



Human Resources Annual Benefits Enrollment

October 20, 2016

Name
Address
City, State Zip

Enrollment Information as of 11/1/2016 for: Employee Name		
HEALTH COVERAGE	Health Plan: Health Coverage: Premium Status:	POS Plan Emp., Spouse & Child(ren) After Tax
DENTAL COVERAGE	Coverage: Premium Status:	Individual Coverage After Tax
VISION INSURANCE	Vision Plan: Vision Coverage: Premium Status	Enhanced Plan Individual Coverage After Tax
SECTION 125/FSA	Health Care: Dependent Care	Not Participating Not Participating
DISABILITY INSURANCE	Optional STD: Optional LTD:	Not Enrolled Not Enrolled

UA Announces Health, Dental & Vision Open Enrollment 11/1/2016-11/30/2016 **NO LATE ENROLLEMENTS ACCEPTED – all changes must be completed by 11/30/2016**

During Open Enrollment, you may:

- Enroll in Flexible Spending Accounts (Health Care Reimbursement & Dependent Care Reimbursement). **Annual enrollment required.**
- Enroll in or cancel health, dental and vision coverage. **No annual re-enrollment required.**
- Add or delete dependents from health, dental or vision.
- Change your health elections between Classic & POS.
- Change your vision elections between Basic & Enhanced.
- Change the status of health, dental & vision premiums between after-tax and pre-tax.
- Open Enrollment for Optional Long Term Disability Insurance.
- Enroll in Critical Illness Insurance.
- All Open Enrollment changes are effective 1/1/2017.

How do I enroll or make changes?

Enrollments and changes to Flexible Spending and Health, Dental & Vision Insurance can be done on line via webBASIS.

- Go to webBASIS.uark.edu & log in using your UARK ID & password.
- If you will be covering dependents go to My Benefits and then Spouse/Dependents (for Benefits) to view your current dependents and add new dependents.
- Go to My Benefits and then Annual Benefits Enrollment to make your enrollment changes.
- Remember, you must **Validate and Save** before your transaction is finalized.
- Send Dependent Documentation & the Dependent Verification Form to HR, fax 479-575-6971 or email to hrbenf@uark.edu.

Forms to make Open Enrollment changes are also available from HR's website, <http://hr.uark.edu> (go to **Open Enrollment** under **HR QuickFind**) and from Human Resources, 222 ADMN. *Do not complete paper forms if you make your changes on webBASIS.*

Contact HR at 479-575-5351 or hrbenf@uark.edu for questions.

Changes As Of 1/1/2017

Dependent Documentation:

- Employees enrolling dependents will be required to provide documentation of dependent eligibility. See page 3.

Health Coverage Changes:

- No changes in premiums, deductibles, coinsurance or out of pocket maximum. See page 4 for premiums.
- Colonoscopy prep medications and cologuard kits will be covered at 100% as part of the \$0 preventive services.
- Bariatric surgery will be covered for members meeting medical and prior authorization guidelines.
- Gender dysphoria coverage will be available within the federal Affordable Care Act (ACA) requirements,
- Ultrasound coverage for maternity care has been clarified. The first ultrasound in maternity care will be covered at 100% for In-Network regardless of prior ultrasounds provided during the plan year. Subsequent ultrasounds will apply to deductible and coinsurance.

Dental Coverage Changes:

- No changes in coverage or premiums.
- See page 7 for premiums.

Vision Insurance Changes:

- No changes in coverage or premiums.
- See page 8 for premiums.

FSA Options Change:

- **Annual Enrollment required.**
- Up to \$500 but not less than \$50 of unused 2016 Healthcare FSA will carryover to 2017.
- Grace Period for Dependent Care FSA.
- See page 2 for additional information.

Life, Disability & AD&D Changes:

- No changes in coverage or premiums.
- No Open Enrollment for Optional Life, Dependent Life or Optional Short Term Disability insurance.
- Open Enrollment for Optional Long Term Disability (LTD) Insurance.
- See page 2 of this document for additional information.

Voluntary Products:

- Auto/Home Insurance – can enroll at any time.
- Critical Illness Insurance – enrollment option available.
- See page 3 for more info.

Optional Long Term Disability: You can cover salary in excess of \$20,000 (maximum covered salary \$100,000) for Long Term Disability benefits. Take advantage of this Open Enrollment period to enroll in coverage. Complete the Group Benefits Change form to enroll and return it to Human Resources no later than 11/30/2016. Find the Open Enrollment forms from HR's website at <http://hr.uark.edu/> (go to **Open Enrollment** under **HR QuickFind**).

<u>Monthly Prem (12-mo):</u>	<u>Monthly Prem (9-mo):</u>
1. Annual salary ÷ 12 (not to exceed \$100K)	1. Annual salary ÷ 9 (not to exceed \$100K)
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

If you sign up during Open Enrollment, your plan will be subject to a 12 month pre-existing condition exclusion period. Pre-existing means that had symptoms, took medications, had treatment, or were diagnosed during the six month period immediately prior to your 1/1/2017 effective date of coverage.

What's Up?

- **Dependent Eligibility documentation required** for all new dependents added to UA insurance, both for existing employees & new hires. See Page 3 for additional information.
- **SSN/s for your dependents** – The University and UMR are required by federal law to gather social security numbers for all covered dependents. If this information is missing for any of your dependents, UMR will contact you. The government will use the information collected to assist in identifying those individuals who have health coverage or who should be purchasing health coverage through the health care marketplace.
- **SBC Mailing** – UMR will mail the Uniform Summary of Benefits Coverage documents for both the Classic Plan and the Point of Service Plans to all benefits-eligible employees. These documents are in a government required format for the purpose of comparing our plan with others.
- **Expecting a baby?** – Contact UMR in your first trimester & complete the Maternity Management program to save \$300 on the delivery bill. Be sure to add your newborn to your insurance coverage within 30 days of birth.
- **Enroll in Disease Management** – Participate in the Disease Management and coaching programs offered through UMR and Onlife. Enroll and the University plan provides for \$0 cost generic medications for diabetes and hypertension. Call UMR at 866-575-2540 for details and assistance.

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.

Important FSA Information:

- **Up to \$500 but not less than \$50 of unused 2016 Healthcare FSA will carryover to 2017.** You will have until 12/31/2016 to incur expenses that will apply to your 2016 Healthcare FSA plan. Unused 2016 Healthcare FSA monies, not to exceed \$500, will carry over to your 2017 plan. *The minimum carryover amount is \$50. Unused amounts less than \$50 and in excess of \$500 will be forfeited.* Rollover amounts do not apply to the 2017 \$2,550 limit. You have until 3/31/2017 to file for reimbursement for expenses incurred through 12/31/2016.
- **Grace period for Dependent Care FSA accounts.** Employees have until 3/15/2017 to incur expenses that will apply to 2016 Dependent Care FSAs. All expenses that should apply to the 2016 Dependent Care Account must be filed with UMR no later than 3/31/2017. There is no carryover for Dependent Care Accounts; 100% of unused amounts will be forfeited.
- Enroll using annual election, **not monthly deduction amount.**
- You cannot transfer money between accounts (Health Care Reimbursement & Dependent Care Reimbursement). Make sure you enroll in the correct account.
- **FSAs for terminating employees will end with the termination date.** Expenses incurred after the termination date will not be eligible for FSA coverage.

There are two types of FSAs:

- **Healthcare Account – Minimum \$120, Maximum \$2,550 (annual limit).** Eligible expenses include medical, vision or dental expenses not reimbursed by an insurance plan, such as co-pays, deductibles and coinsurance for the employee, eligible spouse (if filing a joint tax return) and eligible dependents.
- **Dependent Care Account - Minimum \$120; Maximum \$5,000 (annual limit).** Eligible expenses include daycare or elder care expenses for a child under age 13 or an elderly person or a person with disabilities as long as they are claimed as a dependent for federal tax purposes. Expenses must be work related and both spouses must be employed. Do not use the Dependent Care Account for unreimbursed health, dental or vision expense for your spouse or children; use the Healthcare Account for those expenses.
- **Premium Conversion** – You can pay your health, dental & vision insurance premiums with tax-exempt dollars. Do not include your UA insurance premiums in your FSA election. **No annual re-election for premium conversion required.**

How do FSAs Work?

Healthcare FSA – (1) You can use your FSA Benny Card (MasterCard) to pay for the expenses (documentation may be required, keep your receipts) or (2) you can pay for the expenses yourself and file for reimbursement.

Dependent Care FSA – There is no Benny Card for Dependent Care expenses. You must pay for these expenses and then file for reimbursement.

IMPORTANT BENEFITS INFORMATION FOR 2017 – PLEASE REVIEW CAREFULLY

Spouse and Dependent Documentation Required

Beginning with this Open Enrollment period, documentation must be provided if you wish to add a spouse or dependent child to your health, dental or vision coverage. All employees enrolling dependents during this Open Enrollment period and after will be required to provide copies of the documentation below. Send fully legible photocopies only, not originals, along with the Dependent Documentation Form. Commemorative certificates and un-recorded documents are NOT acceptable. Enrollments will not be processed until documentation is received in Human Resources. Send the completed Dependent Documentation Form and the Dependent Documentation to 479-575-6971 (Fax) or email to hrbenf@uark.edu. Get the Dependent Documentation Form from the Open Enrollment section of HR's website, <https://hr.uark.edu> (go to **Open Enrollment** under **HR QuickFind**).

Proof for Legal Spouses

- Marriage License that is government-issued and signed by the county clerk, state registrar or other assigned government official. Must carry the seal of that office documenting the license has been recorded.

Proof for Dependent Child under age 26

- Biological Child: government-issued Birth Certificate identifying you as the parent.
- Newborn Child less than 31 days old: hospital issued Birth Certificate can be accepted.
- Step-Child: government-issued Birth Certificate identifying your spouse as a parent AND a government-issued Marriage License showing that you are married to the parent.
- Adopted Child: court document showing adoption placement, petition for adoption or final adoption certificate; date of birth must be included.
- Legal Ward/Guardian Child/Foster Child under age 18: court or agency documentation AND a government issued Birth Certificate.
- Medical Support Court Order: court documentation ordering you to provide insurance for your biological child.
- Adult Disabled Child: government-issued Birth Certificate identifying you as the parent AND medical certification of disability prior to age 26. If the adult disabled child is your step-child, a government-issued Marriage License showing you are married to the parent is also required.

Please note:

- UA couples (any UA System campus) need to coordinate coverage. You cannot be covered as both an employee and as the spouse/child of an employee. Also, children can only be covered on one UA parent's plan.
- Social Security numbers are required for dependents covered on the health coverage plan.

GROUP VOLUNTARY PRODUCTS

Enjoy discounted group rates and the convenience of payroll deduction by contacting these carriers about an individual insurance policy. The coverage you elect and the cost of that coverage is determined by you and the carrier. The carrier will advise Human Resources of the amount to deduct.

Home/Auto Insurance – Liberty Mutual

You can enroll at any time and will enjoy a discount up to 15% on auto, home and renters insurance. Contact Liberty Mutual at www.libertymutual.com/uarfayetteville or 1-800-524-9400

Critical Illness Insurance - MetLife

MetLife is offering an enrollment opportunity during Open Enrollment for employees and their families. You can apply for an initial benefit of \$10,000 or \$20,000 of coverage that pays a lump sum benefit if you or a covered dependent experience one of the following medical conditions* – cancer, heart attack, stroke, kidney failure, major organ transplant, Alzheimer's, or coronary artery bypass graft (*as defined in the insurance certificate as issued by MetLife). The plan also pays up to three times the initial benefit in the case of a separate diagnosis or recurring illness. Submit enrollment form directly to MetLife (see Enrollment Form for details). The Enrollment form is available from HR's website, <http://hr.uark.edu> (go to **Open Enrollment** under **HR QuickFind**).

RETIREMENT PARTICIPATION

All employees, regardless whether they are benefits-eligible or not, can participate in the University of Arkansas 403(b)/457(b) Retirement Plan. However only benefits-eligible employees are eligible for the employer matching contribution and will have to contribute the required employee contribution. Employees can participate in TIAA-CREF and/or Fidelity Investments. Employees who participate in APERS or ARTRS can also make voluntary, unmatched, contributions to the University of Arkansas 403(b)/457(b) Retirement Plan.

Benefits-eligible employees who participate in the University of Arkansas Retirement Plan will receive a 5% employer contribution if they contribute anywhere from 1% to 5%. The University will match any contributions you make greater than 5% up to a maximum matching employer contribution of 10%. Any amount you contribute in excess of 10% will be unmatched by the University. You can contribute up to the IRS limits. For 2016 those limits are \$18,000 to the 403(b) plan and \$18,000 to the 457(b) plan. Employees age 50 and older can contribute an additional \$6,000 each to the 403(b) plan and the 457(b) plan.

You can change your contributions at any time via webBASIS. Go to webBASIS.uark.edu and login using your UARK ID and password. Go to "My Benefits" and "Retirement Elections" to make your changes.

MONTHLY HEALTH INSURANCE PREMIUMS

Jul 2016	12 Month Premiums			9 Month Premiums**		
Medical Coverage	Salaries below \$28,000	75%-100% Appt	50%-74% Appt	Salaries below \$28,000	75%-100% Appt	50%-74% Appt
	Employee Only	\$66.79	\$114.09	Employee Only	\$89.05	\$152.11
	Employee & Spouse	\$150.28	\$256.65	Employee & Spouse	\$200.37	\$342.20
	Employee & Child(ren)	\$118.02	\$201.57	Employee & Child(ren)	\$157.37	\$268.75
	Emp., Sp. & Child(ren)	\$201.57	\$344.29	Emp., Sp. & Child(ren)	\$268.77	\$459.05
Classic Plan	Salaries \$28,000-\$38,999	75%-100% Appt	50%-74% Appt	Salaries \$28,000-\$38,999	75%-100% Appt	50%-74% Appt
	Employee Only	66.79	\$114.09	Employee Only	\$89.05	\$152.11
	Employee & Spouse	\$160.05	\$273.34	Employee & Spouse	\$213.40	\$364.45
	Employee & Child(ren)	\$125.69	\$214.67	Employee & Child(ren)	\$167.59	\$286.22
	Emp., Sp. & Child(ren)	\$214.69	\$366.67	Emp., Sp. & Child(ren)	\$286.26	\$488.90
	Salaries \$39,000-\$54,999	75%-100% Appt	50%-74% Appt	Salaries \$39,000-\$54,999	75%-100% Appt	50%-74% Appt
	Employee Only	\$73.47	\$125.49	Employee Only	\$97.96	\$167.32
	Employee & Spouse	\$169.06	\$288.73	Employee & Spouse	\$225.42	\$384.97
	Employee & Child(ren)	\$132.78	\$226.76	Employee & Child(ren)	\$177.04	\$302.35
	Emp., Spouse & Child(ren)	\$226.78	\$387.33	Emp., Sp. & Child(ren)	\$302.38	\$516.44
Note: Employees who are less than 100% appointed will be in the salary tier equal to their 100% appointed salary.	Salaries \$55,000-\$99,999	75%-100% Appt	50%-74% Appt	Salaries \$55,000-\$99,999	75%-100% Appt	50%-74% Appt
	Employee Only	\$79.48	\$135.76	Employee Only	\$105.97	\$181.02
	Employee & Spouse	\$178.82	\$305.42	Employee & Spouse	\$238.43	\$407.22
	Employee & Child(ren)	\$140.44	\$239.86	Employee & Child(ren)	\$187.26	\$319.81
	Emp., Spouse & Child(ren)	\$239.89	\$409.70	Emp., Sp. & Child(ren)	\$319.85	\$546.27
	Salaries \$100,000-\$149,999	75%-100% Appt	50%-74% Appt	Salaries \$100,000-\$149,999	75%-100% Appt	50%-74% Appt
	Employee Only	\$80.81	\$138.04	Employee Only	\$107.75	\$184.06
	Employee & Spouse	\$192.35	\$328.52	Employee & Spouse	\$256.47	\$438.02
	Employee & Child(ren)	\$151.07	\$258.00	Employee & Child(ren)	\$201.43	\$344.00
	Emp., Sp. & Child(ren)	\$258.03	\$440.69	Emp., Sp. & Child(ren)	\$344.04	\$587.59
Salaries Above \$150,000	75%-100% Appt	50%-74% Appt	Salaries Above \$150,000	75%-100% Appt	50%-74% Appt	
Employee Only	\$82.15	\$140.33	Employee Only	\$109.53	\$187.10	
Employee & Spouse	202.87	\$346.48	Employee & Spouse	\$270.50	\$461.97	
Employee & Child(ren)	\$159.33	\$272.11	Employee & Child(ren)	\$212.44	\$362.81	
Emp., Spouse & Child(ren)	\$272.14	\$464.79	Emp., Sp. & Child(ren)	\$362.85	\$619.73	
Medical Coverage	Salaries below \$28,000	75%-100% Appt	50%-74% Appt	Salaries below \$28,000	75%-100% Appt	50%-74% Appt
	Employee Only	\$104.26	\$156.39	Employee Only	\$139.02	\$208.52
	Employee & Spouse	\$234.00	\$350.98	Employee & Spouse	\$312.00	\$467.97
	Employee & Child(ren)	\$183.61	\$275.40	Employee & Child(ren)	\$244.82	\$367.20
	Emp., Spouse & Child(ren)	\$314.04	\$471.06	Emp., Sp. & Child(ren)	\$418.73	\$628.08
POS Plan	Salaries \$28,000-\$38,999	75%-100% Appt	50%-74% Appt	Salaries \$28,000-\$38,999	75%-100% Appt	50%-74% Appt
	Employee Only	\$104.26	\$156.39	Employee Only	\$139.02	\$208.52
	Employee & Spouse	\$249.21	\$373.79	Employee & Spouse	\$332.27	\$498.38
	Employee & Child(ren)	\$195.54	\$293.30	Employee & Child(ren)	\$260.72	\$391.07
	Emp., Spouse & Child(ren)	\$334.46	\$501.68	Emp., Sp. & Child(ren)	\$445.94	\$668.91
	Salaries \$39,000-\$54,999	75%-100% Appt	50%-74% Appt	Salaries \$39,000-\$54,999	75%-100% Appt	50%-74% Appt
	Employee Only	\$114.69	\$172.03	Employee Only	\$152.92	\$229.37
	Employee & Spouse	\$263.26	\$394.85	Employee & Spouse	\$351.01	\$526.46
	Employee & Child(ren)	\$206.56	\$309.83	Employee & Child(ren)	\$275.41	\$413.10
	Emp., Sp. & Child(ren)	\$353.30	\$529.94	Emp., Spouse & Child(ren)	\$471.07	\$706.58
Note: Employees who are less than 100% appointed will be in the salary tier equal to their 100% appointed salary.	Salaries \$55,000-\$99,999	75%-100% Appt	50%-74% Appt	Salaries \$55,000-\$99,999	75%-100% Appt	50%-74% Appt
	Employee Only	\$124.08	\$186.10	Employee Only	\$165.44	\$248.14
	Employee & Spouse	\$278.46	\$417.66	Employee & Spouse	\$371.27	\$556.88
	Employee & Child(ren)	\$218.50	\$327.72	Employee & Child(ren)	\$291.33	\$436.96
	Emp., Sp. & Child(ren)	\$373.71	\$560.56	Emp., Sp. & Child(ren)	\$498.29	\$747.41
	Salaries \$100,000-\$149,999	75%-100% Appt	50%-74% Appt	Salaries \$100,000-\$149,999	75%-100% Appt	50%-74% Appt
	Employee Only	\$126.16	\$189.23	Employee Only	\$168.22	\$252.30
	Employee & Spouse	\$299.51	\$449.25	Employee & Spouse	\$399.35	\$599.00
	Employee & Child(ren)	\$235.02	\$352.52	Employee & Child(ren)	\$313.37	\$470.02
	Emp., Sp. & Child(ren)	\$401.99	\$602.95	Emp., Sp. & Child(ren)	\$535.98	\$803.94
Salaries Above \$150,000	75%-100% Appt	50%-74% App	Salaries Above \$150,000	75%-100% Appt	50%-74% App	
Employee Only	\$128.25	\$192.36	Employee Only	\$171.00	\$256.48	
Employee & Spouse	\$315.90	\$473.82	Employee & Spouse	\$421.20	\$631.75	
Employee & Child(ren)	\$247.87	\$371.79	Employee & Child(ren)	\$330.50	\$495.73	
Emp., Sp. & Child(ren)	\$423.97	\$635.93	Emp., Sp. & Child(ren)	\$565.29	\$847.91	

****9-Month Premiums.** Faculty on a 9-month appointment and staff members paying benefits over 9 months pay an additional premium September through May to prepay for the following June, July, and August. These 9-month premiums are calculated assuming that the premiums 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 through the following May to assure that sufficient premiums will be collected to pre-pay for the following summer.

Effective: January 1, 2017
(2017 comparison grid health plan
handout)

UNIVERSITY OF ARKANSAS
Medical Plans Comparison
UMR

	CLASSIC	POINT OF SERVICE PLAN	
	No benefits for out-of-network service without prior authorization from UMR	UMR Network Provider	Non-UMR Provider (e)
INDIVIDUAL MEDICAL DEDUCTIBLE (a)	\$1,250	\$1,250	\$2,000
FAMILY MEDICAL DEDUCTIBLE (a)	\$2,500	\$2,500	\$4,000
COINSURANCE (b)	30%	30%	50%
MEDICAL OUT OF POCKET MAXIMUM			
Individual (c)	\$4,000+Deductible = \$5,250	\$4,000+Deductible = \$5,250	\$7,000+Deductible \$9000
Family (c)	\$8,000+Deductible = \$10,500	\$8,000+Deductible = \$10,500	\$14,000+Deductible \$18000
PREVENTIVE CARE SERVICES (l)			
Well Baby/Child Visit (f)	Paid in Full	Paid in Full	Deductible + Coinsurance
Immunizations	Paid in Full	Paid in Full	Deductible + Coinsurance
Mammograms(first yearly mammogram)	Paid in Full	Paid in Full	Not Covered
Colorectal Cancer Screening	Paid in Full	Paid in Full	Deductible + Coinsurance
Nutritional Counseling *	Paid in Full	Paid in Full	Not Covered
Physical Exams			
PCP or OB/GYN	Paid in Full	Paid in Full	Not Covered
Specialist	Paid in Full	Paid in Full	Not Covered
PHYSICIAN SERVICES IN OFFICE (d)			
PCP or OB/GYN Office Visit	\$35 Co-pay	\$35 Co-pay	Deductible + Coinsurance
Specialist Office Visit	\$50 Co-pay	\$50 Co-pay	Deductible + Coinsurance
Diagnostic Testing	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Surgical Services	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Advanced Imaging Services (CT, PET, MRI, & Nuclear Medicine)Prior Authorization Required	\$100 Copayment	\$100 Copayment	\$100 Copayment
	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
PHYSICIAN SERVICES NOT IN OFFICE			
Inpatient Medical Care	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Diagnostic Testing	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Surgical Services	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
PHYSICIAN MATERNITY SERVICES (g)			
Maternity/Obstetrical Care OB/GYN	no deductible or coinsurance for pre-natal & physician delivery services	no deductible or coinsurance for pre-natal & physician delivery services	Deductible + Coinsurance
OUTPATIENT FACILITY SERVICES			
Diagnostic Testing	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Surgical Services	\$150 Co-pay + Deductible + Coinsurance	\$150 Co-pay + Deductible + Coinsurance	\$150 Co-pay + Deductible + Coinsurance
ER Copay tiered by visit (Co-payment waived if admitted)	\$150 1 st visit, \$200 2 nd visit	\$150 1 st visit, \$200 2 nd visit	\$150 1 st visit, \$200 2 nd visit
Urgent Care Center	\$250 after 2nd visit \$50 Co-pay	\$250 after 2nd visit \$50 Co-pay	\$250 3 rd visit \$50 Co-pay
INPATIENT SERVICES (h)			
Semi-Private Room & Board, Intensive Care Room & Board, Ancillary Charges, & Maternity Inpatient Charges	\$300 Co-pay + Deductible + Coinsurance (h)	\$300 Co-pay + Deductible + Coinsurance (h)	\$300 Co-pay + Deductible + Coinsurance (h)
OTHER SERVICES			
Ambulance (Co-pay waived if admitted)	\$100 Co-pay	\$100 Co-pay	\$100 Co-pay
Home Health (40 visits per year max)	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Speech Therapy , PT, OT, Chiropractic (30 visits Combined / approval required for additional visits)	\$35 Office Visit Co-pay, Deductible + Coinsurance on All Therapy and Chiropractic	\$35 Office Visit Co-pay, Deductible + Coinsurance on All therapy and Chiropractic	\$35 Office Visit Co-pay, Deductible + Coinsurance on All Therapy and Chiropractic
Durable Medical	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Hospice	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
TMJ	\$200 copay + \$1,000 Deduct + Coinsurance	\$200 copay + \$1,000 Deduct + Coinsurance	\$200 copay + \$2,000 Deduct + Coinsurance
MENTAL HEALTH/SUBSTANCE ABUSE			
Inpatient Services (h)	\$300 Co-pay + Ded + Coins	\$300 Co-pay + Ded + Coins	\$300 Co-pay + Ded + Coins
Outpatient Intensive Day Treatment	\$150 Copayment + Ded + Coins	\$150 Copayment + Ded + Coins	\$150 Copayment + Ded + Coins
Outpatient Services in office	\$35 Co-pay	\$35 Co-pay	\$35 Co-pay
ROUTINE VISION EXAMS (j)			
One exam per calendar year	\$35 Co-pay	\$35 Co-pay	\$35 Co-pay
PRESCRIPTION DRUGS (k)			
\$1600 OOP Max individual	Rx OOP Max \$1,600	Rx OOP Max \$1,600	Rx OOP Max \$1,600
\$3200 OOP Max family	\$15 Tier 1; \$50 Tier 2; \$80 Tier 3 (k)	\$15 Tier 1; \$50 Tier 2; \$80 Tier 3 (k)	\$18.50 Tier 1; 53.50 Tier 2; \$83.50 Tier 3 (k)
Separate from Medical OOP Max			

FOOTNOTES:

- (a) **Deductible** means a fixed *dollar* amount that you must incur each calendar year before the health plan begins to pay for covered medical services. The calendar year deductible applies to all Covered Services except for those that a Co-payment applies, unless otherwise noted. In-network deductibles do not apply to out-of-network deductibles and vice versa. Two individual deductible = family deductible.
- (b) **Coinsurance** means a fixed *percentage* of charges you must pay toward the cost of covered medical services. Coinsurance applies to all Covered Services except those for which a Co-payment applies unless otherwise noted.
- (c) **Medical Out of Pocket Maximum** is the maximum combined deductible, coinsurance and copayments you will pay in any calendar year. It does not include costs for services not covered by the plan such as exclusions, limitations and pharmacy copayments. The maximum OOP for prescriptions drugs is a separate OOP from medical expenses. Family OOP max requires two individual family member meet the individual OOP max.
- (d) **Co-Payment** means a fixed dollar amount that you must pay each time you receive a particular medical service. You pay a Co-payment when you obtain health care directly from your Network Primary Care Physician or an In-Network Specialist. Certain services rendered in the Network Primary Care Physician or Network Specialist's office are not subject to coinsurance. Services rendered in the Network Primary Care Physician or Network Specialist's office **that are** subject to deductible, coinsurance and additional copayments include advanced imaging such as MRI, CT Scans, PET Scans and Nuclear Medicine (imaging studies using medical radioisotopes), Temporomandibular Joint Disorder (TMJ) treatment and all therapy including chiropractic .
- (e) When you obtain health care through a Non-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 Payments do not count toward meeting the deductible or meeting the limitation on your Out of Pocket maximum. Non-UMR Providers may bill the patient for amounts in excess of the Maximum Allowable Payment.
- (f) Well baby/child visits from an In-Network provider are covered in full from birth until the day the child attains age 19.
- (g) Facility inpatient charges are subject to co-payment and coinsurance. **It is your responsibility to notify Human Resources within 31 days of the birth or adoption of your child in order to obtain coverage for your newborn.**
- (h) Maximum combined Inpatient Co-payment per calendar year is \$1,200 per person (no more than one co-payment per 30 calendar days).
- (i) The TMJ deductible is separate from the other In-Network or Out-of-Network deductibles. The TMJ deductible is in addition to any In-Network or Out-of-Network deductible and **requires pre-authorization.**
- (j) Vision Exams: Ophthalmologist or Optometrist in-network and out-of-network benefits are the same.
- (k) Under the Point of Service Plan and the Classic Plan, Co-payments at non-participating pharmacies will be \$18.50 for Tier 1, \$53.50 for Tier 2, and \$83.50 for Tier 3. If a new enrollee has to get a prescription prior to receiving his/her pharmacy card, he/she will have to pay for the prescription in full, apply for reimbursement, and will be reimbursed less the \$18.50, \$53.50, or \$83.50 Co-payments. Alternatively, if the enrollment process has been completed and benefits are in effect, a temporary prescription drug ID card can be printed by going to www.medimpact.com, registering and clicking on 'member ID card'. A complete summary of prescription drug benefits is also on the above web-address. Prescription drug OOP max \$1600 individuals and \$3200 family. OOP max does not include costs for excluded or non-covered medications or devices. Non covered medication do not go to the Rx Max OOP expense.
- (l) Preventive care services and cancer screenings will follow the U.S. Preventive Task Force Recommendations. See the health plan Summary Plan Description for details on coverage.

The following procedures for both the Point of Service Plan and the Classic Plan will require pre-authorization **before** the services are rendered:

1. Any admission to Inpatient Facilities or Partial Hospitalization Units
2. Any referral by your PCP to an Out-of-Network Provider
3. Pre-Natal/Maternity Care. Authorization includes physician care and one ultra sound. Additional ultrasounds require pre-authorization. **UAMS offers a \$500 waiver of out-of-pocket expenses for deliveries at its hospital.**
4. Home Health Care and Home Infusion Services
5. Transplant Services (including the evaluation to determine if you are a candidate for transplant by a transplant program)
6. All Advanced Imaging (CT, MRI, Thallium Stress Test, PET. Go to www.UMR.com for a complete listing) regardless of place of service.
7. MRI of the Breast

Note: Certain other services have special Pre-authorization including surgical treatment of Temporomandibular Joint Dysfunction (TMJ), Accidental Injury to Teeth.

Procedures for testing and treatment of a diagnosed condition will be subject to deductible and coinsurance.

The Smoking Cessation Program: smoking cessation program provides free PCP visits and \$0 copay for certain nicotine addiction drugs.

The **Diabetes Management Initiative and the Healthy Heart Program** provide the opportunity for \$0 copayments on certain medications. For more information on all programs call UMR 888-438-6105

***Nutritional Counseling and Weight Management Services:** One annual visit with a dietitian and up to three additional visits in conjunction with health coaching for those who have a BMI of 27 and above. Prior authorization is required and continued approval contingent upon program compliance.

Metabolic weight loss programs are reimbursable up to \$1000/ life time for individuals with a BMI of 30 and above who participate in coaching. Prior authorization is required. For more information call UMR 888-438-6105

**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.deltadental.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://hr.uark.edu/benefits/>.

Dental Coverage	12 MONTH PREMIUMS			9 MONTH PREMIUMS		
	Coverage	75-100% Appt	50-74% Appt	Coverage	75-100% Appt	50-74% Appt
FAY, AUX, CJI, ARAS	Employee Only	\$16.00	\$21.44	Employee Only	\$21.33	\$28.59
	Employee & Spouse	\$33.00	\$44.22	Employee & Spouse	\$44.00	\$58.96
	Employee & Child(ren)	\$27.85	\$37.32	Employee & Child(ren)	\$37.13	\$49.76
	Emp., Sp & Child(ren)	\$44.85	\$60.10	Emp., Sp & Child(ren)	\$59.80	\$80.13
Division of Agriculture	Employee Only	\$15.53	\$20.71	Employee Only	\$20.71	\$27.76
	Employee & Spouse	\$32.04	\$42.72	Employee & Spouse	\$42.72	\$57.25
	Employee & Child(ren)	\$27.04	\$36.05	Employee & Child(ren)	\$36.05	\$48.31
	Emp., Sp & Child(ren)	\$43.54	\$58.05	Emp., Sp & Child(ren)	\$58.05	\$77.80

SUPERIOR VISION

P.O. Box 967
Rancho Cordova, CA 95741

1-800-507-3800

www.superiorvision.com

You may choose between 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	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	
Exam (MD)	Covered in full	Up to \$42	Covered in full	Up to \$42	
Exam (OD)	Covered in full	Up to \$36	Covered in full	Up to \$36	
Frames	\$125 retail allowance	Up to \$70	\$150 retail allowance	Up to \$84	
Contact Lens Fitting (standard ²)	Covered in full	Not Covered	Covered in full	Not Covered	
Contact Lens Fitting (specialty ²)	\$50 retail allowance	Not Covered	\$50 retail allowance	Not Covered	
Lenses (standard) per pair					
Single Vision	Covered in full	Up to \$28	Covered in full	Up to \$28	
Bifocal	Covered in full	Up to \$42	Covered in full	Up to \$42	
Trifocal	Covered in full	Up to \$56	Covered in full	Up to \$56	
Progressive	See Descripton ³	Not Covered	Covered in full ⁴	Not Covered	
Scratch coating	See discount features	Not Covered	Covered in full	Not Covered	
UV coating	See discount features	Not Covered	Covered in full	Not Covered	
Contact Lenses ³	\$120 retail allowance	Up to \$100	\$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.

DISCOUNT FEATURES

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on Covered Materials

Frames:	20% off amount over allowance
Lens option:	20% off retail
Progressive:	20% off amount over retail lined trifocal lens, including lens options

The following options have out-of-pocket maximums⁶ on standard (not premium, brand, or progressive) lenses.

Maximum Member Out-of-Pocket

	Single Vision	Bifocal & Trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

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.

⁶Discounts and maximums may vary by lens type. Please check with your provider.