll, change, or cancel their PCP enrollment shall make their selection in the "Plan Selection" section of the EUTF's EC-1 or EC-1H (for HSTA VB members only) enrollment form and submit it to their HRO designee or DOE-EBU no later than the end of the Open Enrollment period.

The Plan Year normally runs from July 1 to June 30 each year.

#### 5. HOW CAN I CHANGE MY PCP ELECTION?

Your PCP authorization and election will be automatically renewed each Plan year. If you wish to change your election, you can only do so during a designated Open Enrollment period. The only exception is if a change in your status has occurred for which the Rules permit a PCP election change, such as, but not limited to:

- ❖ Your marriage, divorce, or marriage annulment.
- ❖ Birth, adoption, or placement for adoption of a child or addition of a foster child.
- ❖ Death of your spouse or dependent.
- ❖ Employment or loss of employment by you, your spouse, or dependent.

- ❖ Start or return from an (authorized) unpaid leave of absence.
- ❖ Loss of eligibility by you or your spouse under a health benefits plan.
- ❖ Your last dependent child becoming ineligible for coverage under your health benefits plan.

To make a change, it must be consistent with your change in status, and you must file the appropriate PCP change forms with your HRO designee or DOE-EBU within ninety (90) calendar days of the date of your qualified change in status. Approved changes will take effect *after* your forms are *received*, usually the following pay period, if administratively possible. For a complete list of IRS-qualifying change in status events, see §14-51-24 of the PCP Administrative Rules.

If, during the Plan year, premium rates increase and there is a change in the employee contributions, the PCP Plan Administrator will make the appropriate adjustments.

**6. HOW CAN MY PCP BE CANCELLED?**

Generally, you cannot cancel your PCP election during a Plan year unless you transfer to a non-eligible employment classification, you marry and obtain coverage under your spouse's plan, or your spouse gets a new job and you receive health benefits plan coverage through the new employer's plan. You must submit the required cancellation forms within ninety (90) calendar days of your qualified change in status. Approved cancellations shall become effective as soon as administratively possible, on a **prospective** (not retroactive) basis, *after* your forms are received (e.g., next pay period following receipt of your forms).

There may be other situations in which cancellations can be allowed. However, you must write to the PCP Plan Administrator for prior written approval.

Otherwise, you must wait until the next designated Open Enrollment period to cancel your PCP election.

Your PCP election will be cancelled if you should involuntarily lose eligibility for the health benefits plan you selected, as provided in the Rules.

**7. CAN I LOSE MONEY UNDER THE PCP?**

Usually, you will not lose money by enrolling in the PCP. However, if you change/cancel your health benefits plan coverage but your PCP change/cancellation is not permissible under the Rules, your PCP election will continue, and your premium payments will be forfeited. To ensure that your forfeitures are stopped at the end of the Plan year (i.e., June 30<sup>th</sup>), you must file the required PCP change/cancellation forms during the next Open Enrollment period.

Reminder: Mid-Plan year changes and cancellations that are allowable take effect

on a prospective basis *after* you file the required forms. The longer you take to file, the more money (premium payments) you are likely to lose. To avoid this, file in a timely manner.

**8. IF MY DOMESTIC OR CIVIL UNION PARTNER IS COVERED UNDER MY HEALTH PLAN, CAN I ENROLL IN THE PCP?**

If you cover your domestic or civil union partner under your health plan **and** your domestic or civil union partner meets the definition of a "qualified dependent" under Section 152 of the Code and qualifies as your dependent for federal income tax purposes, you may deduct the entire premium contribution on a pre-tax basis. Otherwise, the contribution amount for your domestic or civil union partner shall be done on an after-tax basis. You must submit the PCP Domestic/Civil Union Partnership Acknowledgement Form (PCP-DP/CU), which can be obtained from your HRO designee or DOE-EBU or the DHRD website at <http://dhrd.hawaii.gov>.

For PCP enrollment changes, refer to Q&A # 5.

**9. WILL MY SOCIAL SECURITY BENEFITS BE AFFECTED IF I ENROLL IN THIS PLAN?**

If you participate in the PCP, your Social Security benefits may be slightly reduced because your Social Security benefits and taxes will be calculated on your reduced salary amount.

**10. WILL MY RETIREMENT PENSION BE AFFECTED IF I ENROLL IN THIS PLAN?**

No, your retirement pension will not be affected by your participation in the PCP.

**11. WILL MY DEFERRED COMPENSATION PLAN CONTRIBUTIONS BE AFFECTED IF I ENROLL IN THE PCP?**

Participating in the PCP may affect your deferred compensation plan contributions if your contributions are based on a percentage of your pay rather than a fixed dollar amount.

**12. WHAT HAPPENS IF I GO ON LEAVE WITHOUT PAY?**

While you are on an authorized leave without pay ("LWOP"), out-of-pocket employee contributions that you pay to continue your health benefits plan coverage cannot be applied for PCP purposes. This is because these payments are made outside of the State's payroll system and do not qualify for the tax savings available under the Plan.

When you return from a LWOP, your PCP election will automatically continue if you continued your health benefits plan coverage during your leave by making the required out-of-pocket contributions.

If your health benefits coverage was cancelled because you did not make the required out-of-pocket contributions while

you were on a LWOP, your PCP election will likewise be cancelled as of the same effective date.

However, you will be permitted to re-enroll in the PCP when you return to work, provided you have filed the appropriate PCP forms with your HRO designee or DOE-EBU within ninety (90) calendar days of your return.

**13. WHAT APPEAL RIGHTS DO I HAVE?**

If your PCP change or cancellation request is denied, you may file an appeal by writing to the PCP Plan Administrator within thirty-one (31) calendar days after receiving notice of the denial. Your letter must set forth all your reasons for appealing the denial. (address under Q&A # 14.)

The PCP Plan Administrator shall act upon your appeal within sixty (60) calendar days after either receipt of your request or receipt of any additional materials reasonably requested from you, whichever occurs later.

You shall be provided a written notice of the final decision on your appeal within one hundred twenty (120) calendar days of the date your appeal was filed.

The decision of the PCP Plan Administrator shall be final and conclusive upon all persons.

**14. WHERE CAN I GET MORE INFORMATION?**

If you have additional questions, please contact your HRO designee or DOE-EBU. Written requests may be sent to:

**Director of Human Resources  
Development  
PCP Administrator  
235 S. Beretania St., 14<sup>th</sup> Floor  
Honolulu, Hawaii 96813**

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**This Plan Document can be made available to individuals who have special needs or who need auxiliary aids for effective communication (i.e., large print or audiotape), as required by the Americans with Disabilities Act of 1990, by contacting the DHRD Employee Assistance Office at 587-1050.**

Revised: January 2021

**Administered by the Department of Human Resources Development**



**STATE OF HAWAII PREMIUM CONVERSION PLAN  
ELECTION CHANGE FORM (Form PCP-2)**

Premium Conversion Plan (PCP) is a voluntary benefit plan, administered by the State Department of Human Resources Development (DHRD) that allows employees to pay for their health benefit plan premiums on a pretax basis. Premium conversion plans are governed by Section 125 of the Internal Revenue Code (IRC). Changes/cancellations must be "on account of and consistent with" the change of status event indicated and shall become effective on a prospective basis from the date received. **Submit this form directly to your Human Resources Office (HRO) designee within ninety (90) calendar days of a qualifying event together with the EUTF EC-1/EC-1H Enrollment Form.**

<b>EMPLOYEE COMPLETES:</b>	Full Name (Last, First, Middle)	Last 4-digits of Social Security Number:	Date of Qualifying Event
Check Benefit Plans Affected:	<input type="checkbox"/> Medical/Prescription Drug/Chiropractic Plan	<input type="checkbox"/> Vision Plan	<input type="checkbox"/> Dental Plan
			Date entered in the EUTF Member Self-Service Portal:

**I elect to CHANGE the amount of the PCP reduction of my pay due to:**

<input type="checkbox"/> From 2-party to Family Enrollment	<input type="checkbox"/> From Family to 2-party or Self-Only Enrollment
<input type="checkbox"/> From Self-Only to 2-party or Family Enrollment	<input type="checkbox"/> From 2-party to Self-Only enrollment
<ul style="list-style-type: none"> <li><input type="radio"/> Open Enrollment (non-EUTF, e.g., spouse's employer's open enrollment)</li> <li><input type="radio"/> Birth, adoption, or placement for adoption of a child</li> <li><input type="radio"/> My Marriage</li> <li><input type="radio"/> My eligible dependent (re-) joined my household</li> <li><input type="radio"/> My dependent's loss of eligibility for coverage under a health benefits plan</li> <li><input type="radio"/> My spouse's health benefits plan is significantly changed or terminated</li> <li><input type="radio"/> My dependent(s) satisfies the eligibility requirements of the plan (e.g., full-time student, etc.)</li> </ul> Other IRS Qualifying Reason (I have attached a written explanation) _____	<ul style="list-style-type: none"> <li><input type="radio"/> Open Enrollment (non-EUTF, e.g., spouse's employer's open enrollment)</li> <li><input type="radio"/> My Divorce/annulment of my marriage</li> <li><input type="radio"/> Death of my dependent(s)</li> <li><input type="radio"/> My dependent(s) no longer satisfies the eligibility requirements of the plan (e.g., attainment of age, loss of student status, marriage, etc.)</li> <li><input type="radio"/> My spouse/dependent child becoming eligible for and electing coverage under other health benefits plan</li> </ul> Other IRS Qualifying reason (I have attached a written explanation) _____
<input type="checkbox"/> Change of health benefits plan insurance carrier because new residence is out of service area of my present carrier	
<input type="checkbox"/> Change to new employment classification where other component plans have become available or where my carrier's plan is not available	

**I elect to PARTICIPATE in the Premium Conversion Plan due to:**

<input type="radio"/> Self-Only	<input type="radio"/> 2-Party	<input type="radio"/> Family Enrollment
<ul style="list-style-type: none"> <li><input type="radio"/> My being out-of-state during the entire Open Enrollment Period</li> <li><input type="radio"/> My return from a leave without pay status</li> <li><input type="radio"/> Birth, adoption, or placement for adoption of a child</li> <li><input type="radio"/> My loss of health benefits plan coverage because of the involuntary termination of my enrollment or my spouse's enrollment due to:               <ul style="list-style-type: none"> <li><input type="radio"/> Death</li> <li><input type="radio"/> Divorce/annulment of my marriage</li> <li><input type="radio"/> Eligibility/employment termination</li> </ul> </li> </ul> Other IRS Qualifying Reason (I have attached a written explanation) _____		

**I elect to TERMINATE my participation in the Premium Conversion Plan due to:**

<ul style="list-style-type: none"> <li><input type="radio"/> Open Enrollment (non-EUTF, e.g., spouse's employer's open enrollment)</li> <li><input type="radio"/> My transfer to a non-eligible employment classification</li> <li><input type="radio"/> My loss of eligibility for coverage under a component plan</li> <li><input type="radio"/> I will be covered under my new second employer's health benefits plan, or a new health benefits plan offered by my second employer</li> <li><input type="radio"/> My marriage. I will be covered under my spouse's employer's plan</li> <li><input type="radio"/> I will be covered as a dependent under my spouse's new employer's plan or retiree health benefits plan</li> <li><input type="radio"/> My spouse, who is also a State employee, changed his/her health plan enrollment to family coverage due to the birth/adoption of our child</li> <li><input type="radio"/> I will be placed on a leave without pay status</li> </ul> Other IRS Qualifying Reason (I have attached a written explanation) _____
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I have read the PCP materials, understand the limitations and qualifications of the PCP program, and agree to abide by the terms and conditions of the Plan. I understand that I am making an election that is binding **for the remainder of the plan year**. I also understand that during this period I may not modify my reduction in pay unless (1) the plan is terminated, (2) there is an increase in the amount required employee contributions for the coverage which I have elected in conjunction with this current Election Change Form, (3) there is a change in my personal status that qualifies under the Internal Revenue Code.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**HRO DESIGNEE: Complete this section and mail/email this form to DHRD-EAO or fax to 808-587-1107**

Department	Division/School	Bargaining Unit	HRO phone/fax number
Employer's Receipt in Office Date:		PCP Effective Date:	
HRO (or employer designee) PRINT Name:		HRO (or employer designee) SIGNATURE:	