

Health Coverage Plan

TIP: See the enclosed Medical Plan Comparison for coverage information

Visit UMR's website at www.umar.com or contact UMR Customer Service at 1-888-438-6105

SPOUSE AND DEPENDENT ELIGIBILITY

Everyone must have health insurance. It is the law. If you are currently uninsured, now is the time to explore your coverage options and consider enrolling in our plan.

It is important to remember that if you waive your University coverage, you are still responsible for obtaining coverage through some other source - such as a spouse or your parent's plan (if you are under age 26); or you can obtain coverage via the Health Insurance Marketplace.

*****Coverage will be expanded to include bariatric surgery for members meeting medical and prior authorization guidelines. Within the Federal Affordable Care (ACA) requirements, gender dysphoria coverage will be available. Ultrasound coverage in maternity care has been clarified to include the first ultrasound in maternity care covered at 100% for In-Network regardless of prior ultrasounds provided during the plan year. For subsequent ultrasound the deductible and coinsurance will continue to apply.**

- Classic Plan – No benefits for out-of-network service, except in emergency situations will be covered unless prior authorization from UMR is approved.
- All in-network covered medical expenses apply to the OOP Maximum. Those participants with a hospitalization or other expensive care early in the year could quickly reach the OOP and all remaining office visits and other services for the year would be provided at \$0 copayment. All preventive and screening services following the US Preventive Task Force recommendations will remain at \$0 copayment.
- There are no changes in the copayment amounts for Primary Care (\$35) or Specialists (\$50) office visits, no changes in the 30% coinsurance and no changes in the copayment amounts for hospital admissions, ER visits, outpatient surgery service or for other services requiring a copayment.

See the enclosed UA Medical Plans Comparison

For additional information:

https://www.uapb.edu/administration/finance_administration/human_resources/summary_plan_descriptions.aspx

NOTICE: SPOUSE AND DEPENDENT ELIGIBILITY FOR BENEFITS COVERAGE

Eligible spouse and dependent participants in the University health plan are:

- The lawful spouse of an Eligible Employee (as defined and recognized by the state of Arkansas)
- Each Child of the Eligible Employee from birth until the last day of the month in which they attain the age of twenty-six (26) years.
- Child includes (in addition to Your natural Child) the following:
 - An adopted Child for whom a petition for adoption has been filed or the final court order has been issued;
 - A step Child; or
 - A person for whom you are the Legal Guardian.
- No person not describe above, including a grandchild, shall be considered a Child.
- No person may be simultaneously covered as an Employee and as a Dependent under the Plan.

To comply with federal health care reform reporting requirements, beginning in calendar year 2015 the University will be required to gather Social Security Identification Numbers for spouse and dependents who participate in the University's health plan. Please make sure the name that is on the social security card matches the individual. You and your covered dependent name must match the name on the social security card. The government will use the information collected to identify those individuals who have health coverage or who should be purchasing health coverage through the health care marketplace. Please make any needed changes in your spouse and dependent enrollments during the November open enrollment period.

If you are enrolling your spouse or dependents, YOU MUST provide the following documents

EXAMPLES OF DOCUMENTATION FOR SPOUSE AND DEPENDENT COVERAGE
SPOUSE

Marriage Certificate

CHILD

Birth Certificate

OR

Adoption Certificate

OR

Legal Guardianship

OR

Birth /Adoption Certificate AND Marriage Certificate
(for a step child and a recent marriage)

Onlife Health Wellness Plan is a free health and wellness program for employees and their spouses who are insured under the UA health insurance plan. If you have questions about the UA Wellness program, you may call Onlife customer service or log in to the Onlife Health sit, www.onlifehealth.com or call Onlife at 1-877-369-0285 for education, motivation and fun. If you are a returning user, enter your username and password. If you are a new user, click GET STARTED and type in “UAS” as the key code. Follow the online instructions to create your username and password.

Participate in the Onlife wellness program. Make healthy lifestyle choices now. Additional future medical plan benefits will be tied to wellness participation. Employees and their spouses who are covered under our medical plan are eligible to use the health coaching services of Onlife.

IMPORTANT NOTICE: IF YOU CHANGE YOUR ADDRESS THRU WEBADVISOR, PLEASE CHANGE YOUR ADDRESS WITH YOUR BENEFIT CARRIERS BY COMING TO HUMAN RESOURCES AND COMPLETING THE NECESSARY PAPERWORK. THIS WILL ENSURE VITAL DOCUMENTS AND CORRESPONDENCE IS BEING MAILED TO YOUR CORRECT ADDRESS.

**Managing
Your Health**

\$0 Preventive Dental Services

The dental plan provides for two annual exams & cleanings each year with \$0 copays. If you are diabetic or have heart or renal disease, additional cleanings & exams are available at \$0. Using your dental preventive services will also trigger the plan carry-over which will credit you with additional dental plan dollars to be used in a future year.

\$0 Preventive Health Services

The health plan provides for an annual wellness visit with your PCP & all USPSTF-recommended screenings at \$0 copay. Preventive services save you money & help you avoid problems in the future.

Visit a Primary Care Doctor

Use your annual \$0 wellness visit. Your PCP can assist you in identifying the screenings & preventive services appropriate to your condition. Establishing a relationship with a PCP you like & trust will assist you in managing your health & wellness.

Disease Management

Actively participate in the disease management & coaching programs offered through UMR & OnLife. The University’s health plan provides for certain diabetes and hypertension medication at \$0 for individuals enrolled in the Disease Management Program. Call 866-575-2540 for details & assistance.

Pregnancy Management

If you are pregnant or become pregnant, enroll in pregnancy assistance & education program. You’ll receive a \$300 discount off of your hospital expenses if you enroll within the 1st trimester or \$150 off if you enroll in your second trimester.

Stop Using Tobacco Products

If you currently use or have recently quit using tobacco or nicotine products. The programs offer \$0 Chantix and you can receive the nicotine replacement patches at \$0 copay through the health plan.

<p>Dental Coverage Plan</p> <p>Visit Delta Dental's website at www.deltadental.com or contact Delta Dental Customer Service at 1-800-462-5410</p>	<p>Monthly dental premiums will not increase for January 2017. Routine preventive services continue at no-charge and additional preventive services for participants with certain medical conditions continue at no-charge.</p> <p>See the enclosed Delta Dental Schedule of Benefits. Also for additional information: http://www.uapb.edu/administration/finance_administration/human_resources/summary_plan_descriptions.aspx</p>																																											
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<p>Accidental Death & Dismemberment Premiums</p>	<p>There will be no increase or decrease in the accidental death and dismemberment. At any time, you have the option of enrolling yourself and your family in this program. An employee may also increase, decrease, or cancel AD&D coverage at any time. If you or your covered family member dies as a result of an accident (on or off the job), the beneficiary will receive a benefit based on the amount of coverage you select. If you choose family coverage, your spouse's coverage is 60% of your amount and each child's coverage is 20% of your amount. You are limited to 15 times your annual salary (rounded up to the next level) for all coverage amounts in excess of \$150,000. Maximum coverage is \$300,000. You pay the total cost for this coverage.</p> <p>For additional information and to change beneficiary, add coverage, or terminate coverage, please complete the U of AR Group Benefit Enrollment form located on our website http://www.uapb.edu/administration/finance_administration/human_resources/summary_plan_descriptions.aspx</p>																																											
<p>LIFE INSURANCE</p>	<p>There will be no increase in the life premium structure or plan designs for January 2017. There will not be an open enrollment opportunity for Optional Life Insurance. If you would like to enroll or increase your coverage amount, you will need to complete Evidence of Insurability paperwork.</p> <table border="1"> <thead> <tr> <th colspan="4" style="text-align: center;">OPTIONAL LIFE INSURANCE Monthly Premiums</th> </tr> <tr> <th></th> <th style="text-align: center;"><u>12-M</u></th> <th style="text-align: center;"><u>9-M</u></th> <th></th> </tr> </thead> <tbody> <tr> <td>Less than 25</td> <td style="text-align: center;">0.040</td> <td style="text-align: center;">0.053</td> <td rowspan="10"> To calculate monthly premium: 1. Multiply annual salary by coverage election of 1, 2, 3 or 4 (capped at \$500,000) 2. Round to next \$1,000 3. Divide by \$1,000 4. Multiply by Age Rate </td> </tr> <tr> <td>25 but <30</td> <td style="text-align: center;">0.040</td> <td style="text-align: center;">0.053</td> </tr> <tr> <td>30 but <35</td> <td style="text-align: center;">0.056</td> <td style="text-align: center;">0.075</td> </tr> <tr> <td>35 but < 40</td> <td style="text-align: center;">0.064</td> <td style="text-align: center;">0.085</td> </tr> <tr> <td>40 but < 45</td> <td style="text-align: center;">0.080</td> <td style="text-align: center;">0.107</td> </tr> <tr> <td>45 but < 50</td> <td style="text-align: center;">0.120</td> <td style="text-align: center;">0.160</td> </tr> <tr> <td>50 but < 55</td> <td style="text-align: center;">0.184</td> <td style="text-align: center;">0.245</td> </tr> <tr> <td>55 but < 60</td> <td style="text-align: center;">0.344</td> <td style="text-align: center;">0.459</td> </tr> <tr> <td>60 but < 65</td> <td style="text-align: center;">0.528</td> <td style="text-align: center;">0.704</td> </tr> <tr> <td>65 but < 70</td> <td style="text-align: center;">1.016</td> <td style="text-align: center;">1.355</td> </tr> <tr> <td>70 and older</td> <td style="text-align: center;">1.640</td> <td style="text-align: center;">2.187</td> <td></td> </tr> </tbody> </table>	OPTIONAL LIFE INSURANCE Monthly Premiums					<u>12-M</u>	<u>9-M</u>		Less than 25	0.040	0.053	To calculate monthly premium: 1. Multiply annual salary by coverage election of 1, 2, 3 or 4 (capped at \$500,000) 2. Round to next \$1,000 3. Divide by \$1,000 4. Multiply by Age Rate	25 but <30	0.040	0.053	30 but <35	0.056	0.075	35 but < 40	0.064	0.085	40 but < 45	0.080	0.107	45 but < 50	0.120	0.160	50 but < 55	0.184	0.245	55 but < 60	0.344	0.459	60 but < 65	0.528	0.704	65 but < 70	1.016	1.355	70 and older	1.640	2.187	
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<p>Enroll in Critical Illness Insurance through MetLife</p>	<p>New employees have 60 days from their benefits-eligible appointment dates to enroll in Critical Illness Insurance. Employees who do not enroll during this 60-day enrollment eligibility window have to wait for a designated enrollment window. This Open Enrollment period, 11/1/2016 thru 12/2/2016, is a Critical Illness enrollment period for UA faculty/staff. You can apply for up to \$10,000 of coverage for you and your family. Critical Illness Insurance can complement your medical and disability insurance by helping you pay for some of the expenses associated with a critical illness, such as co-payments, deductibles, travel to treatment centers, out-</p>																																											

Visit MetLife's website at www.metlife.com/mybenefits or contact MetLife Customer Service at 1-800-438-6388

of-network treatments, or additional childcare. **Participants in Critical Illness Insurance must be covered by health insurance.** Enrollment is subject to a health questionnaire or screening. Contact MetLife directly at 1-800-438-6388 (1-800-GET-MET8).

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Optional Dependent Life Insurance

There is no open enrollment for dependent (those eligible to be your IRS dependents) life. If you would like to enroll or increase your dependent life, you must complete an **evidence of insurability** paperwork

Cover your lawful spouse (as recognized in Arkansas). Children from birth to the date they attain age 25 are covered at 50% of spouse's coverage.

You may choose from the following provisions:

**DEPENDENT LIFE INSURANCE-
Monthly Premiums 1/1/2015**

<u>Spouse's Coverage</u>	<u>12-Mon</u>	<u>9-Mon</u>
\$10,000*	\$2.71	\$3.61
\$15,000*	\$4.07	\$5.42
\$20,000*	\$5.42	\$7.23

*Eligible children are covered for 50% of spouse's coverage amount. Children ages 14 days to 6 months are covered for \$100, when you elect any coverage.

**Auto and Homeowners

Liberty Mutual
Customer Service at

1-800-524-9400**

Group Auto/Homeowners are voluntary products; all questions regarding these products should be answered directly by Liberty Mutual company representatives. Enrollment kits for Group Auto/Homeowners insurance should be requested directly from Liberty Mutual. Liberty Mutual will provide Human Resources with your authorized payroll deduction to be withheld from your paycheck.

To enroll or for additional information contact a Liberty Mutual representative directly.

Optional Long Term Disability Insurance

During the open enrollment period (11/1/16-12/2/16), If your salary is more than \$20,000, you may enroll in optional LTD **without evidence of insurability**. Take advantage of this one-time opportunity to enroll in Optional LTD now, without having to pass a medical screening. This coverage provides a disability benefit of 60% of that portion of your annual salary above \$20,000. Your cost is \$.47 per \$100 of your monthly salary above \$1,666.67.

If you sign up during open enrollment and file a claim during your first 12 months of coverage, your claim will be denied **IF** your condition is considered pre-existing. "Pre-existing" means you had symptoms, took medications, had treatment, or were diagnosed during the 6-month period immediately prior to your 1-1-2017 effective date of coverage.

For new enrollees into Optional Long-Term Disability, the pre-existing conditions exclusion will change from 3/12 to 6/12.

OPTIONAL LONG TERM DISABILITY

12-Month Premium	9-Month Premium
1. Divide salary (not to exceed \$100,000) by 12	1. Divide salary (not to exceed \$100,000) by 9
2. Subtract \$1,666.67	2. Subtract \$2,222.22
3. Divide by \$100	3. Divide by \$100
4. Multiply by \$.47	4. Multiply by \$.47
5. Divide by 2 for semi-monthly	5. Divide by 2 for semi-monthly

<p>How do I enroll or make changes?</p>	<p><u><i>During this Open Enrollment Period, you can:</i></u></p> <ul style="list-style-type: none"> ● Enroll in Flexible Spending Accounts (Health Care Reimbursement and Dependent Care Reimbursement). Annual enrollment required. ● Enroll in health, dental or vision coverage. (No re-enrollment required for health, dental & vision plans.) ● Add or delete dependents from your health, dental, or vision plans, with appropriate documentations ● Change your health care elections between the Classic and Point of Service Plans. ● Change your vision insurance elections between the Basic and the Enhanced Plans. ● Cancel your health, dental, or vision plans. ● Change the status of health, dental, and vision premiums from after-tax to pre-tax or pre-tax to after-tax. <p>Be sure to make a copy of any enrollment forms before sending them to Human Resources. Complete all necessary enrollment forms, available from Human Resources, Room 205, Administration Building or from the Human Resources website at http://www.uapb.edu/administration/finance_administration/human_resources/summary_plan_descriptions.aspx.</p> <p>IMPORTANT NOTICE: IF YOU CHANGE YOUR ADDRESS THRU WEBADVISOR, PLEASE CHANGE YOUR ADDRESS WITH YOUR BENEFIT CARRIERS BY COMING TO HUMAN RESOURCES AND COMPLETING THE NECESSARY PAPERWORK. THIS WILL ENSURE VITAL DOCUMENTS AND CORRESPONDENCE IS BEING MAILED TO YOUR CORRECT ADDRESS.</p>
<p>Check Your Family's Eligibility</p> <p>TIP: Complete paperwork to add or delete dependents within 31 days of qualifying events</p>	<p>Notify Benefits immediately to drop a family member who is no longer eligible or to add a family member who is newly eligible.</p> <p><u><i>Eligible Dependents for health, dental & vision coverage are:</i></u></p> <ul style="list-style-type: none"> ● Lawful spouse as defined in Arkansas; ● Children until the date they attain age 26. <p><u><i>Eligible Dependents for Dependent Life Insurance & Accidental Death & Dismemberment Insurance are:</i></u></p> <ul style="list-style-type: none"> ● Lawful spouse as defined in Arkansas. ● Unmarried, dependent children from birth until the date they attain age 19 and from 19 until the date they attain age 25 if they are unmarried, dependent, full-time students.
<p>University couples need to coordinate coverage</p>	<p>If both you and your spouse (or your children) work for the University of Arkansas (at any System campus) in benefits-eligible positions, you need to make sure that you coordinate your benefits enrollment with each other. You cannot be covered as both an employee and as the spouse or dependent of an employee. Dependent children cannot be covered under both parents' plans with the UA. This would apply to health & dental coverage and vision insurance, dependent life insurance, and accidental death and dismemberment insurance. Contact Human Resources if you need to adjust your plans.</p>
<p>Mid-year Changes</p>	<p>Remember, you can only enroll in health and dental coverage or add family members to your health and dental coverage within 31 days of an eligible Qualifying Event. If you miss your 31-day window, you may not be able to enroll in coverage or add new dependents until the next plan Open Enrollment.</p> <p><u><i>Eligible Qualifying Events are:</i></u></p> <ul style="list-style-type: none"> ● Gaining a new dependent (marriage, birth, adoption). ● Loss of dependent eligibility (divorce, annulment, legal separation, death). ● Spouse or children losing eligibility for other coverage. ● Employer contributions for other coverage ceasing. ● Involuntary loss of public assistance coverage (Medicaid, ARKids). ● Court order mandating you to cover your children. <p><u>Adding children under age 3 to your dental plan:</u> You can add children to your dental plan from birth to the date they attain age three. However, employees paying with tax exempt premiums cannot change their tax-exempt premiums during the calendar year without a qualifying event. Children turning three are not an eligible qualifying event. Add your children to your dental plan no later than the Open Enrollment period prior to their third birthdays to ensure that they will be covered. Contact Human Resources when your child turns two so we can help you determine the best time to add your child to your dental plan.</p>

SUPERIOR VISION

There is no increase in premium for vision coverage and there is no change in plan design. See attached Vision Benefit Schedule for cost of exam, lens, frames and other discount.

Monthly Vision Premiums

800-507-3800**SuperiorVision.com**

	BASIC		ENHANCED	
	12 months	9 months	12 months	9 months
Employee	\$5.88	\$7.84	\$11.86	\$15.81
Employee & Spouse	\$11.66	\$15.55	\$23.44	\$31.25
Employee & Child(ren)	\$11.42	\$15.23	\$22.98	\$30.64
Employee, Spouse & Child(ren)	\$17.36	\$23.15	\$34.92	\$46.56

FLEXIBLE SPENDING ACCOUNTS**Flexible Spending Accounts (FSAs) – Annual Enrollment Required**

FSAs let you set aside tax-exempt dollars for eligible out-of-pocket healthcare and dependent (day) care or adult/elder care expenses. FSAs lower your taxable income, resulting in tax savings. FSA claims are administered by UMR.

Consider enrolling in a **Healthcare FSA** if you have out-of-pocket medical expenses like orthodontia, prescription co-pays, or insurance co-pays/deductible/coinsurance. You would include your dependents' medical expenses in a Healthcare FSA. Consider a separate Dependent Care FSA if you have daycare expenses for your children under age 13 or for your elderly parents you claim on your taxes. Both are a great way to reduce your taxable income.

The maximum amount you can put into a **Healthcare FSA** for the 2017 tax year is \$2,550. The maximum for a **Dependent Care FSA** remains \$5,000.00 – but this amount is reduced to \$2,500 if you are married and file separate returns. You cannot transfer money between the two different FSAs, so make sure you enroll in the correct amount for each. You can elect one or both FSAs.

Important dates if you have 2016 claims

- **December 31, 2016** is the last day you can incur an expense in your **Healthcare FSA**. There is no grace period to extend the time the plan ends.
- However, if you have a **Dependent Care FSA**, an additional 75-day grace period does apply. There you have until **March 15, 2017** to incur daycare expenses and be reimbursed from your 2016 FSA.
- March 31, 2017 is the deadline to file manual reimbursement claims to UMR. This applies to both Healthcare and Dependent Care FSAs. If you “shoe-boxed” your receipts and will be submitting a reimbursement claim, UMR must receive your claim by this date in order to reimburse you for your 2016 FSA. Any balance as of April 1 will be forfeited, except for carry-over in a Healthcare FSA.

\$500 Carry-Over for Healthcare FSA

Scared you'll lose money if you put too much into your FSA? The carry-over benefits eases that fear. After the 2016 FSA plan year closes, and after the March 31 deadline to file claims has passed, any balance up to \$500 will automatically carry-over into the 2017 plan year. A minimum amount of \$50 of health care FSA funds will carry over to the new plan year. Any unused funds below the minimum amount are subject to the “use-it-or-lose-it” rule and therefore will be forfeited after the filing deadline for the plan year. This applies only to Healthcare FSAs, not Dependent Care FSAs you use to pay for daycare.

This gives you an extra 12 months to spend old year FSA money, up to \$500!

This does not impact the \$2,550 maximum you may decide to put into your FSA for the new year. If you carry over \$500 for 2016... and you elected to put in maximum \$2,550 in 2017---you would have a total FSA of \$3,050 from which is spend in 2017.

When you swipe your benny card in 2017, it will first draw down your 2016 carry-over. When that is depleted, it will draw from your 2017 FSA.

Benny Card

If you re-enroll in a health care FSA, your 2016 amount will be loaded onto your current FSA benny card (MasterCard). If you need a replacement card, call UMR at 1-888-438-6105. There is no benny card for daycare expenses. You must pay for these expenses up front and then file a claim for reimbursement.

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Retirement Participation

TIP: You can change your retirement contributions monthly.

TIP: Complete a Salary Deferral Agreement to change your UAORP contributions.

All individuals paid on UAPB payroll are eligible to participate in the University of Arkansas 403(b)/457(b) Retirement Plan. This is the University’s 403(b)/457(b) plan administered by TIAA-CREF and Fidelity Investments. Employees who are not considered benefits eligible (such as hourly employees, Graduate Assistants and employees less than 50% appointed) can participate in the UA 403(b)/457(b) plan but will not be eligible for any employer matching contributions.

Employees who are benefits eligible who participate in the UA 403(b)/457(b) plan will receive an employer contribution of 5% if they contribute from 0% up to 5%. Employees who contribute more than 5% will have their employee contributions matched by a University contribution up to a maximum employer contribution of 10%.

For 2017, employees who are under age 50 can contribute up to \$18,000 (combined employee tax-deferred and after-tax Roth contributions) to their 403(b) plans. Employees age 50 or older can contribute an additional “catch-up” \$6,000 for a total 403b employee contribution of \$24,000.

Employees who reach their 403(b) limits before the end of 2015 and who are under age 50 can contribute an additional \$18,000 tax-deferred to a 457(b) plan. If over age 50, employees who hit their 403(b) limits in 2015 can contribute an additional \$6,000 to the 457(b) plan for a total 457(b) limit of \$24,000.

Be very careful if you make contribution to another retirement plan at the same time you’re contributing to the UARP. You are responsible for making sure that your combined contributions are within the IRS limits.

Employees who contribute to APERS or ATRS for the employee contribution and any mandatory employee contribution can also participate in the UA 403(b)/457(b) plan but will not get any additional employer contributions.

New employees can only enroll in University of Arkansas Optional Retirement Plan. The University of Arkansas System is not allowing any new enrollees into APERS or ATRS, there are exception, please contact Human Resources at 870-575-8863.

Your medical premium are salary-based premium. Your salary generates the amount you will pay for medical coverage. Attached are monthly premium, ten months premium are annualized.

9-Month Premiums. Faculty on a 9-month appointment and staff members paying benefits over 9 months’ pay an additional premium August through May to prepay for the following June, July and August. These 9-month premiums are calculated assuming that deductions will begin in September and will remain unchanged for a 12-

month period (through the following August). Faculty/staff paying with 9-month premiums enrolling in coverage or making changes to their premiums October or later will have to pay an extra premium amount through the following May to assure that sufficient premiums will be collected to pre-pay for the following summer.

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AD&D Insurance Premiums		<u>12 months Coverage</u>		<u>9 months Coverage</u>	
		<u>Single</u>	<u>Family</u>	<u>Single</u>	<u>Family</u>
	Spouse is covered for 20% of coverage amount and eligible dependent children for 20% of coverage amount. Coverage in excess of \$150,000 will be limited to the lesser of \$300,000 or 15 times employee's salary (rounded up to next \$25,000).	\$0.38	\$0.75	\$0.51	\$1.00
	\$25,000	\$0.75	\$1.50	\$1.00	\$2.00
	\$50,000	\$1.13	\$2.25	\$1.51	\$3.00
	\$75,000	\$1.50	\$3.00	\$2.00	\$4.00
	\$100,000	\$1.88	\$3.75	\$2.51	\$5.00
	\$125,000	\$2.25	\$4.50	\$3.00	\$6.00
	\$150,000	\$2.63	\$5.25	\$3.51	\$7.00
	\$175,000	\$3.00	\$6.00	\$4.00	\$8.00
	\$200,000	\$3.38	\$6.75	\$4.51	\$9.00
	\$225,000	\$3.75	\$7.50	\$5.00	\$10.00
	\$250,000	\$4.13	\$8.25	\$5.51	\$11.00
	\$275,000	\$4.50	\$9.00	\$6.00	\$12.00
	\$300,000			\$6.00	\$12.00

Delta Dental PPO Plus Premier National Coverage
Schedule of Benefits for University of Arkansas

- a) **Group Number:** 9304 (effective 1-1-2005)
- b) **Deductible:** \$50 for benefits received in Coverage B and Coverage C with a maximum of \$100 per family, per benefit period. There is no deductible on Coverage A.
- c) **Annual Maximum Payment:** \$1,500 Per Person Per Calendar Year.
- d) **Benefit Period:** A benefit period for each eligible participant shall mean a calendar year, the period from January 1 to December 31 of each year.

<i>Schedule of Benefits</i>	<i>Subject to Deductible</i>	<i>In-Network PPO or Premier</i>	<i>Out-of-Network</i>
Coverage A – Diagnostic and Preventative Services <ul style="list-style-type: none"> ● Exams & Cleanings (twice a year). ● Bitewing and periapical X-rays as required. ● Full-mouth X-rays once in any three (3) year period. ● Fluoride treatments once per benefit period for to age nineteen (19). ● Sealants (once per permanent tooth) for children to age nineteen (19). 	No	100%	90%
Coverage B – Basic Restorative Services <ul style="list-style-type: none"> ● Fillings (amalgam & composite/resin) ● Simple & Surgical Extractions. ● Oral surgery ● Root Canals 	Yes	80%	72%
Coverage C – Major Restorative Services <ul style="list-style-type: none"> ● Crowns & bridges. ● Prosthodontics. ● Endosteal implants 	Yes	50%	45%
Carryover Benefit Rider <ul style="list-style-type: none"> ● Carryover Benefit: \$375 ● Claims Threshold: Less than \$750 ● Carryover Benefit Maximum: \$1,500 ● Must have received at least one covered service during calendar year to qualify 			

You have the freedom to choose any licensed dentist for covered services. However, it works to your advantage to choose a dentist from one of the two different Delta Dental networks available to you. Both the PPO and the Premier option provide plan savings through negotiated plan discounts. In many cases, the PPO discounts are greater than the DeltaPremier Discounts, but the PPO option has fewer participating providers. Payments to non-Delta providers will be based on the Delta Maximum Plan Allowance (MPA) and not billed charges. Non-Delta providers can balance bill for amounts excess of the MPA. *You can find a list of the Delta Dental Participating providers from Delta Dental's website at <https://www.deltadentalar.com/>*

This is not a legal document. Complete benefits descriptions and exclusions are contained in the Summary Plan Description, available from Human Resources at http://www.uapb.edu/administration/finance_administration/human_resources/summary_plan_descriptions.aspx

Superior Vision Services
P.O. Box 967
Rancho Cordova, CA 95741

1-800-507-3800
www.superiorvision.com

SUPERIOR VISION - Vision Plan Benefits for the University of Arkansas

You may choose from two plans: Basic Plan and Enhanced Plan

Basic Plan			Enhanced Plan		
Co-payments			Co-payments		
Exam	\$10		Exam	\$10	
Materials ¹	\$20		Materials ¹	\$20	
Contact Lens Fitting	\$25		Contact Lens Fitting	\$25	
Monthly Premiums	12 Mon	9 Mon	Monthly Premiums	12 Mon	9 Mon
Emp. Only	\$5.76	\$7.68	Emp. Only	\$11.62	\$15.49
Emp. & spouse	\$11.43	\$15.24	Emp. & spouse	\$22.97	\$30.63
Emp. & child(ren)	\$11.19	\$14.92	Emp. & child(ren)	\$22.52	\$30.03
Emp. & family	\$17.01	\$22.68	Emp. & family	\$34.22	\$45.63
Services/Frequency			Services/Frequency		
Exam	1 per calendar year		Exam	1 per calendar year	
Frames	1 per 2 calendar years		Frames	1 per calendar year	
Contact Lens Fitting	1 per calendar year		Contact Lens Fitting	1 per calendar year	
Contact Lens	1 allowance per calendar year		Contact Lens	1 allowance per calendar year	
In-Network			In-Network		
Exam (MD)	Covered in full		Exam (MD)	Covered in full	
Exam (OD)	Covered in full		Exam (OD)	Covered in full	
Frames	\$125 retail allowance	Up to \$70	Frames	\$150 retail allowance	Up to \$84
Contact Lens Fitting (standard ²)	Covered in full		Contact Lens Fitting (standard ²)	Covered in full	
Contact Lens Fitting (specialty ²)	\$50 retail allowance	Not Covered	Contact Lens Fitting (specialty ²)	\$50 retail allowance	Not Covered
Lenses (standard) per pair			Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$28	Single Vision	Covered in full	Up to \$28
Bifocal	Covered in full	Up to \$42	Bifocal	Covered in full	Up to \$42
Trifocal	Covered in full	Up to \$56	Trifocal	Covered in full	Up to \$56
Progressive	See Descriptor ³	Not Covered	Progressive	Covered in full ⁴	Not Covered
Scratch coating	See discount features	Not Covered	Scratch coating	Covered in full	Not Covered
UV coating	See discount features	Not Covered	UV coating	Covered in full	Not Covered
Contact Lenses ³	\$120 retail allowance	Up to \$100	Contact Lenses ³	\$150 retail allowance	Up to \$100

Co-payments apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursement.

¹Materials co-pay applies to lenses and frames only, not contact lenses.

²See your benefits materials for definitions of standard and specialty contact lens fittings.

³Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus copay.

⁴If premium progressive lenses are selected, members receive an allowance based on the provider's charge for standard progressive lenses.

³Contact lenses are in lieu of eyeglass lenses and frames benefit.

Discounts on Non-Covered Exam and Materials

Exams, frames, and prescription lenses: 30% off retail

Lens options, contacts, other

prescription materials: 20% off retail

Disposable contact lenses 10% off retail

Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 15%-50%, and are the best possible discounts available to Superior Vision.

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.*Discounts and maximums may vary by lens type. Please check with providers.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidprecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
IDAHO – Medicaid	MONTANA – Medicaid
Medicaid Website: http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx Medicaid Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid

Website: http://www.in.gov/fssa Phone: 1-800-889-9949	Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633
IOWA – Medicaid	NEVADA – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392
MAINE – Medicaid	CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
Website: http://www.maine.gov/dhhs/ofc/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid	VERMONT– Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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