

New Employee Orientation Benefits





Welcome to the University of Arkansas

To be eligible for benefits:

- Appointed Employees who are not in a student title
- Appointed 50% or more, approximately 20 hours per week or more

Basic Benefits

- Participation is required
- Effective from appointment/hire date
- Fully funded by the University of Arkansas
- Included Benefits are:
 - Basic Life Insurance
 - Basic Long Term Disability Insurance
 - Retirement participation
 - Short Term Disability for Classified Employees' Salaries up to \$45,000 (not including AES employees)



Optional Benefits

- Employee Elected Participation and funded partially or fully by the employee include:
 - Health Coverage
 - Dental Coverage
 - Vision Insurance
 - Optional Life Insurances
 - Accidental Death & Dismemberment Insurance
 - Optional Long Term Disability
 - Optional Short Term Disability
 - Flexible Spending Accounts
 - Additional Retirement Savings
 - Voluntary Products



Enrollment Deadline

Enrollment in Benefits Must be completed within **31 Days** of your Benefits-Eligible Appointment Date.



Benefits Effective Date

Basic Benefits are effective with your benefits-eligible appointment date.

Optional Benefits are effective the 1st day of following month after you've been appointed and **ALL** enrollment forms are completed and received in the Benefits Office (ADMN 222).



Enrollment deadline – 31 days from benefits eligible appointment date

Optional Benefits

- NO late enrollments accepted past 31 days from benefits-eligible appointment date for:
 - Health Coverage
 - Dental Coverage
 - Vision Insurance
- Enrollment in Health and Dental Coverage at a later date would require a HIPAA qualifying event or a period of open enrollment. Vision insurance would require open enrollment.

NOTE: The U of A may NOT have OPEN enrollment annually



Mandatory Benefits

- Must complete enrollment within 31 days of appointment for a retroactive effective date to appointment date.

Late enrollment is available for:

- Optional & Dependent Life Insurance
- Optional Long Term Disability
- Optional Short Term Disability

However Employees will have to complete an (EOI) Evidence of Insurability to enroll. Accidental Death & Dismemberment does not require EOI needed, you can make changes at any time.

Retirement Plan Options

- University of Arkansas Retirement Plan - 403B & 457B Plans
 - TIAA-CREF
 - Fidelity Investments
- State Retirement Plan
 - (APERS) Arkansas Public Employee Retirement System

Employees have 31 days from their benefits-eligible appointment dates to make an irrevocable decision about which type of retirement plan they will choose. Those who do not choose will default to the UA Retirement Plan and won't be eligible for APERS membership if beyond 31 days from benefits eligible appointment date.



403 B Vesting

UA Retirement Plan Vesting means that you are given ownership of the employer contributions made to your retirement account. The money can not be forfeited for any reason.

For all Benefits Eligible Employees appointed January 1, 2014 or later:

- Completion of 12 consecutive months of service
- Attainment of age 65
- Death while employed or on qualified military leave
- Disability documented by the Social Security Administration or the University's Long Term Disability carrier

“Once Vested, Always Vested...”



403B Contribution Matching Scale

- If you elect to contribute to the retirement plan, the University will make additional contributions according to the following chart:

You	U of A	Total
0%	5%	5%
1 - 5%	5%	6 - 10%
6%	6%	12%
7%	7%	14%
8%	8%	16%
9%	9%	18%
10%	10%	20%
10% +	10% max	

- At no time can the combined employee & employer contributions exceed the limitations established by the IRS. See the back of the Salary Reduction Agreement for IRS limits.



2014 Retirement Maximums for 403B & 457B

403B Maximum

- \$17,500 maximum
- Employees over age 50 can tax defer an additional \$5,500
- Combined employee and employer contributions cannot exceed the lesser of 100% of compensation or \$52,000

457B Maximum

- Allows employees to tax-defer an additional \$17,500
- Employees over age 50 can tax defer an additional \$5,500
 - Cannot participate in the 457B plan until you have maxed out on the 403B plan



The UA Retirement Plan is available with a Roth option. Roth is a post tax retirement savings plan that offers tax exemption on your earnings if you make a "qualified distribution"

Regular 403 b

- Contributions can either be tax-deferred or after tax.
- Tax-deferred and employer contributions are taxed when withdrawn.
- Plan earnings are taxable the year they are withdrawn.

Roth 403 b

- Contributions are after tax.
- Contributions are taxed the year you make the contribution.
- Earnings are tax-exempt if you are at least 59½ years of age and participated in the Roth for 5 years.



403B & 457B Retirement Companies

TIAA-CREF

- Founded in 1918
- Works mostly with those in the academic, research, medical, and cultural fields
 - However is expanding into the IRA market
- Fortune 100 Company
- www.tiaa-cref.org
- Offers 49 investment choices

Fidelity

- Founded in 1943
- Once primarily as known as a mutual fund company
 - However, has expanded their menu of products and services
- Fortune 500 Company
- www.fidelity.com
- Offers over 360 investment choices



TIAA Traditional Annuity

- TIAA Traditional is a guaranteed annuity that offers maximum safety by guaranteeing your principal & and minimum interest rate.
- Because TIAA invests in the long-term, money can be moved out of TIAA Traditional ONLY over a 9 year period through a Transfer Payout Annuity (TPA).
- For more info on TIAA Traditional visit www.tiaa-cref.org



Lifecycle Funds

The lifecycle funds offered by both TIAA-CREF and Fidelity (Fidelity trademarked the funds The Freedom Funds), offer the power of a diversified set of mutual funds in a single fund .

- They are numbered by years and you pick the year closest to your target retirement date (approximately age 65)
- They start out more aggressive when you're younger and get more conservative as you near retirement.
- You get the benefit of the experience of the fund managers at the company, the confidence of knowing you have an appropriate allocation mix, and the ease of monitoring one fund.
- You're able to move the funds easily to different investments



Optional Retirement Plan 403 b

- Pre-tax contributions, employer contributions, and plan earnings are tax-deferred (State & Federal taxes)
 - Taxes to be paid at distribution
- Cannot participate in state retirement plan if on matching Optional Retirement Plan
- Non benefits eligible employees and employees in APERS may contribute to a Supplemental Retirement Account on a non matching basis
- You can change your allocation of future contributions at any time
- You can change investment options online with the company you elect to participate with.
- You can borrow against your contributions for a minimum of \$1,000 loan.
 - Contact the company you are participating with for details.



When I leave U of A Employment, what are my options with the ORP?

- You can leave the money where it is.
- You can roll over your investment into another retirement plan.
- You can withdraw it as cash.
- Contact the retirement company you are participating in for more information.



Retirement Distribution

- Vested EMPLOYER contributions available only upon termination from UA employment.
- Active employees may withdraw EMPLOYEE contributions at age 59 ½ or older.
- Payments are based on the amount of money in the plan.
- Automatic 20% Federal tax withholding and 5% State tax withholding on all lump sum distributions.
- 10% penalty by IRS for early withdrawal before age 59 ½ .



Retirement Counseling

Representatives from both, TIAA-CREF and Fidelity Investments, are available to provide free, on-site, group presentations or individual retirement planning sessions. The topics addressed may be tailored to your needs but generally address how much to save for retirement, allocation choices, performance reviews, and distribution options.

- For more information or to schedule an appointment:
 - TIAA-CREF call (888)380-6427 to schedule your appointment! For more information about TIAA-CREF, check out their website at www.tiaa-cref.org/moc
 - Fidelity Investments call (800)642-7131 to schedule your appointment! For more information about Fidelity Investments, check out their website at www.fidelity.com



403 b/ORP Enrollment

- Elect University of Arkansas Optional Retirement Plan with Retirement Acknowledgement Form
- Complete the Salary Deferral Agreement with any contributions and your company selection(s)
- Remember to complete the enrollment application(s) for the company or companies you elected to participate with in Section D of the Salary Deferral Agreement. The enrollment applications are available on our New Employee Benefits Enrollment page of our website.
- Bring everything together along with the rest of your enrollment paperwork.

Retirement Plan Acknowledgement Form

I have read the information provided in the University of Arkansas plan document and understand the terms and conditions of the plan. I understand that I am responsible for my own contributions and that the University of Arkansas does not match my contributions. I understand that I am responsible for selecting my investment options and that I may incur investment risk. I understand that I may be able to borrow from the plan and that I may be able to take a distribution from the plan. I understand that I may be able to roll over my account balance to another qualified plan or IRA. I understand that I may be able to take a lump sum distribution from the plan. I understand that I may be able to take a distribution from the plan. I understand that I may be able to take a distribution from the plan.

University of Arkansas Optional Retirement Plan

Salary Deferral Agreement

Employee Name: _____ Date: _____

Department: _____

Investment Options: _____

Contributions: _____

Company Selection(s): _____



State Retirement Plan

- APERS – Arkansas Public Employee Retirement System
 - <http://www.apers.org/>
- State Enrollment Forms must be completed along with a brief questionnaire to establish eligibility.
- Concurrent enrollment with another employer in APERS, ASHERS, ASPRS, AJRS, LOPFI, or ATRS is prohibited by law.
- Must enroll within 31 days of benefits eligible appointment date.
- Employees may participate in a SRA in addition to the state plan
 - SRA's are employee contributions only, no match from the U of A.



APERS

- Members are vested to receive benefit after 5 total years of participation
- Is a traditional pension plan or defined benefit plan, thus you are purchasing years of service not accumulating interest.
- The 2005 Contributory Program Act 2084 of 2005 requires members to contribute 5% of their annual compensation
 - All new participants will be contributory. Those that are non-contributory and are less than 6 months from prior non-contributory employment will need to complete a Return to Covered Employment Election Form.
- The University contributes 14.88% each pay period in addition to the employees 5% mandatory contribution. These contributions pay for current retirees and can change.



Example of Monthly Benefit on Public Retirement

\$30,000 Final Average Salary
 $\times .0203$ for Years of Service through 6/30/07
 \$609 $\times 2$ - Number of Service Years through 6/30/07
 = \$1,218 Annual Contributory Benefit through 6/30/07

\$30,000 Final Average Salary
 $\times .02$ for Years of Service after 6/30/07
 \$600 $\times 26$ - Number of Service Years after 6/30/07
 = \$15,600

Add Both Contributory Benefits to get Total Contributory Benefit
 \$1,218 through 6/30/07
 + \$15,600 after 6/30/07
 = \$16,818 Total Annual Contributory Benefit
 Divide Annual Contributory Benefit by 12 to get Monthly Benefit
 \$16,818/12 = \$1,401.50 Would be the monthly benefit.



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Eligible Dependents for coverage on Health, Dental, &/or Vision

- Lawful Spouse as recognized by Arkansas state laws
- Children up to the date they attain age 26. Children include:
 - Biological child
 - Legally adopted child
 - Step-child
 - Eligible foster child

Note: U of A employees cannot be covered on two U of A Plans. If you are currently covered as a spouse or a child on a U of A Plan you must decide between covering yourself or staying on the current plan. The U of A cannot ensure they will catch concurrent enrollments and there is no additional benefit to being enrolled more than once on U of A Plans.



Choose Before OR After TAX - Health, Dental, and/or Vision – A Comparison

After Tax Dollars

- Taxes are calculated before premiums are deducted
 - Deleting Dependents or canceling coverage can be done at any time if premiums are paid after-tax for health and dental coverage
 - Please Note: Vision is full calendar year enrollment
 - You can possibly deduct premiums if itemizing deductions.

Pre-Tax

- Taxes are calculated after premiums are deducted possibly lowering your tax liability
 - Pre-tax you must be within 31 days of a qualifying event or the end of a calendar year.
 - See the Making Changes section of your Guide to University of Arkansas Benefits booklet.

Talk to your tax preparer or consultant if you are unsure what is of the most benefit to you.



Health Coverage

U of A's Health Coverage Plan is Self-Funded and Self-Insured

Third Party Administrators:
Health Benefits – UMR

-The Third Party Administrator of Self Insured Plans for UnitedHealthcare
Pharmacy Benefits Manager– MedImpact



Health Coverage

- The network of providers is the UnitedHealthcare Options PPO Network a nationwide network that includes many of the most notable hospitals in the state of Arkansas and the United States.
- You can search the directory by going to umr.com, clicking Find a provider, then U, then University of Arkansas System Provider Network, then UnitedHealthcare Options PPO Network or Behavioral Health Network.
 - Or call 888-438-6105



Health Plan Options

Classic Health Plan

- Must stay within the Network
 - You can view physicians and facilities at www.umar.com.
- No benefits for out-of-network service without **PRIOR** authorization from Health Plan Third Party Administrator.

Point of Service Plan

- Offers access to out-of-network services providers with a higher deductible and higher co-insurance, please refer to comparison summary
- Offers TMJ Coverage
- Offers coverage if living out of the country for more than 30 days.



Onlife Health

Tools to get Healthy!

U of A Health Plan members and covered spouses can log on to the Onlife Health Liveon website at www.OnlifeHealth.com to complete a Health Assessment and gain access to:

- Health Coaches
- Self-directed educational programs
- Trackers
- And More!

Log on today or call 877-369-0285 to speak with Onlife Health Coach!

It's time to focus on a healthy yoUniversity!



Health Coverage Terms

- **Deductible:** Fixed dollar amount that you must incur each calendar year BEFORE the health plan begins to pay for covered medical services on deductible + coinsurance services.
- **Individual** - \$750 within the Network, \$1000 if you use a Non-Network Provider on POS.
- **Family** - \$1500 within the Network, \$2000 if you use a Non-Network Provider on POS.



More Health Coverage Terms

- **Coinsurance:** Fixed percentage of charges you must pay toward the cost of the medical expense for deductible + coinsurance services. We use an 80%/20% scale in network.
- **Co-payment:** Fixed dollar amount that you must pay with each doctor visit, out patient surgery, or hospital admission.
- **Out of Pocket Maximum:** Maximum out of pocket expenses you will pay in any calendar year (Does NOT include pharmacy).



HEALTH PLAN COMPARISON	POINT OF SERVICE PLAN		
	CLASSIC PLAN In-Network	In-Network	Out-of-Network (a)
Deductible - Individual/Family	\$750/\$1,500	\$750/\$1,500	\$1,000/\$2,000
Coinsurance	20%	20%	40%
Out-of-Pocket Max- Individual/Family	\$2,000/\$4,000	\$2,000/\$4,000	\$5,000/\$10,000
Preventive Care (b) - Well baby/child (c), Immunizations, Colonoscopy	Paid in Full	Paid in Full	Deed & Coins
Preventive Care - Physicals			
Mammograms, Nutritional Counseling (d)	Paid in Full	Paid in Full	Not Covered
Routine Vision Exams (e)	\$25 Co-pay	\$25 Co-pay	\$25 Co-pay
Physician Services in office - PCP	\$25 Co-pay	\$25 Co-pay	Deed & Coins
Physician Services in office - Specialist	\$45 Co-pay	\$45 Co-pay	Deed & Coins
Physician Services in office			
Diagnostic Testing	Paid in Full	Paid in Full	Deed & Coins
Surgical Services	Office co-pay if applies	Office co-pay if applies	Deed & Coins
Advanced Imaging Services (f)	Deed & Coins	Deed & Coins	Deed & Coins
Physician Services not in office			
Inpatient Medical Care	Deed & Coins	Deed & Coins	Deed & Coins
Diagnostic Testing	Deed & Coins	Deed & Coins	Deed & Coins
Surgical Services	Deed & Coins	Deed & Coins	Deed & Coins



HEALTH PLAN COMPARISON	POINT OF SERVICE PLAN		
	CLASSIC PLAN In-Network	In-Network	Out-of-Network (a)
Outpatient Facility Services			
Diagnostic Testing	Deed & Coins	Deed & Coins	Deed & Coins
Surgical Services	\$150 Copay & Deed & Coins	\$150 Copay & Deed & Coins	\$150 Copay & Deed & Coins
ER (Co-pay waived if admitted)	\$150 Copay 1 st visit, \$200 2 nd visit, \$250 after 2 nd visit	\$150 Copay 1 st visit, \$200 2 nd visit, \$250 after 2 nd visit	\$150 Copay 1 st visit, \$200 2 nd visit, \$250 after 2 nd visit
Urgent Care Center	\$50 Copay	\$50 Copay	\$50 Copay
Physician Maternity Services			
Maternity/Obstetrical Care OB/GYN	No deed or coins for pre-natal & delivery	No deed or coins for pre-natal & delivery	Deed & Coins
Inpatient Services (g)	\$300 Copay & Deed & Coins (g)	\$300 Copay & Deed & Coins (g)	\$300 Copay & Deed & Coins (g)
Other Services			
Ambulance (Co-pay waived if admitted)	\$100 Copay	\$100 Copay	\$100 Copay
Home Health (60 visits per year max)	Deed & Coins	Deed & Coins	Deed & Coins
Speech Therapy, PT, OT (Reviewed after 30 visits for medical necessity)	Deed & Coins	Deed & Coins	Deed & Coins
Chiropractic (30 visits per year max)	Deed & Coins	Deed & Coins	Deed & Coins
Durable Medical Equipment	Deed & Coins	Deed & Coins	Deed & Coins
Hospice	No Coverage	\$200 Copay & \$1,000 Deed & Coins	\$200 Copay & \$2,000 Deed & Coins
TMJ (\$10,000 Lifetime Max) (h)			
Mental Health			
Inpatient Services (g)	\$300 Copay & Deed & Coins (g)	\$300 Copay & Deed & Coins (g)	\$300 Copay & Deed & Coins (g)
Outpatient Intensive Day Treatment	\$150 Copay & Deed & Coins	\$150 Copay & Deed & Coins	\$150 Copay & Deed & Coins
Outpatient Services	\$25 Copay	\$25 Copay	\$25 Copay



Emergency Room & Out-of-Area Coverage

ER visits covered anywhere for \$150.00 Co-Pay for the first visit, \$200 for the second, and \$250 for any further visits in a calendar year.

UA Health Plan **may** provide hospital benefits for illnesses or injury while out of your network area if:

- Condition is one of rapid onset or result of injury
- Return to ones service area for treatment is not feasible or person is not able
- Treatment is medically necessary
- UA Health Plan Third Party Administrator is notified within one (1) business day after inpatient admission
- All claims & proof are submitted to UA Health Plan Third Party Administrator in writing within 60 days



Urgent Care Centers

Urgent care centers are a viable alternative to the Emergency Room with a lower copay and often a shorter wait time.

Urgent Care Centers are often open 7 days a week with extended hours for illness or injury when you can't get to your primary care provider, consider going to an urgent care center.



Disease Management Coaching Program

- The UMR Disease Management Program helps people with chronic conditions such as asthma, congestive heart failure, diabetes, heart disease, hypertension, chronic obstructive lung disease(COPD), and depression.
 - Access to Care Managers & Health Coaches.
 - Diabetes Management , Smoking Cessation, and Healthy pregnancy offers incentives to participate such as copay waivers.
 - Access to 24 hour nurse support line.
 - Visit www.umr.com or call 1-866-575-2540 for more information
 - Must be a UMR participant to participate



UMR Website

- UMR participants can now update their own personal information 24 hours a day, 7 days a week 365 days a year at www.umar.com or call (888-438-6105)
 - Find a Provider
 - Check Claims & Explanations of Benefits
 - Order ID cards



MedImpact Prescription Plan

- **\$10 co-pay** – Generic (Tier 1)
- **\$35 co-pay** – Preferred Name Brand (Tier 2)
- **\$70 co-pay** – Non-Preferred Name Brand (Tier 3)
- **Supply Limits:**
 - 30 days non-maintenance drugs
 - 90 days maintenance drugs.
 - Mail Order – 90 days
 - See Prescription Formulary, available from the New Employee Benefits Enrollment section of hr.uark.edu, or in the Benefits Office
- Some Medications aren't in a Tier – They're in a Referenced Based Pricing structure



MedImpact Website

- Participants can log on and check their benefit information- whenever, wherever. For more info visit mp.medimpact.com/uas or call (800) 788-2949 to:
 - Find a Pharmacy
 - Look up co-pay & formulary status
 - Review plan design
 - Drug Information



Health Coverage Summary

- **Enrollment Deadline**
 - 31 days from Benefits Eligible or Qualifying Event Date
 - No Pre-Existing Condition Exclusion
 - No Lifetime Maximum Benefit
 - Rates vary between 9M & 12M appointed employees, as well as Division of Agriculture.
 - Please refer to Monthly Health Coverage Premiums in the New Employees Benefits booklet or visit the HR website hr.uark.edu for the monthly premiums
 - Insurance cards can take up to 4 weeks to process & arrive in mail
- **Every Fall – “Annual Election Period”**
 - Allows changes between ENROLLED plans
 - Change to/from before/after tax
 - Delete dependents (not add dependents)



Health Coverage Enrollment Form

You must fill out the UMR Enrollment form to participate in the University of Arkansas Health Plan.



TYPE OF REQUEST		CHECK ALL THAT APPLY. ADDITIONAL DOCUMENTATION MAY BE REQUIRED.	
<input type="checkbox"/> NEW ENROLLMENT	<input type="checkbox"/> PICK A PLAN	<input type="checkbox"/> New Hire	<input type="checkbox"/> Change of Service Plan
<input type="checkbox"/> COVERAGE FOR:	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse & Children	<input type="checkbox"/> Dependent, Spouse & Children
<input type="checkbox"/> PRIOR COVERAGE	<input type="checkbox"/> Prior	<input type="checkbox"/> From Out of State (Initial, Check if Prior)	<input type="checkbox"/> From Out of State (Check if Under age 28)
<input type="checkbox"/> ADD FAMILY TO EXISTING COVERAGE	<input type="checkbox"/> Add Spouse	<input type="checkbox"/> Add Child(ren) under age 28	
<input type="checkbox"/> REMOVE FAMILY MEMBERS	<input type="checkbox"/> Drop Spouse	<input type="checkbox"/> Drop Child(ren)	
<input type="checkbox"/> TERMINATE ALL COVERAGE			

EMPLOYEE INFORMATION

1. EMPLOYEE LAST FIRST INITIAL 2. SOCIAL SECURITY NO. 3. STATE OF EMPLOYMENT

4. EMPLOYEE ID NO. 5. EMPLOYEE TYPE 6. EMPLOYEE STATUS 7. EMPLOYEE IDENTITY

8. HOME PHONE NO. 9. HOME FAX NO. 10. HOME ADDRESS 11. HOME ADDRESS

12. MEMBER DATA

MEMBER ID	MEMBER NAME	MEMBER TYPE	MEMBER STATUS	MEMBER DATE OF BIRTH	MEMBER SEX	MEMBER RELATIONSHIP
1						Self
2						Spouse
3						Child
4						Child
5						Child
6						Child

SIGNATURE

Signature: _____ Date: _____

Print Name: _____ Title: _____



Dental Coverage

Dental Plan is Self-Funded and Self-Insured
Third Party Administrator: Delta Dental of Arkansas

Dental Coverage Breakdown

Preventive - Paid at 100% in Network	2 Routine Exams & Cleanings per year, Bitewing X-Rays as needed, Full mouth X-Rays (once every 3 years) Fluoride treatments <i>Additional Preventive Services available for certain medical conditions</i>
Basic - Paid at 80% in Network	Fillings (silver & white), Extractions, Root Canals, Oral Surgery (except TMJ), Antibiotic Injections, & Minor Emergency Treatments
Major - Paid at 50% in Network	Crowns, Dentures, Bridges & Partials, Repairs, Endosteal Implants, Periodontal Splinting for stabilization mobile of teeth



Dental Maximums and Deductibles

- Deductible**
 - NO deductible on preventive care charges.
 - \$50 deductible for basic and major care with a maximum of \$100 per family, per year.
- Annual Coverage Maximum**
 - \$1,500 per person
- Carry-over Benefit - up to \$375 of unused annual maximum at the end of the calendar year**
 - Must have accessed services once during the year
 - Delta payment for year cannot have exceeded \$750.
- See the New Employee Benefits booklet for monthly Insurance Premiums**



Delta Dental Enrollment Form

You must complete the Delta Dental Enrollment form to enroll in the University of Arkansas Dental Plan

UNIVERSITY OF ARKANSAS DENTAL INSURANCE
North Little Rock, AR 72116
P.O. Box 661, Little Rock, AR 72201
Phone: 501.649.3333
Fax: 501.649.3333
www.deltadental.com

ENROLLMENT APPLICATION
Please print name for enrollment. Coverage will be approved.

NEW ENROLLMENT: Employee Employee & Spouse Employee & Children Employee, Spouse & Children
CHANGE: ADD (circle in on or both) Spouse / Child
 REMOVE (circle in off for each) Employee / Spouse / Child
Important Note: If you elect to drop any portion of your Dental coverage, you will not have the opportunity to add coverage again within the 60-day period of your original change of information. This election is irrevocable and cannot be reversed.

I would like to pay on a pay-as-you-go basis. I understand that any change I need to make to my Dental benefits can only take effect within 30 days of the beginning of the next cycle, or as otherwise specified in the Delta Enrollment Application.
 I would like to pay on a post-aid basis. If/when this is checked, the carrier division will request a portion of any enrollment.

PART A: EMPLOYEE/SUBSCRIBER INFORMATION:
 FIRST NAME: _____ LAST NAME: _____ DATE OF BIRTH: ____/____/____
 HOME PHONE: _____ CELL PHONE: _____ FAX: _____
 CURRENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
 SOCIAL SECURITY NUMBER: _____
 MARITAL STATUS: Single Married Widowed Divorced
 NUMBER CHILDREN UNDER DEPENDENT COVERAGE: _____ IF YES, CHECK THE FOLLOWING:
 PREVIOUS EMPLOYER: _____ NAME OF CURRENT EMPLOYER: _____
 PREGNANT: _____ NAME OF CHILDREN: _____

PART B: DEPENDENT INFORMATION: List the eligible family members you wish to enroll (if applicable)
 The person whose name appears below on this enrollment form is a member of your family. Please provide the following information for each dependent to complete a policy of coverage for the dependent. Complete enrollment application.

TYPE	DATE OF BIRTH	SSN	RELATIONSHIP	NEW/OLD	COVERAGE	START DATE	STOP DATE	REASON FOR STOP
CHILD	01/01/01		Child	New				
CHILD	01/01/01		Child	New				
CHILD	01/01/01		Child	New				
CHILD	01/01/01		Child	New				
CHILD	01/01/01		Child	New				
CHILD	01/01/01		Child	New				

EMPLOYEE SIGNATURE: _____ DATE: _____
 The person whose name appears below on this enrollment form is a member of your family. Please provide the following information for each dependent to complete a policy of coverage for the dependent. Complete enrollment application.

PART C: TO BE COMPLETED BY THE EMPLOYEE:
 Effective Date: _____ Coverage: Basic Gold Platinum
 Bronze Silver
 Group #: _____ Applicant's Title: _____
 Signature: _____ Title: _____
 Print Name: _____ Title: _____
 Date: _____





Vision Insurance

U of A's Vision Plan is fully insured
by Superior Vision

Your Vision Benefits

Benefit	Frequency	Co-pay	Applied to
Eye Exam	Calendar Year	\$10 Exam	Eye Exam
Lenses	Calendar Year	\$20 Materials	Lenses and Frames
Frames	Every Other Calendar Year on Basic Plan, Every Year on Enhanced		Lenses and Frames
Contact Lenses	Calendar Year*		None
Contact Lens Fitting	Calendar Year*	\$25	Contact Lens Fitting

*Contact Lenses are in Lieu of the eyeglass lenses and frame benefit.



Your Vision Benefits

Benefit	Basic Plan	Enhanced Plan
Frame	Up to \$125 <small>(Frames covered every other year)</small>	Up to \$150 <small>(Frames covered every year)</small>
Glasses Lens Enhancements <small>(Scratch Coating, UV Coating, Etc.)</small>	Not Covered	Covered in Full <small>(Progressive Lenses limited up to \$120)</small>
Cosmetic/Elective Contact Lenses <small>(in lieu of glasses)</small>	Up to \$120	Up to \$150

Participants must enroll in Vision Insurance for the calendar year.
Coverage cannot be cancelled or eligible dependents deleted until the end of the calendar year.



Two Account Options

Dependent Care

- Care of a dependent child under age 13 by babysitters, nursery schools, pre-school or day care centers.
- Care for any member of the household who is physically or mentally incapable of caring for him/herself and for whom you can claim an exemption on your taxes.
 - Including elderly dependents or family members that live with you and qualify as tax dependents.

Health Care

- Can be used to pay for Doctor & RX Co-pays, Insurance Deductibles, Dental Care (including braces), Eye glasses, contact lenses, LASIK, Physical Therapy, Chiropractic care, Diabetic Supplies, OTC meds (if prescribed by a doctor), & Hearing Devices for any eligible person in the family
- Not Covered Examples include:
 - Cosmetic Procedures, Cosmetic RX, Cosmetic Surgery, or Dental Whitening
 - Vitamins, herbs, & supplements
 - Behavioral or Marriage Counseling



Two Account Options to use to decrease your taxable income

Dependent Care

- Minimum amount to participate is \$120.00 per year
- Maximum contribution is \$5,000 per plan year
 - \$2,500 if you are married & filing separately
- No debit card for dependent care accounts

Health Care

- Minimum amount to participate is \$120.00 per year
- Maximum amount is \$2,500 for Plan Year 2014
- Health Care participants will receive a debit card
- IRS Publication 502 has the full list of eligible expenses



Flex Accounts – How do they work?

You can elect to participate in either or both the Medical Reimbursement or the Dependent Care.

1. You will decide how much to set aside for the plan year to pay for qualified expenses.
2. The money you designate will be taken out of your pay before taxes are calculated, thereby lowering the amount of income on your W-2 and helping you to pay lower income taxes.
3. You will incur qualified expenses during the plan year and file for reimbursement. (Medical participants can use a Debit Card issued by UMR)
4. You will need to save copies of receipts and paperwork that you send to the FSA Administrator – UMR.
5. You will have until March 31st of the new year after the plan year ends to file claims for reimbursement.
6. If there is money left in your account after the eligibility dates, it will be forfeited. USE IT OR LOSE IT!
7. **You must re-enroll every year!**



Flex Grace Period

Participants have an extra 75 days (January 1st to March 15th of the New Year) to incur expenses and have those apply to any unused funds from the previous year. All claims and substantiation must be received by the FSA Administrator by March 31st of the New Year.



Flex Summary

- Remember, participation in this program is voluntary.
- Annual enrollment is held EVERY Fall. You will never be automatically re-enrolled.
- Mid-year changes or cancellation of coverage not allowed without a qualifying event: death, marriage or divorce, birth or adoption...
- Each year... use it or lose it... money not used is forfeited.
- You have until March 31st of the new year after the plan year ends to file your claims for reimbursement.



Flex Enrollment Form

To participate in Flexible Spending Accounts you must complete the enrollment form.

FSA ENROLLMENT FORM

SECTION I: GENERAL INFORMATION

Plan Year: January 1 through December 31, 2014

SECTION II: ELIGIBLE EXPENSES

HEALTH CARE ACCOUNT: \$

DEPENDENT CARE ACCOUNT (SEE INSTRUCTIONS): \$

SECTION III: AUTHORIZATION AND SIGNATURE

I, _____, hereby authorize the University of Arkansas to enroll me in the FSA program for the plan year specified above in this form. I understand that my enrollment is subject to the terms and conditions of the FSA program and that I agree to those terms and conditions. I understand that my enrollment is subject to the terms and conditions of the FSA program and that I agree to those terms and conditions. I understand that my enrollment is subject to the terms and conditions of the FSA program and that I agree to those terms and conditions.

RETURN THIS FORM TO YOUR HUMAN RESOURCES OFFICE.

REV 05/2012



**Eligible Dependents
for coverage for Life Insurance
and Accidental Death &
Dismemberment**

Legal Spouse as recognized by Arkansas state laws

Dependent Children up to age 19

Dependent Children from age 19-25 and at the time of a claim must be:

A Full-time Student

Un-married

Please Note: There is a different set of criteria for eligible dependents for the Health, Dental, and Vision Plans.



Basic Life Insurance

- Participation is mandatory
- Automatically effective from your benefits eligible appointment date.
- Fully paid by the University, Option to convert policy once terminated from the University, must contact Benefits.
- Life insurance coverage equal to the employee's annual salary rounded to the next highest thousand ~ not to exceed \$50,000.
- Coverage amount will reduce to 65% at age 70, and 50% at age 75



Optional Term Life Insurance

Allows you to purchase additional TERM life insurance at 1, 2, 3, or 4 times you annual salary

– Maximum coverage of \$500,000

– Coverage amount will reduce to 65% at age 70, and 50% at age 75

See the New Employee Benefits booklet for premiums.



Dependent Life Insurance

- Employees may enroll in life insurance for their spouse and/or dependent children:
 - Coverage available \$10,000, \$15,000 or \$20,000
 - Eligible dependent children are covered at 50% of the amount of coverage elected.
 - See the New Employee Benefits booklet for premiums.



Worldwide Emergency Travel Assistance

- As a part of the Basic Term Life and Long Term Disability Insurance when you are 100+ miles from home you have access to:
 - Hospital Admission Guarantee
 - Emergency Medical Evacuation
 - Medically supervised transportation
 - Transportation for a friend or family member to join a hospitalized patient
 - Multilingual crisis management professionals
 - Medical referrals to Western-trained, English-speaking medical providers
 - Care and transport of unattended minor children



Optional Accidental Death & Dismemberment

- AD&D covers individuals or families in the event of death or injury as the result of an accident.
- Coverage:
- Minimum: \$25,000
 - Maximum: coverage in excess of \$150,000 is limited to the lesser of \$300,000 or 15 times the annual salary.
 - Family Coverage - Spouse covered at 60% of employee coverage & dependent children at 20% of employee coverage
 - See the New Employee Benefits booklet for the premiums



Basic Long Term Disability Insurance

- **Provides:**
 - Salary replacement if an employee becomes disabled while employed at the U of A
 - Covers the lesser of employee's salary or \$20,000
- **Benefits:**
 - 60% of basic monthly earnings
 - Six month waiting period from the 1st day you are unable to work.
 - Offset by Social Security and/or Workers' Compensation benefits
- **Coverage begins 1st day of employment**
 - Fully funded by the University



Optional Long Term Disability Insurance

- Annual salary must exceed \$20,000
- OLTD Provides coverage at 60% of current salary in excess of \$20,000.
 - Maximum benefit capped off at \$5,000 per month.
 - See the New Employee Benefits booklet for the formula to calculate the premiums



Short Term Disability Benefits – If you meet the definition of disability, you could receive a weekly benefit equal to 60% of your covered weekly earnings, up to the maximum covered salary amounts.

- **Basic Short Term Disability** - Classified Staff for the first \$45,000 of their salaries. Participation is mandatory and 100% paid by the University.
- **Optional Short Term Disability** - Classified Staff who make more than \$45,000 and eligible Non-classified faculty and staff may purchase Optional Short Term Disability insurance. Classified staff will purchase Optional Short Term Disability Insurance to cover salary in excess of \$45,000, up to a maximum weekly benefit of \$2,492 (\$216,000 in covered salary). Non-classified faculty staff may purchase Optional Short Term Disability Insurance to cover 100% of their salaries up to a maximum weekly benefit of \$2,492 (\$216,000 in covered salary). Participation is voluntary and 100% paid by the employee.
- **Maximum Benefit Period** – Maximum of 12 weeks of Short Term Disability benefits.
- **Elimination Period** – The greater of off work for 14 days, or the exhaustion of your accumulated sick leave. Employees going on Short Term Disability due to childbirth will not have to exhaust their accumulated leave prior to going on Short Term Disability



HIPAA Coverage Rights

- **HIPAA – Health Insurance Portability & Accountability Act of 1996 (HIPAA) affects both health & dental coverage. Employees who waive coverage when hired may enroll late when you have a qualifying event such as:**
 - Change in legal marital status through death, divorce, marriage, or legal separation.
 - Change in number of tax dependents through death, birth, or adoption of dependent(s).
 - Employees and/or dependents ceases to be eligible for other coverage (voluntarily canceling other coverage is not a qualifying event)
 - Employer contributions for other coverage ceases.
 - Employee is court ordered to provide coverage for a dependent.
- For the "Making Changes" section of the New Employees Benefits Booklet for a list of the different qualifying events required for making future changes.
- These are also the Qualifying Events to allow you to drop coverage at a later date if you are paying on a pre-tax basis
- Changes must be documented and made with 31 days of the Qualifying Event with the effective date being determined by the type of event



Arkansas Employee Assistance Program (AEAP)

- Everyone has problems at one time or another.
- Problems, like people, come in all sizes, types, intensities, and can come at any time.
- Fully funded by UA



AEAP Types of Services

- AEAP provides professional **counseling** and/or referral to a community resource for a wide range of problems and situations.
- AEAP is also a **consultation resource** for supervisors dealing with a variety of employee related difficulties.
- AEAP helps **supervisors determine the appropriateness** of referring employees who might be experiencing personal problems affecting work performance.
- AEAP offers **training/workshops** designed to address personal and organizational issues that impact work performance.



List of AEAP Issues

- Conflict Management
- Anger Management
- Financial Concerns
- Grief Counseling
- Elder Care
- Legal Issues
- Normal



AEAP Advantages

- **Confidentiality**-Your privacy is a prime concern with AEAP. Your privacy is protected by state and federal law and professional standards of confidentiality. Any notes or records remain within AEAP and do not become part of a personnel file.



AEAP Advantages

Located at:

300 N. College Ave.
Suite 201 E

Fayetteville, AR 72701



Enrollment Forms to Complete

REQUIRED

- UA Group Benefits Enrollment Form
- Acknowledgement of Benefits Policies Form
- Retirement Forms:
 - UA Retirement Plan - Retirement Plan Acknowledgement Form, Salary Deferral Agreement & TIAA-CREF and/or Fidelity Account Applications
 - APERS – Retirement Plan Acknowledgement Form, APERS Questionnaire, APERS Enrollment Form, APERS Beneficiary Designation Form & Copy of SS Card

OPTIONAL

- Medical Plan – UMR Form
- Dental Plan – Delta Dental
- Vision Plan – Superior Vision
- Flex Spending



Enrollment Deadline Review...

Submit Required Enrollment Forms within 31 Days of Appointment.

Optional Benefits will be effective 1st day of the Following Month once you're appointed & paperwork is received by the Benefits Office.



Please submit all your forms together in person to:



Human Resources ~ Benefits
222 Administration Building
Office Hours:
8:00 a.m. - 4:30 p.m. M-F



Questions?

Please complete your Benefits Orientation Evaluation Form and leave with me on your way out.

THANK YOU!


