

Open Enrollment Decision Guide



What's Inside

Focusing on Your Wellbeing	1
What's New for 2019	1
What You Need to Do	2
Medical and Prescription Drug Benefits	2
Health Savings Plan	3
Using the Health Savings Account	3
Classic Plan	5
Premier Plan	5
Medical Plan Comparison Chart	6
Two Ways to Cut Your Medical Costs	7
Making Your Medical Plan Decision	10
Which Medical Plan is Best for You?	13
Dental Coverage	14
Vision Insurance	14
Flexible Spending Accounts	15
Voluntary Benefits	16
Contacts	17



Dear University of Arkansas Employee:

Welcome to Open Enrollment for The University of Arkansas, which takes place from November 1 through November 30 this year. This is your once-a-year opportunity to review your benefits coverage, consider your health care and other benefits needs for the coming year, and make any changes you'd like. Outside of Open Enrollment, you can only change your coverage within 31 days of a qualifying life event.

This Open Enrollment Decision Guide explains the benefit changes and options for 2019. You will also receive information about campus-specific benefits and premiums from campus HR.

If you have questions, contact your campus Human Resources or visit the new UAS benefits website at www.uasys.edu/benefits. More information about the benefits website redesign is available in this Decision Guide.

The University works to provide high-quality, affordable and sustainable benefits programs that meet the needs of our diverse workforce and reflect the value we place on your relationship with The University. Please take the time to review this Decision Guide and select the plans and coverage options that work best for you and your family.

Sincerely,

University of Arkansas System Employee Benefits

Focusing on Your Wellbeing

Starting January 1, 2019, The University of Arkansas is enhancing our wellness program and offerings to help you be and stay healthy. We're also making a few changes to your medical coverage, as noted below. This Open Enrollment Decision Guide will help you understand the changes and how to enroll for 2019.

What's New for 2019

Wellness Enhancements and Changes

- Our wellness program will provide opportunities to earn incentives for healthy choices
- During enrollment, you **must** complete the *Tobacco/Nicotine Pledge and Notice* and, if applicable, enroll in a tobacco cessation program to avoid a \$50 monthly tobacco surcharge
- A new, **free**, weight-loss program called Real Appeal will be available

Medical Plan Changes

- **If you're in the Health Savings Plan**, The University's contribution to your Health Savings Account (HSA) will increase: \$500 for individual coverage; \$1,000 for family coverage
- **If you're in the Classic or Premier Plans** and visit the emergency room, you'll pay a \$250 copay each visit (waived if you're admitted to the hospital)
- Coverage will be provided for infertility treatment and services

Disability Insurance Changes

- Optional Long Term Disability (LTD) coverage will increase to a maximum coverage level of \$500,000.

Open Enrollment is November 1–30, 2018.

If you want to make changes to your coverage, add or remove dependents, or contribute to a Flexible Spending Account (FSA) for 2019, you must enroll. Changes made during Open Enrollment will be effective January 1, 2019.

What's Not Changing for 2019?

There will be no changes to your prescription drug, dental, vision or other benefit plan designs (except Optional Long Term Disability) for January 2019.

This year, consider if adding Optional LTD coverage is a smart move—it'll provide financial protection if you're out of work for an extended period of time due to an accident or significant illness. While Basic LTD coverage helps somewhat, Optional LTD provides important additional protection if your annual salary exceeds \$20,000. Learn more by visiting www.uasys.edu/benefits.

Check Out the New Benefits Website.

We are creating a new University of Arkansas System benefits website. It will give you easier access to the information you want to know, plus you can filter your results by campus. We've already launched the Open Enrollment section—visit www.uasys.edu/benefits to learn more about 2019 Open Enrollment and to get a sense of how the new site works. The site's remaining pages will launch in 2019.

What You Need to Do

Review Your Options

- Read this Decision Guide and other Open Enrollment information available at www.uasys.edu/benefits—the new benefits website.
- Contact your campus Human Resources with any questions.
- Review your current benefits, then consider any major life events and/or anticipated medical or dental expenses that might affect next year's benefits needs for you and your family.
- Compare and contrast the three medical plans carefully to ensure you make the best choice for your situation.
- To enroll, make changes to benefit choices or contribute to a Flexible Spending Account, contact your campus Human Resources for enrollment details.

Medical and Prescription Drug Benefits

In 2019, you will continue to have three medical plan options:

- Health Savings Plan
- Classic Plan
- Premier Plan.

All three medical plans:

- Cover the same care and services, including no-cost preventive care. The Health Savings Plan and the Premier Plan offer coverage for out-of-network care; the Classic Plan does not.
- Offer a nationwide network of providers and facilities.
- Include prescription drug coverage through **MedImpact**, which has a nationwide network of pharmacies including most chain drugstores and many local, independent pharmacies.

See page 6 for coverage details.

To find an in-network provider visit www.umar.com/oss/cms/UMR/UAS and select "Search for a provider" or call UMR at 888.438.6105.



Health Savings Plan

This health plan has the lowest monthly premiums of all our medical plans. It features a Health Savings Account (HSA)—a tax-advantaged account with contributions made by The University. The Plan meets IRS requirements for a qualified high deductible health plan.

Here's how the Plan works:

- You pay for all medical and prescription drug expenses until you reach the deductible. You can use money from your HSA to pay for these expenses.
- Once you meet the deductible, you and the Plan share the cost of covered medical and prescription drug expenses, through coinsurance.
- If you reach the medical out-of-pocket maximum, the Plan pays 100% of all eligible expenses for the rest of the Plan Year.
- You have the option to see an out-of-network provider, but you will pay more for your care. See *Out-of-Network Benefits* on page 7 for details.

Health Savings Plan Highlights

Plan Features	In-Network Benefits
University Contribution to Health Savings Account	\$500 individual/\$1,000 family
Preventive Care	Free—no cost to you or enrolled family members
Deductibles	\$2,700 individual/\$5,400 family
Annual Out-of-Pocket Maximums	\$6,650 individual/\$13,300 family
Office Visits, Other Medical Services & Prescription Drugs	You pay 10% after deductible is met

Using the Health Savings Account

How an HSA Can Benefit You

Once you're enrolled in the Health Savings Plan, you will open a Health Savings Account with Optum Bank. You'll receive a debit card to pay for your eligible health care expenses, along with detailed information about your account. You must accept the terms of an HSA through Optum Bank.

University Contributions

The University will contribute up to \$500 (for individual coverage) or up to \$1,000 (for family coverage) to your HSA. Half of The University's contributions will be deposited into your HSA in January 2019 and half will be deposited in September 2019. Contributions for new hires will be pro-rated based on your benefits start date. These contributions are tax-free!

Your Own Contributions

You can have pre-tax contributions deducted from your paycheck and deposited directly into your HSA. However, your contributions plus University contributions cannot exceed the Internal Revenue Service (IRS) annual contribution maximum (see page 4).

Variety of Health Care Expenses

You can use your HSA to pay eligible medical, prescription drug, dental, vision and hearing expenses. HSA payments for qualified health care services are tax-free. For a full list of qualified expenses, visit [IRS.gov](https://www.irs.gov) and see publication 969.

University Contributions to Your HSA Are Increasing!

If you enroll in the Health Savings Plan, The University will contribute more to your HSA in 2019: \$500 for individual coverage; \$1,000 for family coverage.

Your HSA Is Always Yours!

Your HSA will rollover each year, so any money you don't spend will accumulate for future use. If you leave The University or retire, you take your HSA with you. That means you can use it for health care expenses in retirement.

It's Your Money

Money in your HSA is always yours—if you don't use your entire account balance during the year, it will roll over to the next year. Also, if you leave The University or retire, you can take the account with you.

Account Growth

Your HSA grows through:

- Contributions made by The University,
- Optional pre-tax (payroll deducted) and post-tax contributions made by you,
- Transfers from any existing HSAs that you have, and
- Interest and investment earnings once your account reaches a certain amount.

Important HSA Rules

2019 HSA Contribution Maximum (including University contributions and your optional payroll deducted pre-tax contributions):

- Individual: \$3,500 pre-tax
- Family: \$7,000 pre-tax
- \$1,000 additional catch-up contribution allowed if you are 55 or older by December 31, 2019.

The IRS requires the following in order for you to enroll in an HSA:

- You **must be enrolled** in the Health Savings Plan.
- You can't have other health coverage that pays for out-of-pocket health care expenses before you meet your Plan deductible.
- You can't be eligible for or enrolled in Medicare, covered by TRICARE, or have received Veterans Administration (VA) health benefits in the previous three months.
- You can't be claimed as a dependent by someone else.
- You or your spouse can't have a Healthcare Flexible Spending Account (FSA) or Health Reimbursement Account in the same year that you have an HSA. If you are currently enrolled in The University of Arkansas Healthcare FSA and you choose coverage under the Health Savings Plan for 2019, you must use your FSA money by December 31, 2018; any money remaining after December 31 will be forfeited. You will have the option of waiving the automatic rollover of any remaining FSA funds so that you can still have an HSA.

You may want to consult a tax advisor to discuss your unique circumstances.

What's Right for Me—FSA versus HSA

IRS rules say that you can't participate in a general purpose Healthcare FSA and an HSA at the same time. The HSA has many attractive features compared to a Healthcare FSA. However, an HSA is only available if you elect the Health Savings Plan.

	Healthcare Flexible Spending Account	Health Savings Account
2019 Contribution Maximum	\$2,650 pre-tax Elect contribution amount for the year at Open Enrollment: no changes allowed during the year, except for a qualifying event	Individual: \$3,500 pre-tax Family: \$7,000 pre-tax (Includes University contributions) \$1,000 additional catch-up contribution allowed if you will be age 55 or older as of December 31, 2019 Change your contribution amount any time during the year
Plan Year Rollover	Any amount over \$50 and up to \$500	Your entire HSA balance rolls over to the next year
Account Ownership	Account is owned by The University. If you leave, you can continue to use it through COBRA; once COBRA ends, account balance is forfeited	You own the account. You can take it with you if you leave The University or retire
Account Growth	Your contributions	<ul style="list-style-type: none"> • Your contributions • Contributions from The University • Transfers from another HSA you may have • Interest • Investment income
Access to Funds	Full yearly contribution at the beginning of the Plan Year	Only the funds already deposited in the account
Reimbursement	Pay for expenses directly with a UMR FSA debit card OR receive reimbursement by submitting a Flexible Benefit Plan Reimbursement Form by March 31 of the following year	Access available HSA funds to pay for services you have on January 1, 2019 or later
Eligible Expenses	Copays, deductibles and coinsurance for medical, prescription drug, dental, vision and hearing care, and certain health care equipment	

For a full list of qualified health care expenses, visit [IRS.gov](https://www.irs.gov)

Classic Plan

This Plan has mid-range monthly premiums.

Here's how the Plan works:

- You pay copays for doctor and specialist visits, certain other expenses and prescription drugs.
- You pay all other expenses in full until you meet your deductible.
- Once you meet your deductible, you and The University share the cost of covered services.
- If you reach the medical out-of-pocket maximum, the Plan pays 100% of all eligible expenses for the rest of the Plan Year.
- Benefits are not paid for services received outside the network, except in emergencies.

Classic Plan Highlights

Plan Features	In-Network Benefits
Preventive Care	No cost
Deductibles	\$1,250 individual/\$2,500 family
Annual Out-of-Pocket Maximums	\$5,250 individual/\$10,500 family
Office Visits	\$35 PCP/\$55 specialist
Coinsurance for Medical Services	25%
Prescription Drugs	Tier 1: \$15/Tier 2: \$55/Tier 3: \$90

Premier Plan

This Plan has the highest monthly premiums, but you'll pay the least out-of-pocket of all the medical options when you receive care from in-network providers.

Here's how the Plan works:

- You pay copays for doctor and specialist visits, certain other expenses and prescription drugs.
- You pay all other expenses in full until you meet your deductible.
- Once you meet your deductible, you and The University share the cost of covered services.
- If you reach the medical out-of-pocket maximum, the Plan pays 100% of all eligible expenses for the rest of the Plan Year.
- You have the option to see an out-of-network provider, but you will pay more for your care.

Premier Plan Highlights

Plan Features	In-Network Benefits
Preventive Care	No cost
Deductibles	\$650 individual/\$1,300 family
Annual Out-of-Pocket Maximums	\$3,000 individual/\$6,000 family
Office Visits	\$25 PCP/\$45 specialist
Coinsurance for Medical Services	20%
Prescription Drugs	Tier 1: \$10/Tier 2: \$50/Tier 3: \$80

Medical Plan Comparison Chart

This chart shows what you pay for health care services under each medical plan, assuming you see network providers. Note that you can lower these costs by completing the wellness program steps and/or participating in SmartCare. See pages 7 to 9 for details.

	Health Savings Plan	Classic Plan	Premier Plan
2019 Annual University HSA Contribution			
Individual	\$500	No contribution	No contribution
Family	\$1,000		
Annual Deductibles			
Individual	\$2,700	\$1,250	\$650
Family	\$5,400	\$2,500	\$1,300
Annual Out-of-Pocket Maximums			
Individual	\$6,650	\$5,250	\$3,000
Family	\$13,300	\$10,500	\$6,000
Medical Services			
Coinsurance	10%	25%	20%
PCP Visit	10% after deductible is met	\$35	\$25
Specialist Visit	10% after deductible is met	\$55	\$45
Preventive Care	No cost	No cost	No cost
Diagnostic Testing (Lab) In Office	10% after deductible is met	25%	No cost
Urgent Care	10% after deductible is met	\$55	\$50
Emergency Room	10% after deductible is met	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)
Ambulance	10% after deductible is met	\$100 (waived if admitted)	\$100 (waived if admitted)
Advanced Imaging*	10% after deductible is met	25% after deductible is met and \$100 copay	20% after deductible is met
Outpatient Surgery	10% after deductible is met	25% after deductible is met and \$150 copay	20% after deductible is met
Inpatient Services**	10% after deductible is met	25% after deductible is met and \$300 copay	\$300 copay
NEW! Infertility Treatment and Services***	10% after deductible is met	25% after deductible is met	20% after deductible is met
Speech, Occupational and Physical Therapy (30- visit combined maximum)	10% after deductible is met	25% after deductible is met and \$35 copay	20% after deductible is met and \$25 copay
Routine Vision Exam	10% after deductible is met	\$35	\$25
Prescription Drugs			
Tier 1	10% after deductible is met	\$15	\$10
Tier 2	10% after deductible is met	\$55	\$50
Tier 3	10% after deductible is met	\$90	\$80
Prescription Drug Out-of-Pocket Maximum			
Individual	Combined with Medical Annual	\$1,600	\$1,600
Family	Out-of-Pocket Maximum	\$3,200	\$3,200

*Prior authorization required.

**Includes semi-private room and board, intensive care room and board, ancillary charges and maternity inpatient charges.

***\$17,500 medical services/\$7,500 prescription drug lifetime maximums.

Out-of-Network Benefits

The Health Savings Plan and Premier Plan offer coverage for out-of-network services, as shown below, but your out-of-pocket expenses will be higher. When you obtain health care through a **Non-UA-UMR Provider**, your benefit payments for covered services will be based on the Maximum Allowable Payment for out-of-network services, as determined by UMR. Charges in excess of the Maximum Allowable Payment do not count toward meeting the deductible or meeting the limitation on your coinsurance maximum. Non-UA-UMR Providers may bill you for amounts in excess of the Maximum Allowable Payment.

Limited Benefits for Out-of-Network Coverage

	Health Savings Plan*	Classic Plan	Premier Plan*
Deductibles			
Individual	\$2,700	No out-of-network coverage except for emergency services	\$2,000
Family	\$5,400		\$4,000
Coinsurance			
	50%		50%
Annual Out-of-Pocket Maximums			
Individual	\$9,700	No out-of-network coverage except for emergency services	\$9,000
Family	\$19,400		\$18,000

*You pay additional amounts for certain out-of-network services. The amounts you pay for out-of-network deductibles and out-of-pocket maximums are in addition to what you pay for in-network providers. Your in-network deductibles and maximums do not count toward your out-of-network deductibles and maximums, and vice versa.

Two Ways to Cut Your Medical Costs

SmartCare

If you are enrolled in a University medical plan, you can save on health care costs through the SmartCare program, by visiting a provider at a University of Arkansas for Medical Sciences (UAMS) facility. If you are in the Health Savings Plan, you may save money through lower coinsurance. If you are in the Classic or Premier Plan, you may save money on certain expenses through lower deductibles, out-of-pocket maximums, copays and coinsurance. You don't have to sign up for SmartCare. If you come to a UAMS facility for your care, including eye exams, and are enrolled in one of the three health plans, UMR will automatically apply these adjustments:

Health Savings Plan	Classic Plan	Premier Plan
<ul style="list-style-type: none"> \$500 reduction to individual out-of-pocket maximum; \$1,000 reduction to family out-of-pocket maximum After deductible is met, your coinsurance reduces from 10 percent to five percent 	<ul style="list-style-type: none"> \$15 reduction to office visit copay \$500 reduction to individual deductible, \$1,000 reduction to family deductible After deductible is met, your coinsurance reduces from 25 percent to 20 percent \$150 reduction to hospital inpatient admission copay Waiver of \$150 copay for outpatient surgical services or mental health partial hospitalization/intensive day treatment 	<ul style="list-style-type: none"> \$15 reduction to office visit copay \$500 reduction to individual deductible, \$1,000 reduction to family deductible After deductible is met, your coinsurance reduces from 20 percent to 15 percent \$150 reduction to hospital inpatient admission copay

SmartCare doesn't just mean potential savings for your out-of-pocket medical costs. It also means access to the SmartCare concierge who can assist you in making an appointment or help you with questions about a bill. This service is only for University of Arkansas employees enrolled in one of The University's health plans. Call the SmartCare concierge at this dedicated phone line: (501) 686-8749, or email smartcare@uams.edu.

For more information on SmartCare visit <https://hr.uams.edu/benefits/smartcare/>.

Note: UAF employees covered under The University of Arkansas medical plan may save on health care costs through the SmartCare program by visiting the Pat Walker Health Center.

Wellness Program

Taking an active role in maintaining your health is good for you **and** your wallet. Preventive measures, like annual physicals, help your doctor find potential health issues before they become major problems. Starting a care regimen early for these potential issues may help you avoid illness and save you money on your health care expenses in the long run.

To reinforce The University's commitment to your health, we've updated the wellness program. If you complete these wellness steps, you'll save money on your health care for 2019.

What Do You Need to Do?

To complete the wellness program and qualify for the 2019 wellness incentive:

1. Visit an in-network provider from **November 1, 2017 to November 1, 2018** for a qualified wellness program visit, **AND**
2. Complete the *Tobacco/Nicotine Pledge and Notice* during 2019 Open Enrollment.

Understanding the Steps

The following steps are for employees/primary subscribers only—your spouse and covered dependents do not need to complete these steps in order for you to earn wellness program incentives.

Step 1: Qualified Wellness Visit*

Visit an in-network provider for a qualified office visit. UMR will use your claims data to determine if you completed your visit—there's nothing for you to submit or report.

To earn 2019 incentives, you must complete your visit by November 1, 2018. If you have had an office visit since November 1, 2017, you've already completed Step 1!

If you have not had a visit, schedule your office visit **now** to make sure it's completed by November 1, 2018. Confirm your completed visit on the UMR Member Portal: umr.com.

Step 2: Complete the Tobacco/Nicotine Pledge and Notice

If you do not use tobacco/nicotine products, you must complete the *Pledge* during Open Enrollment and agree to continue being tobacco-free.

If you DO use tobacco/nicotine products, you must complete the *Pledge* during Open Enrollment, including committing to enrolling in and completing a recognized tobacco cessation program in 2019. Many recognized tobacco cessation programs that provide services or one-on-one counseling are available at **no cost** to you, including:

Recognized Tobacco Cessation Programs		
Program	Phone	Website
1-800-Quit Now	(877) 448-7848	https://www.quit.com/maintain/quit-smoking-hotlines.html
Arkansas Stamp Out Smoking	(800) 784-8669	http://www.stampoutsmoking.com/
Pat Walker Health Center	(479) 575-4451	https://health.uark.edu/wellness-health/programs.php
The American Cancer Society Quit for Life	(800) 227-2345	https://www.cancer.org/healthy/stay-away-from-tobacco/smoke-free-communities/create-smoke-free-workplace/quit-for-life.html
The American Lung Association – Freedom from Smoking	(800) 586-4872	http://www.lung.org/stop-smoking/join-freedom-from-smoking/
The National Cancer Institute Quitline	(800) 422-6237	https://smokefree.gov/
UA Little Rock Health Services Center	(501) 569-3188	https://ualr.edu/health/on-campus-tobacco-cessation-consultations/
UAMS Freedom From Smoking Program	(501) 944-5934	https://cancer.uams.edu/patients-family/prevention/quit-smoking-programs/
UMR's Tobacco-free 4 Life Program	(877) 369-0285	www.umr.com

*If you enrolled in a University medical plan for the first time after June 30, 2018, you're excused from the qualified wellness visit requirement this year.

For all employees except those at UAF or UAMS, visit the UMR Member Portal at umr.com to complete the *Tobacco/Nicotine Pledge and Notice*. If this is your first time on the Member Portal, you'll need to register. Click "Need a Username? Register Here" and follow the steps to complete your registration. Once you're logged in:

1. Select the "Health Center" tab
2. Click "Wellness Activity Center"
3. Click "Get Started" and you will be redirected to the wellness page
4. Click "Log Your Activities and Events" to complete the *Pledge*.

If you do not complete the *Tobacco/Nicotine Pledge and Notice*, you choose to continue to use tobacco/nicotine, or you use tobacco/nicotine and do not commit to enrolling in and completing a recognized tobacco cessation program, you will be assessed the **\$50 monthly tobacco surcharge** (that's \$600 per year!).

You'll pay the surcharge through payroll deductions on an after-tax basis for the **entire 2019 calendar year**. If you're assessed the surcharge, you can submit an updated *Tobacco/Nicotine Pledge and Notice* or enroll in a tobacco cessation program by **July 1, 2019**. If you do so, you'll avoid the \$50 monthly surcharge from July 1, 2019 through December 31, 2019.

Wellness Program Incentives

If you complete these steps, you can earn the following incentives, based on your medical plan coverage:

Health Savings Plan	Classic Plan	Premier Plan
Additional \$90 contribution to your Health Savings Account	Medical out-of-pocket maximum savings of \$1,400 individual/\$2,800 family	Medical out-of-pocket maximum savings of \$500 individual/\$1,000 family

Note: You do **not** need to complete a qualified wellness exam to participate in a tobacco cessation program and avoid the \$50 monthly tobacco surcharge.

Log on to the UMR Member Portal to complete the *Tobacco/Nicotine Pledge and Notice* during Open Enrollment. Note: The *Pledge* only applies to you, **not** your spouse or enrolled dependents.

Get Help Quitting—Free of Charge!

Visit your in-network primary care physician for tobacco cessation assistance at no cost to you (limited to two visits per year). Plus, you can receive no-cost Chantix (prescription tobacco cessation medication)—patches or gum.

Important: Your office visit must be coded as a tobacco cessation visit in order for the \$0 copay to apply.

Are You an Employee at the UAF Campus or UAMS Campus?

Log on to your campus' portal to complete the *Pledge*; you will **not** use the UMR Member Portal.



Making Your Medical Plan Decision

It is important to think carefully about which medical plan will be best for you and your family for 2019. Here are examples of out-of-pocket costs for three employees with different medical needs. Which situation is most like the one for you and your family? See *Which Medical Plan Is Best for You?* on page 13 to think through your own situation.

Want More Information?

Visit www.uasys.edu/benefits for expanded decision scenarios, which contain comparisons of all benefits (e.g., dental, vision, disability).

Meet Sam: Single

- Age 25
- Typically very healthy
- Generally visits a doctor once or twice a year

During the year, Sam will **visit his doctor for an annual physical** and then again for a **sore throat**. The total cost for the services and medications he receives is \$374:

- 1 preventive doctor's office visit: \$172 (\$0 cost to Sam)
- 1 diagnostic doctor's office visit: \$127
- 1 Tier 2 antibiotic: \$75.

	Impact on Sam		
	Health Savings Plan	Classic Plan	Premier Plan
Sam's cost for preventive care visit	\$0	\$0	\$0
Sam's cost for non-preventive care office visit	\$127 (applied to deductible)	\$35 copay	\$25 copay
Sam's cost for Tier 2 prescription	\$75	\$55	\$50
Sam's total out-of-pocket expenses	\$202	\$90	\$75
The University's contribution to Sam's Health Savings Account	\$500	N/A	N/A
Net cost to Sam for care received*	(\$298)	\$90	\$75
Monthly premiums	Lowest	Mid-range	Highest

*The amount shown does not include premium amounts. Consider monthly premiums before making your coverage decision.

With the Health Savings Plan, Sam will pay the lowest monthly premium available. If Sam is comfortable paying the Health Savings Plan's annual deductible and managing his Health Savings Account, the Health Savings Plan may be his best choice.

NEW! Real Appeal Weight Loss Program.

Real Appeal is an online weight loss program, available **for free** if you're enrolled in a University medical plan. Real Appeal will help you lose weight and live a healthier life overall with a customized weight loss plan. To learn how the program can help you meet your goals, visit realappeal.com. More information about the program is available on www.uasys.edu/benefits.

Meet Jen and Mike: Family with young children

- Jen is age 34; Mike is age 36
- Their children are ages 5 and 2
- Their children visit the pediatrician frequently for common ailments

Their daughter has tonsillitis. She has an outpatient tonsillectomy and is prescribed two Tier 2 antibiotics. One month later, she has a follow-up visit with her doctor. Her total cost before the plan pays benefits is \$4,061:

- 1 outpatient surgery: \$3,154
- 2 Tier 2 antibiotics: \$780
- 1 doctor's office visit: \$127.

Their son has pink eye and goes to urgent care to get a prescription. His total cost before the plan pays benefits is \$188:

- 1 urgent care visit: \$155
- 1 Tier 1 antibiotic: \$33.

Plus, the whole family gets annual physicals:

- 4 preventive doctor's office visits: \$688 (\$0 cost to the family).

	Impact on Jen and Mike		
	Health Savings Plan	Classic Plan	Premier Plan
Cost for preventive care visits for each family member	\$0	\$0	\$0
Cost for daughter's outpatient surgery	\$2,700 (applied to deductible) + \$45.40 coinsurance = \$2,745.40 The daughter has met her deductible!	\$150 copay + \$1,250 (applied to deductible) + \$438 coinsurance = \$1,838	\$650 (applied to deductible) + \$500 coinsurance = \$1,150
Cost for daughter's Tier 2 prescription	10% coinsurance (\$78, applied to deductible)	\$55 copay x 2 = \$110	\$50 copay x 2 = \$100
Cost for daughter's office visit	10% coinsurance (\$12.70, applied to deductible)	\$35 copay	\$25 copay
Cost for son's urgent care visit	\$155 (applied to deductible)	\$55 copay	\$50 copay
Cost for son's Tier 1 prescription	\$33 (applied to deductible)	\$15 copay	\$10 copay
Jen and Mike's total out-of-pocket expenses	\$3,024.10	\$2,053	\$1,335
The University's contribution to Health Savings Account	\$1,000	N/A	N/A
Net cost to Jen and Mike for care*	\$2,024.10	\$2,053	\$1,335
Monthly premiums	Lowest	Mid-range	Highest

*The amount shown does not include premium amounts. Consider monthly premiums before making your coverage decision.

Jen and Mike have high costs at the beginning of the year with their daughter's tonsillectomy and reach her individual deductible early on, under all three plans. However, under the Health Savings Plan they have not met the family deductible so their son's urgent care visit and Tier 1 prescription will still apply to that. The Health Savings Plan will require Jen and Mike to pay all of the cost until their deductible is met, which may be a concern for them. They will have the lowest out-of-pocket expenses with the Classic and Premier Plans. It will be important for them to consider this as well as factor in their premium costs to decide between the plans, since the Premier Plan has the highest premium.

Meet Barry and Wanda: Empty Nesters

- Wanda is 58 years old—she’s starting to feel the effects of arthritis
- Barry is 63 years old—he has a bad back and high blood pressure
- Their children are grown and living on their own

Barry suffers a stroke and Wanda calls an ambulance. After recovering, he starts regular check-up visits with his doctor. His total cost before the plan pays benefits is \$19,856:

- 1 ambulance: \$1,040
- 1 emergency room visit: \$1,233
- 4 days in the hospital: \$10,876
- 1 Tier 3 medication: \$2,980
- 3 specialist diagnostic doctor’s office visits: \$381
- 14 physical therapy visits: \$3,346

	Impact on Barry and Wanda		
	Health Savings Plan	Classic Plan	Premier Plan
Barry’s cost for ambulance	\$1,040 (applied to deductible)	\$0 (copay waived if admitted)	\$0 (copay waived if admitted)
Barry’s cost for emergency room visit	\$1,233 (applied to deductible)	\$0 (copay waived if admitted)	\$0 (copay waived if admitted)
Barry’s cost for hospital stay	\$427 (applied to deductible) + 10% coinsurance: \$427 + \$1,044 = \$1,471 Barry has met his deductible!	\$300 copay + \$1,250 (applied to deductible) + 25% coinsurance: \$300 + \$1,250 + \$2,331 = \$3,881 Barry has met his deductible!	\$300 copay
Barry’s cost for Tier 3 medication	10% coinsurance: \$298	\$90 copay	\$80 copay
Barry’s cost for 3 specialist visits	10% coinsurance: \$38	\$55 copay x 3 = \$165	\$45 copay x 3 = \$135
Barry’s cost for 14 physical therapy visits	10% coinsurance: \$335	\$35 copay x 14 + 25% coinsurance: \$490 + \$714 = \$1,204 Barry has met his medical OOP maximum!	\$25 copay x 14 + \$650 applied to deductible + 20% coinsurance: \$350 + \$650 + \$469 = \$1,469 Barry has met his deductible!
Wanda and Barry’s total out-of-pocket expenses	\$4,415	\$5,340	\$1,984
University’s contribution to Health Savings Account	\$1,000	N/A	N/A
Net cost to Wanda and Barry for care received*	\$3,415	\$5,340	\$1,984
Monthly premiums	Lowest	Mid-range	Highest

*The amount shown does not include premium amounts. Consider monthly premiums before making your coverage decision.

Since Barry and Wanda have high surgery and emergency room expenses, the Premier Plan may save them the most money. However, if they are comfortable with their out-of-pocket expenses with the Health Savings Plan, they should consider the monthly premiums in their overall evaluation.

Which Medical Plan is Best for You?

Choosing the best medical plan for your needs is a personal decision. Here are some things to consider as you make your choice.

Your Anticipated 2019 Medical Expenses

- What is your and your family's general state of health?
- Do you and/or your family members tend to see the doctor frequently and/or take prescription drugs for an ongoing condition?
- Do you and/or family members have a medical condition and/or anticipate any surgeries, new prescription drugs or other medical expenses for 2019?
- Are you and/or your family members expecting a major life event in 2019, like getting married, divorced, legally separated or adding an eligible dependent? Be sure to consider medical expenses for any dependent(s) that you plan to add.
- To find out the overall costs of various medical services, use the Plan Cost Estimator at www.umar.com. Note that the estimator does not take the medical plans' benefit designs or SmartCare savings into account. So, you need to consider your deductible, copays, coinsurance and out-of-pocket maximums under each plan (shown on page 6) to understand what your out-of-pocket costs will be. If you have completed the wellness program or plan to use UAMS providers, see the information on pages 7 to 9.

How This Affects Your Medical Plan Choice

- If you expect high medical costs for 2019, you may want to consider the Classic Plan or Premium Plan, since your out-of-pocket costs will be lower with those options. Keep in mind that you may lower your costs even more through the SmartCare program and the wellness program.
- If you are healthy and rarely see the doctor—and expect that to continue in 2019—or if paying out-of-pocket expenses in full until you reach the deductible is not a concern, you may want to consider the Health Savings Plan, since your premiums will be lowest with this option. If you choose this Plan, you'll also benefit from The University's contribution to your HSA. If you don't use your HSA funds, they roll over to future years. Plus you can add your own pre-tax contributions to your HSA, so you can build up even more funds for future health care expenses. And you can take your HSA with you if you leave The University or retire. But remember, until you meet your deductible, you will pay 100% of covered charges.

Health Savings Account vs. Healthcare Flexible Spending Account

Do you want to get the tax-savings of using a Health Savings Account (HSA) to help pay for medical expenses?

How This Affects Your Medical Plan Choice

As required by law, you can only have an HSA with the Health Savings Plan. With the Classic Plan or Premier Plan, you have the option of a Healthcare Flexible Spending Account (FSA). Note that the HSA has many attractive features that are not available through the FSA, such as University contributions and interest earnings, plus the ability to roll over all contributions to future years and take the account with you if you leave The University or retire. See page 4 for a detailed comparison.

What You Will Pay in Premiums

- Contact your Human Resource office for premium information, then consider how the differences in premiums will affect you.
- Do you prefer to pay less out of pocket as you incur medical expenses or less in monthly premiums?

How This Affects Your Medical Plan Choice

If you prefer to pay less in monthly premiums, the Health Savings Plan may be the best choice. Keep in mind that it has the highest out-of-pocket costs. However, University contributions to your HSA can help offset these costs.

More Medical Plan Information is in the Summaries of Benefits and Coverage (SBCs)!

Download them from the Documents page of www.uasys.edu/benefits. Or, request paper copies from your campus Human Resources.

Dental Coverage

The University's dental plan, administered by Arkansas BlueCross BlueShield, offers coverage for basic, restorative and preventive dental services, plus orthodontia for children under age 18. If you don't meet your annual benefit maximum during the year, you can carry over up to \$1,500 of the unused maximum amount to the following year.

The table below shows how much you will pay for in-network dental services.

Plan Features	Select PPO Plus Network
Annual Deductible	\$50 per person (\$100 maximum per family)
Annual Maximum Benefit	\$1,500 per person
Preventive Care—cleanings, exams, x-rays	No cost; University covers in full
Basic Care—fillings, extractions, root canals	20% after the deductible
Major Care—crowns, bridges, partials, implants	50% after the deductible
Orthodontia (dependent children under age 18)	
Deductible	None
Lifetime Maximum	\$2,000 per person
Coinsurance	50%

To find an in-network dentist, visit uasdental.blueadvantagearkansas.com and select "Find a Dentist." You can search for a dentist by city, ZIP code, distance, doctor name or specialty.

Vision Insurance

The University's vision plan, administered by Superior Vision, covers eye examinations, prescription eyewear and contact lenses. You have two options for vision coverage: the Basic Plan and the Enhanced Plan. You have the option to see a provider in the Superior Vision National network or an out-of-network provider; however, you'll always pay more for out-of-network services. The table below shows what you will pay for in-network care. Out-of-network care will be reimbursed after you submit a claim, up to Plan limits. Copays for out-of-network services will be deducted from your reimbursement.

	Basic Plan	Enhanced Plan
Copays		
Routine Eye Exam	\$10, once per year	\$10, once per year
Materials (lenses and frames only)	\$20, once every two years (\$125 frame allowance)	\$20, once per year (\$150 frame allowance)
Contact Lens Fitting	\$25, once per year (\$50 retail allowance for specialty contact fitting after copay)	\$25, once per year (\$50 retail allowance for specialty contact fitting after copay)
Lenses (one pair per year)		
Single Vision	Covered in full	Covered in full
Bifocal	Covered in full	Covered in full
Trifocal	Covered in full	Covered in full
Progressive	Difference between progressive and standard retail lined trifocal	Covered in full (Premium lenses are subject to an allowance maximum)
Scratch coat	Discounts*	Covered in full
Ultraviolet coat	Discounts*	Covered in full
Contact Lenses (in lieu of eyeglass lenses and frames)	\$120 allowance per calendar year	\$150 allowance per calendar year

*Certain Superior Vision providers offer discounts, ranging from 10–30%, on services and supplies. Discounts vary by provider and not all providers offer discounts.

To find a provider in the Superior Vision network, go to www.superiorvision.com and select "Locate a Provider." Choose Superior Vision National from the drop-down menu and enter your ZIP code. You can also call 800.507.3800 for assistance.



Flexible Spending Accounts

Flexible Spending Accounts (FSA) are tax-advantaged accounts that you can use to pay for eligible medical, prescription drug, dental, vision, hearing and dependent day care expenses. Your contributions to an FSA are deducted from your pay before taxes, which lowers your taxable income. You have two FSA options for 2019:

- Healthcare FSA
- Dependent Care FSA.

You will elect your yearly contribution amount during Open Enrollment—contributions will be taken in equal amounts from your paychecks starting January 1, 2019. You will have access to your full FSA contribution amount at the beginning of the year. You will not be able to make changes to your contribution amount unless you have a qualifying life event.

See [IRS.gov](https://www.irs.gov) for a full list of eligible expenses.

	Healthcare FSA	Dependent Care FSA
Eligibility	All eligible employees (Employees in the Health Savings Plan CANNOT have a Healthcare FSA)	All eligible employees
2019 Contribution Maximum	\$2,650	\$5,000 (married and filing jointly or single) \$2,500 (married and filing separately)
Plan Year Rollover	Any amount from \$50 to \$500	Unused funds are forfeited
Eligible Expenses	Medical, prescription drug, dental, vision and hearing expenses, including copays, coinsurance and deductibles	Dependent care expenses for daycare or after-school care expenses for a child under age 13, an elderly person or a person with disabilities as long as you claim them as a dependent on your tax return. Expenses must be incurred because you and your spouse are working or looking for work
Paying for Expenses	Pay for expenses directly with a UMR FSA debit card OR receive reimbursement by submitting a Flexible Benefit Plan Reimbursement Form	Receive a reimbursement by submitting a Flexible Benefit Plan Reimbursement Form

If you elect the Health Savings Plan with HSA, you **cannot** contribute to a Healthcare FSA. Consider which savings account is right for you and your family before making the switch. See page 4 for a comparison of the FSA and HSA.

Voluntary Benefits

The University provides optional voluntary benefits for you and your family, shown below. You may have additional benefits through your campus. Visit www.uasys.edu/benefits or contact your campus Human Resources for information.

Benefit	Coverage	Eligibility	Enrollment	
Long Term Disability (LTD) Insurance	<p>Payment starts after you are disabled for 6 months and continues for as long as you are disabled, up until age 65</p> <p>Basic LTD:</p> <ul style="list-style-type: none"> You're enrolled automatically; there's no cost to you 60% salary replacement for first \$20,000 of your annual base salary (up to \$1,000 per month benefit) <p>Optional LTD:</p> <ul style="list-style-type: none"> New for 2019! 60% salary replacement for up to \$500,000 of salary coverage (up to \$25,000 benefit per month) Coverage starts after 180-day waiting period 	Benefits-eligible employees	Enroll for Optional LTD during your new hire eligibility period or during Open Enrollment	
Life Insurance	<p>Basic Life:</p> <ul style="list-style-type: none"> You're enrolled automatically; there's no cost to you If you die, your beneficiary receives your annual base salary, up to \$50,000 <p>Optional Life:</p> <ul style="list-style-type: none"> Additional coverage of 1, 2, 3 or 4 times your annual base salary, up to \$500,000 Enrollment after initial eligibility requires medical Evidence of Insurability <p>Dependent Life:</p> <ul style="list-style-type: none"> Coverage for your spouse and children under age 26 of \$10,000, \$15,000 or \$20,000 	Benefits-eligible employees and covered dependents	Enroll for Optional Life and Dependent Life during your new hire eligibility period or contact Standard Insurance to apply	
Accidental Death and Dismemberment (AD&D) Insurance	<p>Employee Only Coverage:</p> <ul style="list-style-type: none"> If you die, your beneficiary receives your full benefit For certain non-work-related injuries, you'll receive a portion of your benefit Elect up to \$300,000 in coverage, in \$25,000 increments <p>Family Coverage:</p> <ul style="list-style-type: none"> You elect your own coverage amount Your spouse is covered at 60% of your benefit, up to \$25,000 Your children under age 26 are covered at 20% of your benefit, up to \$25,000 	Benefits-eligible employees and covered dependents	Enroll any time during the year	
ID Watchdog	<p>Basic Program:</p> <ul style="list-style-type: none"> Basic identity monitoring Advanced identity monitoring Internet black market surveillance Email and SMS notifications <p>Platinum Program:</p> <ul style="list-style-type: none"> All Basic Program features Credit report and score from three credit bureaus 	<ul style="list-style-type: none"> Full-service identity restoration Credit report monitoring National provider identifier (NPI) alerts Credit report and score from one credit bureau 	Benefits-eligible employees	Enroll any time during the year
Legal Shield	<p>Unlimited personal advice from a lawyer on topics such as wills, warranties, contracts, loans, mortgages, insurance claims, tax audits and more</p> <p>25% discount on expenses involving bankruptcy, criminal charges, DUI and other matters</p>	Benefits-eligible employees	Enroll any time during the year	
Liberty Mutual Auto and Home Insurance	<ul style="list-style-type: none"> Up to 10% off Liberty Mutual auto and home insurance rates 24-hour emergency roadside assistance 24/7 claims service 	Benefits-eligible employees	To receive a coverage evaluation and rate quote, visit www.libertymutual.com or call 800-207-7001 and mention that you work for The University of Arkansas.	

Contacts

Visit www.uasys.edu/benefits and select your campus, or contact campus Human Resources for Enrollment Forms, Summaries of Benefits and Coverage, Summary Plan Descriptions and other information.

Benefit	Administrator	Phone	Website
Medical claims, eligibility, ID cards, FSAs	UMR (UnitedHealthcare)	800.826.9781	www.umar.com/tpa-ap-web
Prescription Drug	MedImpact	800.788.2949	https://mp.medimpact.com/mp/public/Login.jsp
Wellness	UMR (UnitedHealthcare)	800.826.9781	www.umar.com/tpa-ap-web
Health Savings Account	Optum	866.234.8913 option 1	www.Optumbank.com
Vision	Superior Vision	800.507.3800	www.superiorvision.com
Dental	Arkansas BlueCross BlueShield	844.662.2281	uasdental.blueadvantagearkansas.com
Life Insurance, Disability Insurance, AD&D Insurance	Standard Insurance	888.641.7194	www.standard.com
Critical Illness Insurance	MetLife	800.438.6388	www.metlife.com
Identity Theft Insurance	ID Watchdog	866.513.1518	identitybenefits.com/ ?code=UniversityofArkansas
Legal Assistance	Legal Shield	870.295.0417	www.legalshield.com/info/uas





UNIVERSITY OF ARKANSAS SYSTEM



The information provided in this guide is of a general nature only and does not replace or alter the official rules and policies contained in the official plan documents that legally govern the terms and operation of The University of Arkansas benefit plans. If this publication differs in any way from the official plan documents, the official plan documents always govern. Receipt of this publication does not guarantee eligibility for benefits. The University of Arkansas has the right to modify benefits at any time.