TrueBlue
Employee Benefits

Hawaii RenewableWorks Employees

renewableworks
A TRUEBLUE COMPANY

Here is where to find...

2026 Employee Benefits Guide

Please read this guide carefully. It summarizes your plan options and provides helpful tips for optimizing your benefits. If you have questions about benefits and the annual enrollment process, contact the TrueBlue Benefits Department through My Service Center for assistance.

Annual notices are available here:
https://online.flippingbook.com/view/632304410/

What's Inside?

- FAQ's
- Minimum Compensation Ordinance Notice
- Employee Rights Under the Family Medical Leave Act
- Kaiser Permanente Plan Information
- HC-5 Waiver Form

Enrolling in Coverage

As an Associate, you are automatically enrolled in coverage, as long as you're eligible.

Declining Coverage

If you want to decline coverage, you must return the completed forms to your hiring manager immediately:

- HC-5 waiver form

Frequently Asked Questions

Questions on your benefits?

Please reach out to Associatebenefits@trueblue.com

What if I have a qualifying life event?

Coverage is automatically provided when you are eligible unless you decline coverage. If you previously filled out form HC-5 to decline coverage under Kaiser, and now want to enroll in Kaiser due to a life event such as a loss of other coverage, please notify your manager immediately. A new HC-5 form will need to be completed authorizing us to cancel your medical waiver.

Please note that eligibility requirements for coverage must be met. If you are no longer declining coverage, you will automatically be enrolled under the Kaiser plan as soon as you become eligible.

When is my coverage effective?

Employees who work twenty hours or more per week and earn a monthly wage of at least 86.67 times the Hawaii minimum hourly wage are deemed eligible after four consecutive weeks of employment. Health care coverage must be provided to such eligible employees at the earliest enrollment date of the employer's health care contractor. Benefits will then be effective the 1st of the following month after meeting eligibility requirements.

Can I cover my dependents?

This coverage is for employees only.

Am I eligible to be on the TrueBlue associate benefit plans through United Healthcare?

No, while you are working on the contract for Hawaii you will not be eligible for the traditional health insurance offers from TrueBlue. If you happen to be placed in a different position and no longer working in Hawaii, please reach out to Associatebenefits@trueblue.com so that we can assist you with the transition to the traditional TrueBlue health insurance options that may be available to you.

See page 15 for **Qualifying Life Event** video.

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DISABILITY COMPENSATION DIVISION
Princess Keelikolani Building, 830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813

FORM HC-5 EMPLOYEE NOTIFICATION TO EMPLOYER FOR CALENDAR YEAR 2026

Use this form if the employee works at least 20 hours per week and:

- Works for 2 or more employers** or
- Claims an exemption or waiver from health care coverage or
- Terminates an exemption or
- Changes principal and/or secondary employer designation**

THIS SECTION IS FOR THE EMPLOYER TO COMPLETE.

Employer name _____ DOL account number _____

Address _____ Phone no. _____

See employee's selection below and take appropriate action. **Give a copy of this completed form to the employee**. Keep this completed, signed form on file for 2 years. **The employee's selection below is applicable only within calendar year 2026.** If the employee will be renewing the selection after 2026, have the employee complete the form for the appropriate year.

FOR THE EMPLOYEE TO COMPLETE:

Do **not** use this form if:

- You work for only 1 employer and that employer provides you with health care coverage or
- You work less than 20 hours per week for your employer

In accordance with the provisions of the Hawaii Prepaid Health Care Act (Chapter 393, Hawaii Revised Statutes), this is to notify my employer that: (Check appropriate box.)

☐ 1. Of the two or more concurrent employers that I work for (at least 20 hours a week), you have been selected as the **principal**** employer and are required to provide me health care coverage (Section 393-6).

**The principal employer is the employer who pays the employee the most wages. However, if the employee works for 1 employer at least 35 hours per week and that employer does not pay the employee the most wages, the employee chooses the principal employer.

☐ 2. Of the two or more concurrent employers that I work for (at least 20 hours a week), you have been selected as the **secondary**** employer and are therefore relieved of the responsibility to provide me health care coverage until you are otherwise notified (Section 393-16).

☐ 3. I am **exempt** from health care coverage because I am: (Check appropriate box.) (Sections 393-17 and 393-22)

- ☐ a. covered by a Federally established health insurance or prepaid health care plan, such as Medicare, Medicaid or medical care benefits provided for military dependents and military retirees and their dependents.
- ☐ b. covered as a dependent (e.g. spouse, child, etc.) under a qualified health care plan.
- ☐ c. a recipient of public assistance or covered by a State-legislated health care plan governing medical assistance (e.g. MedQuest).
- ☐ d. a follower of a religious group who depends upon prayer or other spiritual means for healing.

☐ 4. I waive coverage from my employer's health care plan because I have obtained the plan named _____ _____ from the health care plan contractor named _____.
I understand this waiver is binding for the 2026 calendar year. I submitted a copy of my plan to my employer to forward to the Department of Labor and Industrial Relations with this form. (Section 393-21).

☐ 5. The coverage exemption/waiver previously indicated in items 2, 3 or 4 is no longer applicable; you are therefore required to provide me health care coverage (Section 393-18).
Requested effective date of coverage: _____.

Print employee name _____ Employee signature _____

Address _____ Phone no. _____ Date _____

Keep a copy of your completed, signed form for yourself. **RETURN COMPLETED FORM TO EMPLOYER.**

Call (808) 586-9188 with any questions about this form.

Important Notice about Language Assistance: This document contains important information. If you need language assistance at no cost to you, please contact us by phone or in person immediately.

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
TDD/TTY Dial 711 then ask for (808) 586-9188

Family Medical Leave Act (FMLA) Notice

An eligible employee may take up to 12 weeks of unpaid, job protected leave within in a 12-month period. FMLA provides job and benefit protections for individuals on an FMLA qualified leave.

Leave may be taken for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee is someone who has worked for the employer for at least 12 months, worked at least 1,250 hours in a defined 12-month period, and works in a location with at least 50 employees within a 75-mile radius.

An eligible employee who is a covered service member's spouse, child, parent, or next of kin may be eligible for up to 26 weeks of FMLA leave in a single 12-month period in the event of serious injury or illness of the service member.

Employees seeking to take FMLA leave must provide 30-day advance notice when need is foreseeable and such notice is practical. When advance notice is not possible, the employee must notify the employer as soon as possible; generally, the same day or next working day that the employee learns of the need for leave. Failure to provide notice when leave is foreseeable may disqualify the employee from taking leave until 30 days after the notice has been provided.

An employer will must notify an employee of their rights and responsibilities under FMLA. Employers may also require a certification of the need for leave.

For additional information or to file a complaint:

1-866-4-USWAGE (1-866-487-9243)
TTY 1-877-889-5627
www.dol.gov/whd
U.S. Department of Labor
Wage and Hour Division

HWHL-1 (Rev. 06/22)

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
WAGE STANDARDS DIVISION

NOTICE TO EMPLOYEES

Under the HAWAII WAGE AND HOUR LAW
(Chapter 387, Hawaii Revised Statutes, and Chapter 12-20, Hawaii Administrative Rules)

$10.10 per hour
effective through September 30, 2022

$12.00 per hour
effective October 1, 2022 through December 31, 2023

$14.00 per hour
effective January 1, 2024 through December 31, 2025

$16.00 per hour
effective January 1, 2026 through December 31, 2027

$18.00 per hour
effective January 1, 2028

TIP CREDIT - Under certain conditions, "tipped employees" may be paid up to 75 cents less per hour; effective October 1, 2022, up to $1.00 less per hour; effective January 1, 2024, up to $1.25 less per hour; and effective January 1, 2028, up to $1.50 less per hour. See Section 387-2(b), Hawaii Revised Statutes.

Minimum wage under the Hawaii Wage and Hour Law also applies to employment covered by the federal wage and hour law (Fair Labor Standards Act) when Hawaii standards are higher than the federal law. The law also requires employers to maintain time records.

ENFORCEMENT: The Department of Labor and Industrial Relations may recover back wages, either administratively or through court action, for employees who have been underpaid.

FOR MORE INFORMATION contact the nearest Department of Labor office:

Oahu	830 Punchbowl Street, Room 340, Honolulu 96813	**Phone:** (808) 586-8777
Kauai	State Building, Room 202, 3060 Eiwa Street, Lihue 96766	(808) 274-3351
Maui	2264 Aupuni Street, Wailuku 96793	(808) 243-5322
Hawaii	State Building, Room 108, 75 Aupuni Street, Hilo 96720	(808) 974-6464
West Hawaii	Post Office Building, Room 2087, 81-990 Halekii St., Kealakekua 96750	(808) 322-4808

The law requires employers to post this notice in a place accessible to employees.
This notice can be downloaded from the department's web site at www.labor.hawaii.gov/

Medical

www.kp.org

808.643.5744
24-Hour Nurseline: 808.334.4400
Group Number: 06790

KAISER PERMANENTE

Medical benefits provided by Kaiser Permanente are available to employees in select Kaiser markets and include coverage for in-network providers.
Your care is managed by a Primary Care Physician (PCP) chosen at the time of enrollment. If you require a specialist, outpatient procedure, or hospitalization, your registered PCP must refer you. There are no out-of-network benefits.

Medical	Kaiser Permanente
	In-network Benefits Only
Annual Deductible (Individual/Family)	$0/$0
Out-of-Pocket Maximum (Individual/Family)	$2,500/$7,500
Preventive Care	Plan pays 100%
Primary Physician Office Visit*	$15 copay
Specialist Office Visit	$15 copay
Inpatient Hospital Services	80%
Outpatient Hospital Services (lab, x-ray, diagnostic)	80%
Emergency Room Care	80%
Urgent Care (Primary/Out of Area)	$15 copay/80%

*$0 copayment under age 18
This is a summary of coverage, please refer to your summary plan description for the full scope of coverage.

Visit https://flimp.live/TrueBlueHMO for TrueBlue's **HMO** video.

Value Added Benefits

KAISER PERMANENTE

KP Portal: www.kp.org

A secure member website that gives you immediate access to health care benefit information. Here you can check claim status, find in-network providers, refill most prescriptions, and much more.

Kaiser Mobile:

Access your account from a mobile device. Opt in to receive texts for Rx refill reminders, diet and fitness tips, claim updates and more. Download the app for immediate access.

Maternity Care Program: ww.kp.org/maternity

Personalized support provided by Obstetrical nurses. Explore classes and programs for expecting parents.

24/7 Nurseline: 808.334.4000

General health info and guidance for specific conditions from fevers to bee stings from a registered nurse.

Member Discounts:

Access to additional special program discounts. Details can be accessed by logging into www.kp.org/choosehealthy or by calling 877.335.2746 for help.

Wellness: Access health and wellness resources that can help you manage your health. Resources include health assessments, self-directed courses and health coaching.

Fit Rewards | Kaiser Permanente

Thrive your way at any fitness center statewide. You can still earn a free gym membership at certain participating gyms or enjoy discounted rates at other participating fitness centers.

As a Kaiser Permanente member, you can break a sweat without breaking the bank

You can choose from 5 tiers of fitness centers at different price points. So, whether you're into group fitness, boot camps, yoga, or pumping iron, we've got you covered statewide. Whatever tier you choose, you can earn a $200 reward.

Earn a free gym membership

You can still earn a free gym membership by selecting a fitness center from Tier 1.

Save up to 40% at an expanded network of fitness centers

If a fitness center in Tier 1 is not to your liking, there are fitness centers in Tiers 2 through 4 for an additional discounted monthly fee.

Tier 5 fitness centers

Any fitness center that qualifies under a Tier 5, be sure to hit the gym 45 days for at least 30 minutes a visit by the end of the year, and you'll earn your $200 reward.

Choose One	Annual Fee	Additional Monthly Fee	Your Reward
Tier 1	$200	$0	$200
Tier 2	$200	$35	$200
Tier 3	$200	$55	$200
Tier 4	$200	$85	$200
Tier 5	You pay standard retail fess directly to fitness center	N/A	$200

Prefer to work out at home?

Take advantage of the Home Fitness Kit Program and receive up to 2 home fitness kits per calendar year for just $10.

Go to https://thrive.kaiserpermanente.org/care-near-hawaii/active-and-fit?kp_shortcut_referrer=kp.org/fitrewards

Supplemental Health Benefits

VOYA

Our medical plans provide comprehensive coverage for a wide range of healthcare needs. However, everyone's needs differ, and that's where supplemental health options come into play. These benefits are designed to protect your family's finances in case of an unforeseen injury or illness. These benefits are offered to you through Voya. Please visit https://presents.voya.com/EBRC/TrueBlue or call 800.955.7736 for additional details.

Accident Insurance

Accident insurance can provide benefits of set dollar amounts for covered accidents that occur off the job. Accident insurance is offered to all eligible full-time employees. The benefits vary based on type and severity of the accident.

Choose between a low plan or a high plan, which also includes a wellness rider.

Critical Illness Insurance

Critical illness insurance is available at a lump-sum that employees can use to help cover the out-of-pocket expenses associated with a critical illness. Critical illness insurance is offered to all eligible employees.

- Choose between and $10,000 Benefit High Plan or a $5,000 Benefit Low Plan
- Benefits paid directly to you
- Coverage supplements any existing medical benefits

Hospital Indemnity Insurance

When you are hospitalized, chances are there will be expenses that you have to pay yourself, even with an existing health insurance plan. As with accident insurance, any benefits you are eligible to receive are payable without regard to your medical coverage.

Typically, a flat amount is paid for admission and a per day amount is paid for each day of a covered stay, from the very first day. When you submit a claim, the approved benefit will be paid directly to you and can be used however you want.

See page 15 for **Accident Insurance**, **Critical Illness Insurance** and **Hospital Indemnity Insurance** videos.

Life Insurance

www.aflacgroupinsurance.com

800.433.3036

AFLAC

Voluntary Life and AD&D

Life Insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away for a covered accident or illness. In addition, Accidental Death and Dismemberment (AD&D) provides a benefit to your beneficiary if you pass away or become dismembered due to a specifically covered accident. Always make sure your beneficiaries are updated.

	Voluntary Life/AD&D - Low Plan	Voluntary Life/AD&D - High Plan
Benefit Amount	$20,000 for employee $2,500 for spouse $1,250 for children	$30,000 for employee $2,500 for spouse $1,250 for children

Disability Insurance

VOYA

If you become ill or suffer an injury that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time.

Short Term Disability

Voya Short Term Disability	Low Plan	High Plan
Maximum Weekly Benefit	$200 per week	$400 per week
Waiting Period	Begins on the 9th day of continuous injury or illness	Begins on the 9th day of continuous injury or illness
Maximum Benefit Period	26 weeks	26 weeks
Who Pays?	Employee	Employee

See page 15 for **Life and AD&D Insurance** and **Disability Insurance** videos.

Additional Benefits

Identity and Fraud Protection	
Description	Your identity is more than your Social Security number and credit score. Aura Protection Plus offers proactive protection from threats and scams. The AI-powered solution covers the broad spectrum of identity theft, financial fraud, and digital security in one easy-to-use app. If fraud occurs, our full-service remediation and up to $5 million identity theft expense reimbursement has you covered.
Contact information	MetLife + Aura 844.931.2872 www.my.aura.com/start
Who pays?	Employee

Legal Plan	
Description	Every online transaction leaves a trace behind, which can put your credit and identity at risk. MetLife can help monitor your credit and protect your identity. ● General phone advice and office consultations ● Wills and estate planning ● Document review and preparation ● Home and real estate matters ● Debt and identity theft matters ● Family law ● Eldercare
Contact information	MetLife 800.821.6400 https://www.legalplans.com
Who pays?	Employee

Cancer Detection and Genetic Screening	
Description	You and your family members will have peace of mind for the future through Genomic Life. You will have access to proactive genetic tests that will unlock insights into your inherited risks for cancer and other diseases. This includes: ● Genetic Health Screen - An accurate, medical-grade DNA test that analyzes 147 genes to identify a predisposition to developing hereditary cancers, cardiovascular diseases, and additional conditions ● Pharmacogenomics (PGx) - Helps uncover how an individual metabolizes and responds to medications ● Carrier Screening - Identifies a potential risk of having a child affected by a recessive genetic disease ● Precision Cancer Care - Should you or your family member face a cancer diagnosis, our cancer services team will provide personalized support throughout the course of treatment. *Some services are not available to dependent children
Contact information	Genomic Life 844-694-3666 www.genomiclife.com
Who pays?	Employee: Rates vary based upon age and coverage level

Auto & Home Insurance	
Description	Farmers GroupSelect helps you save money on the benefits you need, with group discounts and convenient payment options. By switching your auto insurance to Farmers GroupSelect, you may save an average of $55 a month. Farmers also offers recreational vehicle (RV), boat, and Personal Excess Liability Protection insurance. Home insurance protects your most valuable assets. Farmers offers a range of home insurance solutions to balance costs with employees' needs.
Contact information	Farmers www.myautohome.farmers.com (use TRUEBLUE INC) 800.438.6381

Financial Benefits

Employee Discount Programs		
Description	Your work-life balance and general well-being are as important to us as the work you contribute. That is why we are excited to offer you these savings marketplaces. Access national and local discounts on the brands you know and love. Browse deals for child and senior care services; gyms and nutrition plans; automotive services and care rentals; travel and hotels; computers and cell phones; theme parks or movie tickets and restaurant - even grocery coupons!	
Contact information	LifeMart discountmemberlifecare.com (Registration Code: 1TB)	MyLife Savings Marketplace trueblue.savings.workingadvantage.com

Rates

Life/AD&D Rates (Low Plan)

	Bi-Weekly Rates
Employee Only	$5.26
Family	$5.98

Critical Illness (Low Plan)

	Bi-Weekly Rates
Employee Only	$4.92
Employee + Spouse	$7.38
Employee +Child(ren)	$4.92
Family	$7.38

Accident (Low Plan)

	Bi-Weekly Rates
Employee Only	$1.96
Employee + Spouse	$4.42
Employee +Child(ren)	$4.42
Family	$6.88

Hospital Indemnity

	Bi-Weekly Rates
Employee Only	$4.16
Employee + Spouse	$8.32
Employee +Child(ren)	$6.67
Family	$10.83

ID Theft Protection

	Bi-Weekly Rates
Employee Only	$4.14
Employee + Spouse	$6.90
Employee +Child(ren)	$6.90
Family	$6.90

Life/AD&D Rates (High Plan)

	Bi-Weekly Rates
Employee Only	$7.90
Family	$8.62

Critical Illness (High Plan)

	Bi-Weekly Rates
Employee Only	$9.84
Employee + Spouse	$14.76
Employee +Child(ren)	$9.84
Family	$14.76

Accident (High Plan)

	Bi-Weekly Rates
Employee Only	$4.46
Employee + Spouse	$9.72
Employee +Child(ren)	$9.72
Family	$14.98

Cancer Detection

	Bi-Weekly Rates
Employee Only: Under 50	$8.30
Employee + Spouse: Under 50	$16.60
Employee Only: 50-64	$10.16
Employee + Spouse: 50-64	$20.32
Employee Only: 65+	$12.00
Employee + Spouse: 65+	$24.00

Short Term Disability (Low Plan)

	Bi-Weekly Rates
Employee Only	$12.72

Short Term Disability (High Plan)

	Bi-Weekly Rates
Employee Only	$23.45

Glossary of Terms

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan covers a certain percentage of the total cost of service/care, and you are responsible for the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays, do not apply to the deductible. For example, if your plan's deductible is $1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the $1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

IN-NETWORK: A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

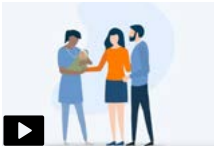
OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

See page 15 for **Benefits Key Terms Explained** video.

Benefits Overview Videos

Scan the QR codes or click anywhere to watch.

Qualifying Life Events



Accident Insurance

Critical Illness Insurance

Hospital Indemnity Coverage

Life and AD&D Insurance

Disability Insurance

Benefits Key Terms Explained

Medical Plan HMO Health Maintenance Organization

Hospital Indemnity Coverage

Contacts

Medical Plan

Kaiser Permanente

Member services: 800.966.5955
Website: www.kp.org

Voluntary Life

Aflac

Member services:
800.433.3036
Website: www.aflacgroupinsurance.com

Supplemental Health (Accident/Critical Illness/ Hospital Indemnity)

Voya

Member services: 877.236.7564
Website: https://presents.voya.com/EBRC/TrueBlue

Cancer Detection & Genetic Screening

Genomic Life

Member services: 844.694.3666
Website: www.genomiclife.com

Legal Plan

MetLife

Member services: 800.821.6400
Website: www.legalplans.com

Identity & Fraud Protection

MetLife & Aura

Member services: 833.522.2123
Website: www.my.aura.com/start

Auto & Home Insurance

Farmers

Member services: 800.438.6381
Website: www.myautohome.farmers.com

Short Term Disability

Voya

Member Services: 888.305.0602
Website: voya.com/claims

Employee Discount Programs

LifeMart

Website:
discountmember.lifecare.com
(Registration Code: 1TB)

MyLife Savings Marketplace

Website: TrueBlue Employee Benefits Portal

Benefits Contacts

General & Ongoing Benefits Questions and Qualified Life Events (QLEs)

TrueBlue Benefits Center
866.998.8727, Monday - Friday 8am to 5pm PST
Website: TrueBlue Employee Benefits Portal

New Hire Enrollment

Enrollment Center
800.307.7745, Monday - Friday 6am to 6pm PST
Website: https://tbcorp.mybenefitsappointment.com/

Annual notices are available here:
https://online.flippingbook.com/view/632304410/

Support Line

Member Services
866.299.6738

General Website
http://www.memberbenefitlogin.com/tbassociates

Notes

Notes

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

SE: 6071074_Hawaii_RenewableWorks