## UNIVERSITY OF ARKANSAS AT PINE BLUFF



NEW EMPLOYEE
ENROLLMENT BENEFITS
BOOKLET







RETIREMENT | HEALTH | DENTAL | VISION | FLEXIBLE SPENDING
HSA | WELLNESS | VOLUNTARY PRODUCTS | TIME OFF | DISABILITY

Welcome to the University of Arkansas at Pine Bluff. Choosing your employee benefits is one of the most important decisions you will make as an employee. Review the information in this booklet and the information available from the New Employee Benefits Section of the Human Resources website carefully to make sure that you are making informed decisions.

You must be 50% appointed (average 20+ hours) or greater and not in a student position, such as Senior Graduate Assistant, Graduate Assistant, or Extra-Help to be eligible for employee benefits through the University of Arkansas at Pine Bluff.

Participation in certain benefits is mandatory and considered a condition of employment. Mandatory insurance benefits are 100% paid by the University. Mandatory benefits are:

- Basic Life Insurance
- Basic Short-Term Disability Insurance (for Classified Staff only)
- Basic Long-Term Disability Insurance
- Employer contributions to retirement
- Required employee contributions to retirement

The other University of Arkansas at Pine Bluff benefits, like health coverage, dental coverage, and insurance, accidental death & dismemberment insurance, are optional and can be waived. Employees pay for all or a portion of the premiums for optional benefits. Completion of the enrollment process is required, even if you only plan to enroll in the mandatory benefits. See the "How Do I Enroll?" section of this booklet for enrollment instructions.

New employees have 31 days from their benefits-eligible appointment dates to enroll in their benefits. Mandatory benefits are effective with your benefits-eligible appointment date. Optional benefits are effective the first day of the month following your benefits-eligible appointment date or the date you complete the benefits enrollment process, whichever is later. Documentation of dependent eligibility is required to cover eligible family members on your health and dental coverage and vision insurance.

Contact Human Resources at 870-575-8400 or by email at <a href="mailto:hrbenf@uapb.edu">hrbenf@uapb.edu</a> if you have any questions.



## "WELCOME TO THE PRIDE"

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## **How Do I Enroll?**

### **Dependent Documentation**

You must submit dependent documentation if you are covering dependents on your UA health, dental or vision insurance. Send legible copies, not originals. Required documents are:

- Spouse government-issued marriage license signed by the county clerk, state registrar or other assigned government official.
- Biological child –
   government-issued birth
   certificate identifying you as
   the parent (hospital
   certificate acceptable only
   for children less than 31
   days old).
- Step-child governmentissued birth certificate identifying your spouse as a parent AND a governmentissued marriage license showing you married to a parent.
- Adopted child court document showing adoption placement, petition for adoption or final adoption certificate (must include date of birth)
- Legal Ward/Guardian Child/Foster Child under age 18 – court or agency documentation AND a government-issued birth certificate
- Medical Support Order court documents ordering you to provide insurance for your biological child
- Adult Disabled Child –
   government-issued birth
   certificate identifying you as
   a parent AND medical
   certification of disability
   prior to age 26. If a
   stepchild, a government issued marriage license also
   required.

Now it's time for you to complete your enrollment in your University of Arkansas at Pine Bluff benefits. Remember you only have 31 days from the date of your benefits-eligible appointment to complete the enrollment process. Your optional benefits will be effective the first day of the following month following the date you complete the enrollment process.

## Here's what you'll need before you begin:

- Covered dependents' names, dates of birth, gender, and social security numbers (required for enrollment in health insurance).
- Beneficiaries' names, dates of birth, gender, and relationship to you.
- Documentation of Dependent Eligibility is required for covering any dependent on your UAPB's health, dental and vision insurance plans (see column to left for requirements).

### **COMPLETE YOUR ONLINE BENEFITS ENROLLMENT PROCESS**

You can complete your benefits enrollment online using Workday. Additional information is available from the New Employee Benefits Enrollment section of Human Resources website.

- 1 Open Google Chrome and go to <a href="http://myapps.microsoft.com/">http://myapps.microsoft.com/</a>.
- Click on the Workday application.
- Once your onboarding is complete, you will have an Inbox item labeled "Benefits Change for Life Event." Click on the inbox item and complete your enrollment. Note: If you are covering dependents, you will be prompted to upload your documentation
- Your enrollment will go to the Benefits Partner for approval. Benefits are effective the first day of the following month after your enrollment and documentation are submitted to the Benefits Partner.

You can also complete a paper enrollment process and submit the forms to Human Resources. Partial enrollment paperwork will not be accepted. Do not complete and turn in enrollment forms if you complete the Workday enrollment process above. Forms are available on the UAPB's Human Resources home page by clicking on Forms and in the Office of Human Resources. Submit completed enrollment forms to Human Resources:

University of Arkansas at Pine Bluff Human Resources 1200 N University Drive MailSlot 4942 Administration Building, Room 205

FAX: 870-575-4658 Email: hrbenf@uapb.edu

## Retirement

## UA Retirement Plan – 403(b)/457(b) plan

Participation in a retirement plan is required for all University of Arkansas benefits-eligible employees. The University of Arkansas at Pine Bluff Retirement plan is a 403(b)/457(b) Defined Contribution Plan. A Defined Contribution Plan is a plan that does not pay a specific benefit when you retire and where the retirement benefit is dependent on the earnings or losses of your chosen investment options. At retirement or separation of service from the UAPB, you can withdraw your vested contributions in lump sum amounts over time subject to plan limitations.

## **Employee and Employer Contributions**

Employees are required to contribute 5% of their gross pay to their UAPB retirement plan. The University's contribution will not be less than 5% and will increase to match your combined required and voluntary contributions in excess of 5% up to a maximum employer contribution of 10%. Employees may contribute additional unmatched contributions in excess of 10%. Contributions are subject to IRS limits.

| Your Required | Your Voluntary | University | Total |
|---------------|----------------|------------|-------|
| 5%            | 0%             | 5%         | 10%   |
| 5%            | 1%             | 6%         | 12%   |
| 5%            | 2%             | 7%         | 14%   |
| 5%            | 3%             | 8%         | 16%   |
| 5%            | 4%             | 9%         | 18%   |
| 5%            | 5%             | 10%        | 20%   |
| 5%            | 6+%            | 10%        | 21%+  |

## **Vesting**

Employer retirement contributions for all faculty and staff hired July 1, 2016, and after will be vested at the end of 24 consecutive months of employment in a benefits-eligible position. Employee contributions are 100% vested immediately. Employees not vested when UAPB employment ends will forfeit any employer contributions made by the University of Arkansas. The University of Arkansas at Pine Bluff has a once-vested, always-vested rule. If you previously worked for any UA System campus and were vested when you left employment, you will retain that vesting status when you are re-employed by any UA System Campus. Be sure to let HR know of any prior UA System employment. If you are not vested when you leave UAPB employment and return to the UAPB with a separation of more than 30 days your vesting period will start over again.

#### **Additional Information**

Go to the Human Resources website to find the **Retirement Summary Plan** Description and other additional information.

- Go to UAPB HR's home page
- Click on "Benefits"
- Click on Summary Plan Description

### **Required Contributions**

The required employee contribution must be taxdeferred.

## What is Vesting?

**UAPB Retirement Plan -**Nonforfeitable ownership by employees of retirement contributions made by the employer on their behalf. In addition to the 24-month vesting rule, you will also be vested if, while employed in a benefits-eligible position:

- You die
- You reach the age of 65
- You become disabled as determined by Social Security or UA's Disability Insurance provider.

## Retirement

**Employee Required Contributions** are not included in the 402(g) limits but will be included in the overall 415(c) plan contribution limits (combined employee and employer contributions) of \$66,000 for 2023. The additional \$7,500 402(g) limits for employees 50 or older do not apply to the 415(c) limits. Contributions to the 457(b) plan also do not apply to the 415(c) limits.

## **Prior Contributions**

Your retirement limits accumulate from all employer sources for the calendar year. If you think that your combined contributions for the calendar year will reach your retirement limits, contact HR with other retirement plan participation information.

## Can I change my original retirement elections?

You can change your voluntary retirement contribution elections every month. This includes the amount you are contributing and changing your vendor choice between TIAA & Fidelity. You cannot contribute to both TIAA & Fidelity in the same pay cycle. You can change your contribution or vendor any time online through Workday.

### **How Much Can I Contribute?**

Employees can contribute up to 100% of their salaries after required taxes and other payroll deductions, not to exceed the IRS limit. Voluntary contribution limits for 2023 for combined tax-deferred and Roth contributions are:

| 2023 Plan Limits | Employees Below Age 50 | Employees age 50 and Above          |
|------------------|------------------------|-------------------------------------|
| 403(b) Plan      | \$22,500               | \$30,000 (\$19,500 + add'l \$7,500) |
| 457(b) Plan      | \$22,500               | \$30,000 (\$19,500 + add'l \$7,500) |
| Total            | \$45,000               | \$60,000                            |

Additionally, under IRS limits in 2023, the UAPB can only make employer contributions on \$330,000 of your gross pay.

The 403(b) plan is the UAPB Retirement Plan's primary plan. You will only participate in the 457(b) plan if you reach your 402(g) limit in your 403(b) plan before the end of the calendar year. You will provide your directions for handling your contributions if you reach your 403(b) or 402(g) limits when completing your retirement plan enrollment.

### **How Do I Contribute?**

You may contribute to your 403(b) plan in two ways:

- **Traditional tax-deferred** contributions and earnings will be subject to income taxes when withdrawn. The required contribution is tax-deferred.
- Roth after-tax voluntary contributions made on an after-tax basis and are included in current taxable income; earnings are tax exempt if they are part of a qualified distribution (at least 5 years from the year of your first UA Roth 403b contribution and after you have reached age 59½).

You will want to choose your Roth and tax-deferred contributions based on your age, time horizon and current/future tax bracket.

### Where Do I Contribute?

The University of Arkansas at Pine Bluff Retirement Plan offers many investment options through one or both fund sponsors:

- **Fidelity Investments** –Go to <u>netbenefits.com/uark</u> or call Fidelity directly at 1-800-343-0860 to learn more.
- TIAA Teachers Insurance and Annuity Association. Go to <u>www.tiaa.org/uasys</u> or call TIAA directly at 1-800-842-2252 to learn more.

UAPB employees have the option of investing their contributions in a streamlined selection of funds or setting up a self-directed brokerage account to invest in their choice of thousands of mutual funds. TIAA and Fidelity will continue to be the investment providers but funds from Vanguard, JP Morgan and others will be available in the core lineup through both Fidelity and TIAA. See the next page for the funds available. If you do not make a fund election you will be defaulted to the Target Date Funds closest to your 65<sup>th</sup> birthday.

## Retirement

To simplify your choices, the University has created the following investment tiers within Fidelity and TIAA's lineup so you can choose an investment style that helps you meet your retirement goals and needs. You do not need to choose from just one category; you may invest using any or all of these categories.

| Tier 1: Target Date Funds   | Ticker<br>Symbols   | Plan                       |
|---|---|----------------------------|
| Vanguard Institutional Target Retirement Income Fund Institutional Shares Vanguard Institutional Target Retirement 2010 Fund Institutional Shares Vanguard Institutional Target Retirement 2015 Fund Institutional Shares Vanguard Institutional Target Retirement 2020 Fund Institutional Shares Vanguard Institutional Target Retirement 2025 Fund Institutional Shares Vanguard Institutional Target Retirement 2030 Fund Institutional Shares Vanguard Institutional Target Retirement 2035 Fund Institutional Shares Vanguard Institutional Target Retirement 2040 Fund Institutional Shares Vanguard Institutional Target Retirement 2045 Fund Institutional Shares Vanguard Institutional Target Retirement 2050 Fund Institutional Shares Vanguard Institutional Target Retirement 2055 Fund Institutional Shares Vanguard Institutional Target Retirement 2055 Fund Institutional Shares Vanguard Institutional Target Retirement 2060 Fund Institutional Shares | VITRX VIRTX VITVX VITWX VRIVX VTTWX VITFX VIRSX VITLX VTRLX VIVLX VIVLX | Both<br>Fidelity &<br>TIAA |
| Tier 2: Passive Funds   | Ticker<br>Symbols   | Plan                       |
| Vanguard Extended Market Index Fund Institutional Shares Vanguard Institutional Index Fund Institutional Shares Vanguard Total Bond Market Institutional Shares Vanguard Total International Stock Index Fund Institutional Shares  | VIEX<br>VINIX<br>VBTIX<br>VTSNX   | Both<br>Fidelity &<br>TIAA |
| Tier 3: Actively Managed Funds  | Ticker<br>Symbols   | Plan                       |
| American Funds Europacific Growth Fund CREF Money Market CREF Social Choice Account CREF Stock Account Class Harbor Capital Appreciation Retirement Metropolitan West Total Return Bond Plan TIAA Real Estate Account TIAA Traditional Fidelity® Contrafund® - Class K  | RERBX QCMMIX QCSCIX QCSTIX HNACX MWTSX QREARX GRA FCNKX FDIKX           | TIAA                       |
| Fidelity® Diversified International Fund – Class K Fidelity® Total Bond Fund Lincoln Stable Value Fund Principal Real Estate Securities Institutional Call Vanguard FTSE Social Index Fund Investor Shares  | FTBFX<br>HLSVAX<br>PIREX<br>VFTSX                                       | Fidelity                   |
| MassMutual Small Cap Growth Equity Fund Goldman Sachs Small Cap Value Class R6 JP Morgan Value Advantage Fund Class L MassMutual Select Mid Cap Growth Equity Fund II Class I MFS Mid Cap Value Fund Class R6 Vanguard Federal Money Market Fund Investor Shares  | MSGZX<br>GSSUX<br>JVAIX<br>MEFZX<br>MVCKX<br>VMFXX                      | Both<br>Fidelity &<br>TIAA |
| Tier 4: Self Directed Brokerage   |   | Plan                       |
| Provides you with the opportunity to invest in a broad range of investment of beyond those offered directly through the plans. Contact Fidelity at 800-343 a fact sheet and a commission schedule for applicable fees and risks. Contact 800-927-3059 if you have questions about a TIAA Brokerage Account. The structed brokerage tier includes investments beyond those in the plan lineur plan neither evaluates nor monitors the investments available in the self-directly brokerage tier. It is your responsibility to ensure that the investments you structure to your situation.   | 3-0860 for<br>ct TIAA at<br>elf-<br>p. The<br>ected                     | Both<br>Fidelity &<br>TIAA |

## **Contact Fidelity** directly:

1-800-343-0860 netbenefits.com/uarkhtt p://www.tiaacref.org/uasys

To schedule Individual Counseling, call: 1-800-642-7131

## **Contact TIAA directly:**

1-800-842-2552 www.tiaa.org/uasys

To schedule Individual Counseling, call: 1-800-732-8353

## **Individual Counselors** from both Fidelity &

TIAA are usually available on campus to provide free, on-site, individual retirement planning counseling sessions. Contact Fidelity & TIAA directly for appointments and/or check the Campus Bulletin in the Human Resource section.

**In-Service Cash is** available to active employees age 59 ½ and older. Using this option, active employees can have access to their (employee) contributions while still employed. Employees must separate from service to have access to employer contributions.

You should review the **UAPB** Retirement **Summary Plan** Description (SPD) for a more detailed summary of plan provisions

## **Health Coverage**

Additional Information
Go to the Human
Resources website to
find the Summary Plan
Description, Plan
Comparisons,
Prescription Formulary,
and other additional
information.

- Go to
   https://www.uasys.e
   du/
- Go to "Benefits"
- Click on <u>Health &</u> Wellness - Medical
- Click on <u>Medical</u>
   Benefit Summary
   Plan Description

The University of Arkansas Health Coverage Plan is a self-funded plan. Claims are administered by **UMR** (a division of United Healthcare) and participants use UMR providers as their in-network providers. The prescription drug portion of the University's Health Coverage plan is administered by **MedImpact**. Both UMR and MedImpact offer nation-wide networks of providers.

You have a choice of three health plans (all administered by UMR) for you and your family's health coverage:

## **CLASSIC PLAN**

If you select the Classic Plan, you will have mid-range premiums & mid-range out- of-pocket costs. There are no benefits for out-of-network providers other than for true emergencies. Participants are eligible for a healthcare FSA.

#### **HEALTH SAVINGS PLAN**

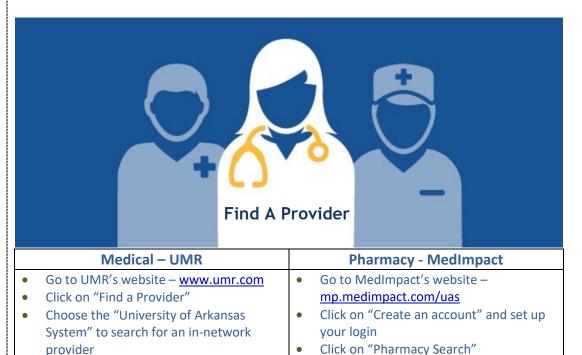
If you select the Health Savings Plan, you will have the lowest premiums but will have the highest out-of-pocket costs. Services for out-of-network providers will be covered at reduced rates. Participants are eligible for a Health Savings Account (HAS.

#### **PREMIER PLAN**

If you select the Premier Plan, you will pay the highest premiums but will have the lowest out-of-pocket costs. Services for out-of-network providers will be covered at reduced rates.

### Whom can I cover?

- Your lawful spouse,
- Children from birth to the date they turn 26
- Children include biological child, legally adopted child, stepchild, and eligible foster child,
- Dependent Eligibility
   Documentation is
   required. See "How
   Do I Enroll" pages 28 29 for additional
   information.



## University of Arkansas System Medical Plans Comparison Summary

Beginning July 1, 2023, here's what you'll pay under each medical plan.

|  |                     | Class   | sic Plan                                     | Premier Plan   |  | Health S               | avings Plan             |  |
|--|---------------------|---|--|--|--|------------------------|-------------------------|--|
|  |                     | SmartCare   | Non-SmartCare                                | SmartCare  | Non-SmartCare                                | SmartCare              | Non-SmartCare           |  |
| Deductible   | Individual          | \$800   | \$1,350                                      | \$500  | \$800  | \$                     | 3,000                   |  |
| Deductible   | Family              | \$1,600   | \$2,700                                      | \$1,000  | \$1,600                                      | \$                     | 6,000                   |  |
| Coinsurance  | 1                   | 20%   | 25%  | 15%  | 20%  | 5%                     | 10%                     |  |
| Out-of-<br>Pocket  | Individual          | \$4,750;<br>Wellness:<br>\$3,450                            | \$5,250;<br>Wellness: \$4,000                | \$2,700<br>Wellness:<br>\$2,350                                      | \$3,200<br>Wellness: \$2,700                 | \$6,250                | \$6,750                 |  |
| Maximum  | Family              | \$9,500;<br>Wellness:<br>\$6,900                            | \$10,500;<br>Wellness: \$8,000               | \$5,400<br>Wellness:<br>\$4,700                                      | \$6,400<br>Wellness: \$5,400                 | \$12,300               | \$13,300                |  |
| Primary Care (   | Office              | \$20  | \$35   | \$10   | \$25   | 5% after deductible    | 10% after deductible    |  |
| Specialist Offic   | ce Visit            | \$40  | \$55   | \$30   | \$45   | 5% after deductible    | 10% after deductible    |  |
| Preventive Ca<br>ACA- and ACIF<br>compliantwelln<br>well-baby visits<br>immunizations,<br>screenings | ess and             | Plan co   | vers 100%                                    | Plan covers 100%   |  | Plan covers 100%       |                         |  |
| Disposable Medical Supplies Test strips, oxygen filters, lancets, etc.                               |                     |   | 0%, up to \$800 in<br>ble supplies           | Plan covers 100%, up to \$800 in disposable supplies 10% after deduc |  | er deductible          |                         |  |
| Hospital Inpatient<br>Services   |                     | \$150 copay,<br>then 20% after<br>deductible                | \$300 copay,<br>then 25% after<br>deductible | \$150 copay,<br>then 15% after<br>deductible                         | \$300 copay,<br>then 20% after<br>deductible | 5% after deductible    | 10% after deductible    |  |
| Emergency Ro   | oom Visit           | \$350 copay, then 25% after deductible (waived if admitted) |  | \$350 copay, then 20% after deductible (waived if admitted)          |  | 10% after deductible   |                         |  |
| Therapy Service<br>Speech, physice<br>occupational (con initial evaluations)<br>visit only)          | al,<br>copay        | \$40 copay,<br>then 20% after<br>deductible                 | \$55 copay,<br>then 25% after<br>deductible  | \$30 copay,<br>then 15% after<br>deductible                          | \$45 copay,<br>then 20% after<br>deductible  | 5% after<br>deductible | 10% after<br>deductible |  |
| Outpatient Dic<br>Lab Services   | agnostic            | 20%   | 25%  | 15%  | 20%  | 5% after deductible    | 10% after deductible    |  |
| Outpatient Did<br>Testing and So<br>Services   | agnostic<br>urgical | 20% after deductible  | \$160 copay,<br>then 25% after<br>deductible | 15% after deductible   | \$80 copay,<br>then 20% after<br>deductible  | 5% after deductible    | 10% after deductible    |  |
| Advanced Im<br>CT, PET, MRI (p<br>authorization re   | orior               | \$75 copay,<br>then 20% after<br>deductible                 | \$150 copay,<br>then 25% after<br>deductible | \$50 copay,<br>then 15% after<br>deductible                          | \$100 copay,<br>then 20% after<br>deductible | 5% after deductible    | 10% after deductible    |  |
| Urgent Care Visit  |                     | \$  | 555  | \$   | \$50   | 10% afte               | er deductible           |  |
| Prescription Drugs   |                     |   |  |  |  |                        |                         |  |
| Out-of-  | Individual          | \$1   | ,800   | \$1,800  |  | Combined medical and   |                         |  |
| Pocket<br>Maximum  | Family              | \$3,600 \$3,600   |  | 3,600  | prescription drug out-of-pocket maximum      |                        |                         |  |
| Tier I   |                     |   | copay  | \$14   | copay  | 7116                   | Idili                   |  |
| Tier II  |                     |   |  |  | copay  | 10% after deductible   |                         |  |
| Tier III   |                     | ·   | \$62 copay<br>\$97 copay                     |  |  |                        |                         |  |
|  |                     | φ97   | оорау  | \$92 copay   |  |                        |                         |  |

## Definitions and Other Information

Coinsurance: The percentage you pay toward the cost of covered services after you pay the deductible.

Copayment (copay): The fixed dollar amount you pay each time you receive a covered service or supply.

**Deductible:** The fixed dollar amount you pay each year before the plan pays for covered services. Innetwork and out-of-network deductibles accumulate separately and do not cross-apply.

**EBRx:** A UAMS service that provides prior authorization, appeal, and exception support for the health plan pharmacy program. Contact EBRx at 501.214.2156 or toll-free at 833.650.0475.

Emergency Room Visits: The emergency room visit copayment is waived if you're admitted to the hospital.

Medimpact: Provides pharmacy network access, customer service, and formulary support for the health plan pharmacy program. Contact Medimpact Pharmacy Services at 800.788.2949 or mp.medimpact.com/uas.

Out-of-Network Care: Not available to those enrolled in the Classic Plan (other than emergency services and services with prior authorization). The health plan has an extensive network of local and national providers, facilities, and centers of excellence. Additional out-of-pocket expenses apply to non-network providers and services.

Out-of-Pocket Maximum: The most you pay toward your deductible, coinsurance, and copayments (combined) in any calendar year. The out-of-pocket maximum does not include the prescription drug out-of-pocket maximum (Classic and Premier plans) or non-covered services.

Preventive Care Services: Include well-baby/ child visits, annual wellness exams, screenings, and immunizations, as provided in the ACA and ACIP quidelines. Prior Authorizations (PA): Required for many complex or inpatient services and procedures. Check the plan document or contact UMR for information on PAs. These are some examples of services requiring PA:

- Admission to inpatient facilities or partial hospitalization units
- Referral to out-of-network care
- Prenatal/maternity care
- Home health services
- Infusion services
- Hospice
- Transplants
- All advanced imaging (e.g., MRI, CT, stress test)

SmartCare: If you are enrolled in a University medical plan, you can save on health care costs by visiting a SmartCare provider at a University of Arkansas for Medical Sciences (UAMS) facility, the University of Arkansas Fayetteville Pat Walker Health Center, or the University of Arkansas Little Rock Health Center. Not all covered services and supplies are available through SmartCare; the SmartCare benefit does not transfer to other non-University providers or facilities.

- UAMS: 501.686.8749
- University of Arkansas Fayetteville: 479.575.4451
- University of Arkansas at Little Rock: 501.569.3188

UMR: Provides customer services, prior authorization, network access, and appeals reviews for the health plan. Contact UMR Health Plan Customer Service at 888.438.6105 or umr.com.



The information provided in this document 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 System 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 System has the right to modify benefits at any time.



## **Health Plan Features**



### **Infertility Treatment**

In 2019, Infertility Treatment was added as a benefit of the University of Arkansas at Pine Bluff Health Plan. The maximum lifetime benefit is \$30,000 (\$20,000 for medical and \$10,000 for pharmacy). Coverage includes Associated IVF prescription drugs, Artificial insemination, Gamete intrafallopian tube transfer (GIFT), Intracytoplasmic sperm injections (ICSI), Medical costs for donor sperm/eggs, and genetic testing to diagnose infertility. Some exclusions apply. You can enroll in UMR's Maternity Management Program for assistance with claims, pre-approvals, and options. Call 844.604.6244 to enroll.

### **Claims Appeals**

Employees who disagree with a denial of a medical claim or a rescission of coverage determination can request that the Plan review its initial determination by submitting a written request to the Plan. There are two levels of internal appeal and a third level through a right to an external review. There are timelines and specific procedures for all three levels of the appeals process. For more information and assistance with filing an appeal, please reach out to a Benefits Representative or refer to the Plan Description found on the UA System website: <a href="https://benefits.uasys.edu/health-and-wellness/medical/">https://benefits.uasys.edu/health-and-wellness/medical/</a>.

## **Health Coverage Premiums**

Health Insurance premiums at the University of Arkansas at Pine Bluff are divided among four different salary bands. Employees in the lower salary bands receive a larger percentage of employer contributions than employees in the higher salary bands. On the next page, you will find listed the employee premiums for Health Coverage. Note, employees who are less than 100% appointed have different premiums which can be found on the HR website.

## **Prescription Drugs**

The prescription part of the University of Arkansas at Pine Bluff Health Coverage plan is administered by MedImpact. MedImpact has a nation-wide network of pharmacies, including most chains. The UA prescription drug formulary is maintained by the University of Arkansas System Pharmacy Advisory Committee, which is composed of faculty and clinical pharmacists, physicians and nurse practitioners who advise the Committee on the most recent medical research results. The Committee's recommendations are based on the latest available evidence-based studies.

You pay one co-payment for each 30-day supply of drugs. Certain maintenance medications will allow you to get a 90-day supply (one copayment for each 30-day supply) after you have filled two 30-day supplies.

### **Specialty Drug Distribution Program**

MedImpact Direct Specialty will handle claims for all specialty drugs. These drugs will be filled through one of two partnered pharmacies: UAMS or Kroger. If you are on one of the following medications, you will need to set up an account with one of the partnered pharmacies to fill your prescriptions: Humira, Enbrel, Otezla, Xolair, Imbrucvica, Revlimit, Ibrance, Xtandi, Jakafi, Venclextra, Imatinib, Deplixent, Gilenya, Stelara, Tecfidera, Cimzia, Glatopa, or Capecitabine. Please call 1-877-391-1103 for questions regarding this program. This program does not affect your tier, copay, or coinsurance.



The University of Arkansas at Pine Bluff health coverage plan promotes wellness. Annual physicals, annual OB/GYN exams and well-baby visits are covered at 100%. New employees enrolled in UAPB health coverage will be required to complete a Tobacco/Nicotine Pledge. Employees who do not complete the Tobacco/Nicotine Pledge or do not certify their enrollment in a tobacco cessation program or who elect to continue to use tobacco/nicotine will be charged a \$25 per paycheck Tobacco Surcharge, in addition to the semi-monthly premium. Nine-month appointed faculty will pay a prorated amount over nine months. All employees will recertify annually.

## **Nutritional Counseling**

One annual visit with a dietitian and up to 3 additional visits in conjunction with health coaching for those who have a BMI of 27 or above. For 3 additional visits, prior authorization is required and continued approval contingent upon program compliance.

### **Real Appeal**

Real Appeal is an online weight loss program available to you at no additional cost through our health benefits plan. With Real Appeal, you get a transformation coach who leads online group sessions; online tools to help track your food, activity, and weight loss progress; and a success kit with recipes, scales, workout DVDs and more shipped right to your door. Get started today at <a href="https://www.enroll.realappeal.com">www.enroll.realappeal.com</a>. Have your health insurance ID card accessible during enrollment.

## **Bariatric Surgical Procedures**

Bariatric Surgical Procedures are covered if you have a body mass index of 40 without co-morbidity or BMI of 35 or greater with obesity-related co-morbid medical conditions including hypertension, cardiopulmonary condition, sleep apnea, diabetes, or any life-threatening or serious medical condition that is weight induced. You must demonstrate that dietary attempts at weight control have been ineffective through completion of a structured diet program such as Weight Watchers or Jenny Craig; and within the 12-month period immediately prior to the request for the surgical treatment have completed a structured physician-supervised diet program of no less than six months duration and including all the following: documentation in the medical record of participation by the physician, no weight gain during the program, behavior modification supervised by a qualified professional, consultation with and participation in a reduced-calorie diet program supervised by a dietician or nutritionist, and exercise regimen (unless contraindicated). Completion of a psychological examination of the member's readiness and fitness for surgery and the necessary postoperative lifestyle changes must also be completed. Facilities for procedures are restricted to accreditation under ACS, ASMBS and MBSAQIP. No experimental or investigational procedures will be covered. Procedures are limited to one procedure and one revision per lifetime. Cosmetic procedures are not included. Patients must be 18 years of age or older. See the plan document for more information.

## **Disease Management**

- The Smoking Cessation Program provides free PCP visits and \$0.00 copayments for Chantix, a medication for nicotine addiction.
- By participating in the **Pregnancy Management Program**, you'll receive a \$300 discount off of hospital expenses if you enroll in the 1<sup>st</sup> trimester or \$150 if you enroll in your 2<sup>nd</sup> trimester. For more information, call UMR at 1-888-438-6105
- The Metabolic Weight Loss programs can qualify you for up to a \$1,000/lifetime benefit for individuals with a BMI of 30 and above who participate in coaching. Prior authorization is required. Call UMR at 888-438-6105 for more information.

## **Health Plan Premiums- Monthly Medical Rates**

| Salary Tiers                | Classi   | ic Plan  | Health Savings Plan |          | Premier Plan |           |
|-----------------------------|----------|----------|---------------------|----------|--------------|-----------|
|                             |          |          |                     |          |              |           |
| Salaries \$30,000 and below | 12 Month | 9 Month  | 12 Month            | 9 Month  | 12 Month     | 9 Month   |
| Employee Only               | \$118.22 | \$166.90 | \$52.48             | \$74.09  | \$374.62     | \$528.88  |
| Employee & Spouse           | \$275.50 | \$388.94 | \$96.12             | \$135.70 | \$895.70     | \$1264.52 |
| Employee & Child(ren)       | \$227.64 | \$321.37 | \$106.18            | \$149.92 | \$705.66     | \$996.24  |
| Family                      | \$388.88 | \$549.01 | \$155.14            | \$219.02 | \$1241.28    | \$1752.40 |
| Salaries \$30,001 -\$60,000 | 12 Month | 9 Month  | 12 Month            | 9 Month  | 12 Month     | 9 Month   |
| Employee Only               | \$131.22 | \$185.25 | \$65.48             | \$92.44  | \$387.62     | \$547.23  |
| Employee & Spouse           | \$321.00 | \$453.18 | \$141.62            | \$199.94 | \$941.20     | \$1328.76 |
| Employee & Child(ren)       | \$254.64 | \$359.49 | \$133.18            | \$188.02 | \$732.66     | \$1034.34 |
| Family                      | \$428.88 | \$605.48 | \$195.14            | \$275.50 | \$1281.28    | \$1808.87 |
| Salaries \$60,001-\$90,000  | 12 Month | 9 Month  | 12 Month            | 9 Month  | 12 Month     | 9 Month   |
| Employee Only               | \$141.22 | \$199.37 | \$75.48             | \$106.56 | \$397.62     | \$561.35  |
| Employee & Spouse           | \$344.00 | \$485.65 | \$164.62            | \$232.40 | \$964.20     | \$1361.22 |
| Employee & Child(ren)       | \$271.64 | \$383.49 | \$150.18            | \$212.02 | \$749.66     | \$1058.34 |
| Family                      | \$460.00 | \$649.41 | \$226.26            | \$319.44 | \$1312.40    | \$1852.80 |
| Salaries \$90,001 and above | 12 Month | 9 Month  | 12 Month            | 9 Month  | 12 Month     | 9 Month   |
| Employee Only               | \$151.22 | \$213.49 | \$85.48             | \$120.68 | \$407.62     | \$575.46  |
| Employee & Spouse           | \$375.00 | \$529.41 | \$195.62            | \$276.18 | \$995.20     | \$1405.00 |
| Employee & Child(ren)       | \$281.64 | \$397.61 | \$160.18            | \$226.14 | \$759.66     | \$1072.46 |
| Family                      | \$480.00 | \$677.65 | \$246.26            | \$347.66 | \$1332.40    | \$1881.04 |

Note:

Premiums shown are monthly.

All premiums are collected semi-monthly and pre-tax.

9-month premiums are collected over 17 pay periods during the months of September thru May to prepay for the months of June, July and August. If premiums are increased in January 9-month employees may be subject to an adjustment to ensure they have paid enough to cover their summer benefits

## **Dental Coverage**

#### **Additional Information**

Go to the Human Resources website to find the Dental Plan Summary and other additional information.

- Go to https://www.uasys.edu/
- Go to "Benefits"
- Click on Health & Wellness Dental
- Click on Dental Summary Plan Description
- "Benefits"

### Whom can I cover?

- Your lawful spouse
- Children from birth to the date they turn 26
- Children include biological child, legally adopted child, stepchild and eligible foster child
- Dependent Eligibility Documentation is required.

## How to register for **Dental Xtra**

Go to Arkansas Blue Cross Blue Shield's website at uasdental.blueadvantageark ansas.com and select the "Enroll Now" button in the Dental Xtra section. You'll receive a letter telling you about the additional dental benefits you're eligible to receive.

The University of Arkansas at Pine Bluff Dental Coverage plan is designed to assist you in maintaining good oral health. The plan helps you pay for basic dental exams, restorative care, cleaning services and preventive services. It also covers more intensive and specialty dental needs including fluoride treatments, extractions, oral surgery, crowns, bridges, spacers and implants. The dental plan is administered by Arkansas Blue Cross Blue Shield but is self-insured by the University of Arkansas.

## SCHEDULE OF DENTAL SERVICES

Individual Deductible – (Basic and Major Services) \$50 Family Deductible – 2 Family Members (Basic and Major Services) \$100 Annual Maximum Payment – Per Person Per Calendar Year \$1,750 Orthodontic Lifetime Maximum – \$2,000

Benefit Period – A benefit period for each eligible participant shall mean a calendar year, the period from January 1<sup>st</sup> to December 31<sup>st</sup> of each year. Applies to Coverage A, B and C

|  | In Network | Out-of-Network |  |  |  |  |  |
|--|------------|----------------|--|--|--|--|--|
| TYPE A CHARGES: PREVENTIVE SERVIC  |            |                |  |  |  |  |  |
| Exams  | 100%       | 90%            |  |  |  |  |  |
| Radiographic Images (X-rays)   | 100%       | 90%            |  |  |  |  |  |
| Fluoride Treatment   | 100%       | 90%            |  |  |  |  |  |
| Prophylaxis (cleaning)   | 100%       | 90%            |  |  |  |  |  |
| Sealants   | 100%       | 90%            |  |  |  |  |  |
| TYPE B CHARGES: BASIC RES  |            |                |  |  |  |  |  |
| Fillings   | 80%        | 72%            |  |  |  |  |  |
| Extractions  | 80%        | 72%            |  |  |  |  |  |
| Surgical and Non-Surgical Periodontics                                     | 80%        | 72%            |  |  |  |  |  |
| Endodontics (root canals)  | 80%        | 72%            |  |  |  |  |  |
| Anesthesia   | 80%        | 72%            |  |  |  |  |  |
| TYPE C CHARGES: MAJOR RESTORATIVE SERVICES                                 |            |                |  |  |  |  |  |
|  |            |                |  |  |  |  |  |
| Inlays, Onlays, Crowns   | 50%        | 45%            |  |  |  |  |  |
| Partials and Dentures  | 50%        | 45%            |  |  |  |  |  |
| Implants   | 50%        | 45%            |  |  |  |  |  |
| ORTHODONTICE SERIVCES limited to covered persons to age 18 (not subject to |            |                |  |  |  |  |  |
| deductible)  |            |                |  |  |  |  |  |
| Diagnostic, Active, Restorative Treatment                                  | 50%        | 40%            |  |  |  |  |  |
| DENTAL XTRA (Included)   |            |                |  |  |  |  |  |

Two additional cleanings are covered per year (a total of four) for members with one of the following qualifying conditions: diabetes, coronary artery disease, oral cancer, Sjogren's syndrome, stroke or pregnancy. Dental Xtra benefits may not be combined by members with more than one condition.

| ROLLOVER BENEFIT  |                             |                         |          |  |  |  |  |
|---|-----------------------------|-------------------------|----------|--|--|--|--|
| In-Network calendar- Yearly Available Rollover amount Accumulated |                             |                         |          |  |  |  |  |
| year aggregate  | Threshold                   | to use next year/beyond | Rollover |  |  |  |  |
| maximum   | Maximum                     |                         |          |  |  |  |  |
| \$1,500   | \$1,500 \$750 \$375 \$1,500 |                         |          |  |  |  |  |

## **Dental Coverage**

### **ROLLOVER BENEFIT**

If no more than \$750 claims dollars are paid in a calendar year and if you have at least one dental claim for the calendar year, your calendar year coverage maximum will increase by \$375. You can stockpile \$1,500 in total rollover dollars.

## **CHOOSING YOUR DENTAL NETWORK**

You have the freedom to choose any licensed dentist for covered services. However, it works to your advantage to choose a dentist from the Arkansas Dental Select Plus network. You'll get the deepest discounts and pay less out of pocket when you choose a dentist from the Arkansas Dental Select Plus network of providers. If you visit an out-of-network dentist, you may be required to complete forms yourself or pay a service charge to the dentist. Payment to the out-of-network dentist will be based on Arkansas Blue Cross Blue Shield fee schedule and not billed charges. You are responsible for paying 100% of any amounts over the fee schedule, plus your percentage portion of the fee schedule amount.

## **Semi-Monthly Dental Premiums**

| 75%-100% Appointed       | 12 Mon  | 9 Mon   |
|--------------------------|---------|---------|
| Employee Only            | \$8.00  | \$11.29 |
| Employee & Spouse        | \$16.50 | \$23.29 |
| Employee & Child(ren)    | \$13.92 | \$19.66 |
| Emp. Spouse & Child(ren) | \$22.42 | \$31.66 |

<u>9 Month Premiums:</u> Faculty on a 9-month appointment pay an additional premium September through May to prepay for the following summer. 9-month premiums are collected over 17 semi-monthly pay periods.

## **Find a Provider**

- Visit Arkansas Blue Cross Blue Shield's website: <u>uasdental.blueadvantage</u> arkansas.com
- Click on Search
- Enter your zip code and select the number of miles you are willing to drive
- Enter name or specialty type
- Click Search



An Independent Licensee of the Blue Cross and Blue Shield Association

## **Vision Insurance**

Vision Insurance, in partnership with **EyeMed**, is available to you through your employment with the University of Arkansas at Pine Bluff. Vision Insurance helps lower your out-of-pocket costs when getting an eye exam and purchasing glasses or contacts.

EyeMed provides primary vision care benefits including eye examinations, prescription eyewear, and contact lenses through a nationwide network of both ophthalmologists and optometrists. EyeMed contracts with both local providers and many national and regional chain locations.

Participation in Vision Insurance is required for the full calendar year; you cannot cancel coverage or delete eligible dependents during the calendar year.

## **SCHEDULE OF VISION INSURANCE BENEFITS**

|   | BASIC PLAN                          |                    | ENHANCED PLAN                       |                 |
|---|-------------------------------------|--------------------|-------------------------------------|-----------------|
| <u>Co-Payments</u>                            | Exam¹                               | \$10               | Exam¹                               | \$10            |
| Services/Frequency                            | Exam                                | 1 per plan year    | Exam                                | 1 per plan year |
|   | Frames                              | 1 per 2 plan years | Frames                              | 1 per plan year |
|   | Lenses                              | 1 per plan year    | Lenses                              | 1 per plan year |
|   | Contact Lenses                      | 1 per plan year    | Contact Lenses                      | 1 per plan year |
| <u>Benefits</u> ⁵                             | <u>In-Network</u>                   | Out-of-Network     | <u>In-Network</u>                   | Out-of-Network  |
| Frames  | \$125 retail allowance <sup>1</sup> | Up to \$91         | \$150 retail allowance <sup>1</sup> | Up to \$105     |
| Contact Lens Fitting (standard <sup>2</sup> ) | \$25 co-pay                         | Up to \$40         | \$25 co-pay                         | Up to \$40      |
| Contact Lens Fitting (premium²)               | \$25 co-pay                         | Up to \$40         | \$25 co-pay                         | Up to \$40      |
| Lenses (standard) per pair:                   |                                     |                    |                                     |                 |
| Single Vision                                 | \$25 co-pay                         | Up to \$30         | \$20 co-pay                         | Up to \$30      |
| Bifocal                                       | \$25 co-pay                         | Up to \$50         | \$20 co-pay                         | Up to \$50      |
| Trifocal                                      | \$25 co-pay                         | Up to \$70         | \$20 co-pay                         | Up to \$70      |
| Lenticular                                    | \$25 co-pay                         | Up to \$70         | \$20 co-pay                         | Up to \$70      |
| Progressive (standard)                        | \$80 co-pay                         | Up to \$50         | \$20 co-pay                         | Up to \$50      |
| Progressive (premium)                         | \$110-200 co-pay                    | Up to \$50         | \$50-195 co-pay                     | Up to \$50      |
| Contact Lenses <sup>3 4</sup>                 | \$120 retail allowance              | Up to \$84         | \$150 retail allowance              | Up to \$105     |

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

<sup>&</sup>lt;sup>1</sup>Exams at Plus Providers are \$0 co-pay. Frame allowances at Plus Providers increase by \$50.

<sup>&</sup>lt;sup>2</sup>Standard includes contact lens fit and two follow-up visits; Premium includes 10% off retail price, then apply \$40 allowance

<sup>3</sup>Conventional & Disposable (in network): \$0 copay; 15% off balance over \$120 allowance; Medically Necessary: \$0 copay; paid in full

<sup>&</sup>lt;sup>4</sup>Contacts – Out of Network: Conventional/Disposable: up to \$84; Medically Necessary: up to \$210

<sup>&</sup>lt;sup>5</sup>Plan allows members to receive either contacts and frames, or frames and lens services

## **Vision Insurance**

## **DISCOUNT FEATURES**

Participants should check the EyeMed provider directory for providers who offer discounts for additional purchases. Discounts may vary by lens type and are subject to change without notice. Discounts do not apply if prohibited by the manufacturer.

#### **LENS OPTIONS**

|                                    | In-Network       | Out-of-<br>Network |
|------------------------------------|------------------|--------------------|
| Anti-Reflective Coating – Standard | \$45             | Up to \$23         |
| Anti-Relective Coating – Premium   | \$57-85          | Up to \$23         |
| Photochromic – Non-Glass           | \$75             | Not covered        |
| Polycarbonate – Standard           | \$40             | Not Covered        |
| Scratch Coating – Standard Plastic | \$15 b/\$0 e     | Not Covered        |
| Tint – Solid and Gradient          | \$15             | Not Covered        |
| UV Treatment                       | \$15 b/\$0 e     | Not Covered        |
| All Other Lens Options             | \$20% off retail | Not Covered        |

#### **OTHER BENEFITS**

- Hearing Care from Amplifon Network: Up to 64% off hearing aids; call 1.877.203.0675 for more information
- LASIK or PRK from U.S. Laser Network: 15% off retail or 5% off promo price; call 1.800.988.4221 for more information

## **Semi-Monthly Vision Insurance Premiums**

|               | BASIC         |        | ENH <i>A</i> | ANCED   |
|---------------|---------------|--------|--------------|---------|
|               | 12 Mon 9 Mon* |        | 12 Mon       | 9 Mon*  |
| Employee Only | \$2.34        | \$3.31 | \$4.74       | \$6.69  |
| Employee &    |               |        |              |         |
| Spouse        | \$4.65        | \$6.57 | \$9.37       | \$13.23 |
| Employee &    |               |        |              |         |
| Child(ren)    | \$4.55        | \$6.43 | \$9.18       | \$12.97 |
| Family        | \$6.92        | \$9.78 | \$13.96      | \$19.71 |

\*9-Month Premiums: Faculty on a 9-month appointment pay an additional premium September through May to prepay for the following summer, paying for 12 months (Sept-Aug) over 9 months (Sept-May).

#### **Find a Provider**

- Go to EyeMed's website at www.eyemed.com
- Click on Find an eye doctor
- Choose Insight network and select either Use My Location or Enter your zip code and select Search by Zip; you can also search by doctor's name or by Online providers/Lasik providers

#### **Additional Information**

Go to the Human Resources website to find additional info about Vision Insurance.

- Go to https://www.uasys.edu/
- Go to "Benefits"
- Click on Health & Wellness -**Vision**
- Click on **EyeMed Vision** Summary Plan Description

#### Whom can I cover?

- Your lawful spouse
- Children from birth to the date they turn 26
- Children include biological child, legally adopted child, stepchild and eligible foster child
- Dependent Eligibility Documentation is required

## How to use the plan -**Network Provider**

- Identify yourself as an EyeMed Vision participant and present your EyeMed ID card.
- The provider will call EyeMed to verify your coverage and obtain an authorization number.
- Network provider handles all claims & paperwork.



## **FSA**





## **Flexible Spending Accounts**







### **Additional Information**

- Go to https://www.uasys.edu
- Go to "Benefits"
- Click on <u>Health &</u>
   Wellness -Flexible
   Spending Accounts
- Click on <u>Flexible Spending</u>
   <u>Accounts Summary Plan</u>
   <u>Description</u>

## **Important FSA Info:**

- There can be no transfer of funds between accounts.
- Expenses must in incurred from the 1st day of the plan year, or your eligibility date, through December 31, or your termination date, whichever comes first.
- You must re-enroll in FSAs every year during the annual enrollment period.
- Reimbursement requests must be made no later than March 31 of the following year.
- If you use your FSA
   Benny Card to pay for
   your healthcare
   expenses, save your
   receipts. You may be
   required to provide
   documentation that it
   was an eligible expense.

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

- Healthcare FSA Employees who participate in the Health Savings Plan are not eligible for the Healthcare FSA. All other benefits-eligible employees are eligible to participate in a Healthcare FSA.
- Dependent (day) Care Account All benefits-eligible employees are eligible to participate in the Dependent Care FSA.

You elect your contribution for the remainder of the calendar year within 31 days of your benefits-eligible appointment date and annually after that during Open Enrollment. Contributions will be deducted from your paycheck exempt from taxes. You will have access to your full Healthcare FSA annual contribution amount at any time during the year.

|                              | Healthcare FSA   | Dependent Care FSA   |
|------------------------------|--|--|
| Eligibility                  | All eligible employees,<br>excluding those participating<br>in the Health Savings Plan   | All eligible employees   |
| 2023 Contribution<br>Maximum | \$2,850  | \$5,000 (married & filing jointly<br>or single)<br>\$2,500 (married and filing<br>separately)  |
| Plan Year Rollover           | Any amount between \$50 up to \$570  | Unused funds are forfeited   |
| Eligible Expenses            | Medical, prescription drug,<br>dental & vision expenses,<br>including copays, coinsurance<br>& 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 & 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 reimbursement claim form & itemized receipt | Receive a reimbursement by submitting a reimbursement claim form & itemized receipt  |

## Additional information about eligible covered services

You can get additional information from the UMR's website at <a href="www.umr.com">www.umr.com</a>. Publications 502 (Health Care Reimbursement) and 503 (Dependent Care) will provide the most detailed information and are available from <a href="www.irs.gov">www.irs.gov</a>.

## **Health Savings Accounts (HSA)**

Once you enroll in the Health Savings Plan, you will open a Health Savings Account (HSA) with Optum Bank. You'll receive a debit card to pay for your eligible health care expenses, along with detailed information about your account.

## 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 or your spouse can't have a Healthcare FSA or Health Reimbursement Account (HRA) in the same year that you have an HSA.
- You can't be eligible for or enrolled in Medicare, covered by TRICARE, or have received Veterans Administration (VA) benefits in the three previous months.
- You can't be claimed as a dependent by someone else.

## What's Right for Me – FSA versus HSA

|                                  | Healthcare FSA   | HSA  |  |  |
|----------------------------------|--|--|--|--|
| 2023<br>Contribution<br>Maximum* | \$2,850 pre-tax Elect contribution amount for the year. No changes allowed during the year without an eligible qualifying event.   | <ul><li>Individual: \$3,850 pre-tax</li><li>Family: \$7,750 pre-tax</li></ul>  |  |  |
| Plan Year<br>Rollover            | Any amount over \$50 up to \$570   | Any amount   |  |  |
| Account<br>Ownership             | Accounts are 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> <li>Your contributions</li> <li>University contributions</li> <li>Transfers</li> <li>Interest</li> <li>Investment income</li> </ul> |  |  |
| Access to Funds                  | Full yearly contribution any time during the plan year   | Only funds deposited in the account  |  |  |
| Reimbursement                    | File eligible claims for the plan<br>year by March 31 of the<br>following year   | HSA funds can be used to pay<br>for any eligible services<br>incurred after your start date  |  |  |
| Eligible<br>Expenses             | Copayments or deductibles, dental care, vision care, qualifying prescriptions, certain medical equipment. For a full list of qualified medical expenses, visit <a href="https://www.irs.gov">www.irs.gov</a> . |  |  |  |

### **2023 UAPB HSA Contributions**

- Individual: Up to \$650
- Family: Up to \$1,200

The employer contribution is pro-rated based on enrollment date.

## It's Your Money

Money in your HSA is always yours – if you don't use your entire balance, it will roll over to the next year. Also, if you leave UAPB employment, you can take the account with you.

\* Includes University contributions to HSA. \$1,000 additional catch-up contribution allowed on HSA if you are 55 or older.

# TLife Insurance

Life insurance provides a payment to family or other beneficiaries in the event of death. Coverage is provided by **Standard Insurance Company (The Standard)**. The University of Arkansas at Pine Bluff provides **Basic Life insurance** to you at no cost. Participation is mandatory and your coverage is equal to one time your Annual Earnings, rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000, not to exceed \$50,000.00.

You may purchase an additional one, two, three or four times your salary (up to a maximum of \$750,000), by enrolling in the <u>Additional Life insurance</u>. You pay 100% of the cost for Additional Life Insurance. For new hire eligibility or for qualified life event changes **IF** the requested life enrollment is <u>less than</u> \$500,000 and <u>less than</u> 3x salary Evidence of Insurability (EOI) is not required.

You may purchase <u>Dependents Life Insurance</u> to cover your eligible family members. The benefit is payable to you in the event of their death. You may choose \$10,000, \$15,000 or \$20,000 coverage for your spouse. Children are covered at one-half of the elected spouse's coverage.

## Whom can I cover? (Dependents Life)

- A person to whom you are legally married.
- Children from live birth to the date they turn 26
- Disabled child (documentation required)
- Children include biological child, legally adopted child, stepchild, foster child, dependent grandchild if living in your home or a child living in your home for whom you are the courtappointed legal guardian.
- Dependent Verification
   Form required

| Coverage   | Semi-Monthly   | / Cost — paid w  | ith after tax dollars  |  |  |  |
|--|--|--|--|--|--|--|
| BASIC LIFE INSURANCE   | Coverage is mandatory & 100% paid by the University.   |  |  |  |  |  |
| ADDITIONAL LIFE  | Coverage is option   | nal & 100% paid  | by the employee.   |  |  |  |
| To calculate your semimonthly premium:  1. Multiply annual salary by 1, 2, 3 or 4 (based on coverage election). Round to next \$1,000. Cap at \$750,000.  2. Divide by 1,000 | Current Age Less than 30 30 but <35 35 but < 40 40 but <45 45 but <50 50 but <55 55 but <60 60 but <65 | \$0.037<br>\$0.053<br>\$0.060<br>\$0.075<br>\$0.112<br>\$0.172<br>\$0.321<br>\$0.493 | 9 Mon<br>\$ 0.049<br>\$0.071<br>\$0.080<br>\$0.100<br>\$0.149<br>\$0.231<br>\$0.428<br>\$0.657 |  |  |  |
| 3. Multiply by Age Rate 4. Divide by 2   | 65 but <70<br>70 and older   | \$0.950<br>\$1.533   | \$1.267<br>\$2.071   |  |  |  |
| 4. Divide by 2   |  | ·  | by the employee.   |  |  |  |
| DEPENDENTS LIFE INSURANCE  | <b>Coverage</b><br>\$10,000<br>\$15,000<br>\$20,000  | <b>12 Mon</b><br>\$1.43<br>\$2.14<br>\$2.85  | <b>9 Mon*</b><br>\$2.01<br>\$3.01<br>\$4.02  |  |  |  |

### Reduction in coverage for Basic Life & Optional Life

- If you reach age 70 but not age 75, coverage reduces by 35% of pre-age 70 coverage.
- If you reach age 75 or more, coverage reduces by 50% of pre-age 70 coverage.

**Worldwide Emergency Travel Assistance** is provided to you and eligible family members as part of your Basic Life Insurance. When traveling for business or pleasure, in a foreign country or 100 miles or more away from home, you can count on getting help in the event of an emergency. This is not an insurance plan and will not pay bills but instead will provide you with assistance.

## **Accidental Death and Dismemberment**

(AD&D)

You may purchase Accidental Death & Dismemberment Insurance for yourself, your spouse and your eligible dependent children in the event of accidental death (full benefit) or dismemberment (partial benefit). Coverage is provided by Standard Insurance Company (The Standard). If you enroll in family coverage, your spouse is covered at 60% of your elected dollar coverage and children are covered at 20% of your elected dollar coverage up to a maximum coverage for children of \$25,000.

Coverage amounts are available in \$25,000 increments up to a maximum coverage of \$300,000.

| Coverage  | Semi-Mont           | hly Cost – p  | paid with after tax | dollars       |
|-----------|---------------------|---------------|---------------------|---------------|
|           | <b>12Mon</b> Single | <u>Family</u> | 9 Mon* Single       | <u>Family</u> |
| \$25,000  | \$0.19              | \$0.38        | \$0.27              | \$0.53        |
| \$50,000  | \$0.38              | \$0.75        | \$0.53              | \$1.06        |
| \$75,000  | \$0.56              | \$1.13        | \$0.80              | \$1.59        |
| \$100,000 | \$0.75              | \$1.50        | \$1.06              | \$2.12        |
| \$125,000 | \$0.94              | \$1.88        | \$1.33              | \$2.65        |
| \$150,000 | \$1.13              | \$2.25        | \$1.59              | \$3.18        |
| \$175.000 | \$1.32              | \$2.63        | \$1.86              | \$3.71        |
| \$200,000 | \$1.50              | \$3.00        | \$2.12              | \$4.24        |
| \$225,000 | \$1.69              | \$3.38        | \$2.39              | \$4.76        |
| \$250,000 | \$1.88              | \$3.75        | \$2.65              | \$5.29        |
| \$275,000 | \$2.06              | \$4.13        | \$2.92              | \$5.82        |
| \$300,000 | \$2.25              | \$4.50        | \$3.18              | \$6.35        |

<sup>\*9-</sup>Month Premiums: Faculty on a 9-month appointment pay an additional premium September through May to prepay for the following summer.

## **AD&D** Coverage

|   |         | 0                                  |                               |
|---|---------|------------------------------------|-------------------------------|
| L | oss of: | Life                               | 100% of Principle Sum Payable |
|   |         | One hand or one foot               | 50% of Principle Sum Payable  |
|   |         | Sight of one eye, speech,          | 50% of Principle Sum Payable  |
|   |         | or hearing in both ears            |                               |
|   |         | Two or more of losses listed above | 100% of Principle Sum Payable |
|   |         | Thumb & index finger of same hand  | 25% of Principle Sum Payable  |
|   |         | Quadriplegia                       | 100% of Principle Sum Payable |
|   |         | Hemiplegia                         | 50% of Principle Sum Payable  |
|   |         | Paraplegia                         | 75% of Principle Sum Payable  |
|   |         |                                    |                               |

## **AD&D** Reduction Due to Age

Coverage reduces by:

- 35% at age 70
- 55% at age 75
- 70% at age 80
- 85% at age 85.

#### AD&D loss must occur:

Within 365 days of the date of the accident.

## **Short-term Disability**

## Short Term Disability income will be reduced by income you receive from:

- Worker's Compensation
- Social Security Benefits
- Unemployment Benefits
- Other income benefits

# You will be considered disabled if you meet the following Own Occupation definition of disability:

- Unable to perform with reasonable continuity the material duties of your own occupation; and
- Suffer a loss of at least 20% in your pre-disability earnings when working in your own occupation.

## Will the Short-Term Disability plan cover preexisting conditions?

The Short-Term Disability plan does not exclude preexisting conditions from coverage. The Optional Short-Term Disability plan does have an Extended Benefit Waiting Period for enrollments more than 31 days from your benefitseligible appointment date:

- The Benefit Waiting Period is 12 months.
- After the first 12 months of coverage the Benefit Waiting Period would then become the longer of 14 days or exhaustion of accumulated leave.

Short-Term Disability benefits assist in replacing earnings in the event of a short-term injury or illness that prevents you from working. Coverage is provided by **Standard Insurance Company (The Standard)**.

**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.

Participation is voluntary and 100% paid by the employee.

Maximum Benefit Period – You can continue to receive Short-Term Disability benefits for as long as you continue to meet the definition of disability up to a maximum of 12 weeks of Short-Term Disability benefits.

Elimination Period – You must be continuously disabled and off work for 14 days, or the exhaustion of your accumulated sick and vacation leave (whichever is greater) before you can begin receiving Short Term Disability benefits. Employees going on Short Term Disability due to childbirth will not have to exhaust their accumulated leave prior to going on Short Term Disability.

| Coverage   | Semi-Monthly Cost – paid with after tax dollars      |  |  |  |
|------------|--|--|--|--|
| BASIC      |  |  |  |  |
| SHORT TERM | Coverage is mandatory & 100% paid by the University. |  |  |  |
| DISABILITY |  |  |  |  |
|            |  |  |  |  |

<u>9-Month Premiums:</u> Faculty on a 9-month appointment pay a higher premium Sept through May to prepay for the following summer.

## **Long-term Disability**

Long Term Disability benefits assist in replacing earnings in the event of a long-term injury or illness that prevents you from working. Coverage is provided by **Standard Insurance Company (The Standard)**.

The University of Arkansas at Pine Bluff at provides **Basic Long-Term Disability** coverage to you at no cost. Participation is mandatory and your monthly benefit would be 60% of your covered salary (salary not to exceed \$20,000).

You may purchase the **Optional Long-Term Disability** plan to cover a salary in excess of \$20,000, up to a maximum covered salary of \$500,000. The maximum benefit is still 60% of the covered salary.

| Coverage     | Semi-Monthly Cost – paid with after tax dollars   |                                 |  |  |  |
|--------------|---|---------------------------------|--|--|--|
| BASIC LTD    | Coverage is mandatory & 100                       | % paid by the University.       |  |  |  |
|              | Coverage is optional & 100% paid by the employee. |                                 |  |  |  |
|              | \$0.47 per \$100.00 of covered pay                |                                 |  |  |  |
|              | Formula for calculat                              | ing semi-monthly cost:          |  |  |  |
| OPTIONAL LTD | 12 Month  | 9 Month*                        |  |  |  |
| OPTIONAL LID | 1. Divide annual salary by 24                     | 1. Divide annual salary by 17   |  |  |  |
|              | 2. Subtract 1,666.67                              | 2. Subtract 2,222.22            |  |  |  |
|              | 1. Divide by 100                                  | 3. Divide by 100                |  |  |  |
|              | 4. Multiply by \$0.430 for cost                   | 4. Multiply by \$0.430 for cost |  |  |  |

\*9-Month Premiums: Faculty on a 9-month appointment pay an additional premium September through May to prepay for the following summer, paying for 12 months (Sept-Aug) over 9 months (Sept-May). Nine-month faculty starting after September will pay a higher premium to adequately fund the following summer.

**Elimination Period** – Disability income begins after 180 days from the last day worked or the end of your accumulated sick leave, whichever is later.

**Maximum Benefit Period** – If approved for LTD benefits, you may receive your monthly benefits for as long as you remain disabled, up to age 65. If your disability begins over age 60, you will be eligible for the following maximum benefit period:

| Age at Disability | <b>Maximum Benefit Period</b>                 |
|-------------------|---|
| 61 or younger     | To age 65 or for 5 years, whichever is longer |
| 62                | 3 years 6 months                              |
| 63                | 3 years                                       |
| 64                | 2 years 6 months                              |
| 65                | 2 years                                       |
| 66                | 1 year 9 months                               |
| 67                | 1 year 6 months                               |
| 68                | 1 year 3 months                               |
| 69+               | 1 year  |

## LTD income will be reduced by the income you receive from:

- Worker's Compensation
- Unemployment Compensation
- Social Security Benefits
- Other income benefits

## Employees who make more than \$500,000 a year

will be given an opportunity at a later date to purchase a private policy to cover their salaries in excess of \$500,000.

## Will the Long-Term Disability plan cover pre-existing conditions?

Any new enrollments will be subject to a 12-month preexisting condition waiting period. Any claims made during the first 12 months of coverage will be considered pre-existing if during the 3-month period prior to your effective date of coverage you:

- Consulted a physician
- Received medical treatment, services or advice
- Undergone diagnostic procedures, including selfadministered procedures
- Taken prescribed drugs or medications

## Critical Illness Insurance

## Pays You Cash For A Qualifying Critical Illness

What's covered with this plan:

How it works:

**UHC's Critical Illness Protection Plan** is designed to provide support in the event you're diagnosed with a covered critical illness.

Earn \$50:

**Wellness Benefit details:** 

| Illness Prote<br>lump-sum p<br>you after yo<br>help you sta<br>bills. There a<br>on how you<br>you receive | Healthcare Crection Plan ser<br>ayment direction diagnosis to<br>by on top of your diagnosis to<br>are no restrictions<br>use the mondary | nds a<br>tly to<br>to<br>our<br>tions<br>ey | Cance<br>renal<br>disea<br>failur<br>musc<br>Partia<br>Later | Benefit: Cancer – non-invas<br>failure, coror<br>se, heart atta<br>e, major orga<br>ular dystroph<br>al Benefits: Ar<br>al Sclerosis (L | sive, chronic<br>nary artery<br>ck, heart<br>n failure,<br>y, stroke<br>myotrophic<br>ou Gehrig's | pay for pre<br>other scree<br>at least 1 o<br>tests to ear<br>for breast o<br>cancer, my<br>cancer, pro | ss benefit heleventive care a<br>enings – comp<br>of the following<br>rn \$50: Blood<br>cancer, colon<br>reloma, ovaria<br>ostate cancer, | and<br>olete<br>g<br>test<br>in<br>or | *A covered spouse can also earn a benefit.  *The benefit will only be partition of the partition of the test performed. The benefit is partition to any other payments you and/or your |                       | nly be paid<br>or year,<br>est<br>enefit is paid<br>other<br>/or your |
|--|---|---|--|---|---|---|---|---------------------------------------|--|-----------------------|---|
| childcare du<br>out-of-pock  | nts, groceries,<br>Iring treatmer<br>et health plan   | nt,   | Fibro<br>Ence  | se), Cerebral<br>sis, Diphtheri<br>phalitis, Multi  | a,  | triglycerides; bone marrow<br>testing; breast ultrasound;<br>chest x-ray; colonoscopy;                  |   | unde<br>*See                          | covered spouse receives under the policy. *See your official critical  |                       |   |
| costs, presci<br>transportati  | -   |   | Tube   | rculosis  |   | _   | od glucose tes<br>moidoscopy;   | st;                                   |  | s plan docum<br>info. | ent for   |
|  |   |   |  | a complete lis  |   |   | stool analysis  |                                       |  |                       |   |
|  |   |   |  | red conditions  |   |   | aphy; pap sme   |                                       |  |                       |   |
|  |   |   |  | ent amounts,  | •   |   | lesterol test to<br>and LDL; stre   |                                       |  |                       |   |
|  |   |   | UTTICL   | al plan docum   | icills.   |   | icycle or treac   |                                       |  |                       |   |
|  |   |   |  |   |   | thermogra   | -   | ,                                     |  |                       |   |
| <b>United Heal</b>   | thCare Volun  | tary Cr                                     | itical I   | llness Semi-N   | Nonthly Premi   |   |   |                                       |  |                       |   |
| Option 1:  | \$10,000  |   |  |   |   |   |   |                                       |  |                       |   |
|  |   | 1:  | 2M Pr  | emiums  |   |   |   | Ġ,                                    | 9M Premiums  |                       |   |
| Age Range  | Emp Only  | EE 8  | •  | EE & Ch   | Family  |   | Emp Only  | EE 8                                  |  | EE & Ch               | Family  |
| Under 25   | \$0.70  | \$1.  |  | \$1.20  | \$1.85  |   | \$0.99  | \$1.                                  |  | \$1.69                | \$2.61  |
| 25-29  | \$0.95  | \$1.  |  | \$1.45  | \$2.35  |   | \$1.34  | \$2.                                  |  | \$2.05                | \$3.32  |
| 30-34  | \$1.30  | \$2.  |  | \$1.80  | \$3.00  |   | \$1.84  | \$3.                                  |  | \$2.54                | \$4.24  |
| 35-40  | \$1.80  | \$3.  |  | \$2.30  | \$4.05  |   | \$2.54  | \$5.                                  |  | \$3.25                | \$5.72  |
| 40-44  | \$2.90  | \$5.  |  | \$3.40  | \$6.30  |   | \$4.09  | \$8.                                  |  | \$4.80                | \$8.89  |
| 45-49<br>50-54   | \$4.70<br>\$6.85  | \$9.  |  | \$5.20<br>\$7.35  | \$10.15<br>\$14.85  |   | \$6.64<br>\$9.67  | \$13<br>\$20                          |  | \$7.34<br>\$10.38     | \$14.33<br>\$20.96  |
| 55-59  | \$9.40  | \$14<br>\$19                                |  | \$9.90  | \$14.85   |   | \$9.67  | \$20                                  |  | \$10.38               | \$20.96   |
| 60-64  | \$13.35   | \$28  |  | \$13.85   | \$28.85   |   | \$13.27   | \$40                                  |  | \$19.55               | \$40.73   |
| 65-69  | \$19.20   | \$39  |  | \$19.70   | \$39.95   |   | \$27.11   | \$55                                  |  | \$27.81               | \$56.40   |
| 70-74  | \$13.68   | \$26  |  | \$13.70   | \$27.13   |   | \$19.31   | \$37                                  |  | \$20.01               | \$38.29   |
| 75+  | \$19.08   | \$34  |  | \$19.58   | \$35.03   |   | \$26.93   | \$48                                  |  | \$27.64               | \$49.45   |
| Option 2:  | \$20,000  | ,   |  |   |   |   | ,   | 7.0                                   |  | ,                     | ,   |
| Age Range  | Emp Only  | EE 8  | k Sp   | EE & Ch   | Family  |   | Emp Only  | EE 8                                  | k Sp   | EE & Ch               | Family  |
| Under 25   | \$1.40  | \$2.  |  | \$2.40  | \$3.70  |   | \$1.98  | \$3.                                  |  | \$3.39                | \$5.22  |
| 25-29  | \$1.90  | \$3.  | 70   | \$2.90  | \$4.70  |   | \$2.68  | \$5.                                  | 22   | \$4.09                | \$6.64  |
| 30-34  | \$2.60  | \$5.  | 00   | \$3.60  | \$6.00  |   | \$3.67  | \$7.                                  | 06   | \$5.08                | \$8.47  |
| 35-39  | \$3.60  | \$7.  |  | \$4.60  | \$8.10  |   | \$5.08  | \$10                                  |  | \$6.49                | \$11.44   |
| 40-44  | \$5.80  | \$11  |  | \$6.80  | \$12.60   |   | \$8.19  | \$16                                  |  | \$9.60                | \$17.79   |
| 45-49  | \$9.40  | \$19  |  | \$10.40   | \$20.30   |   | \$13.27   | \$27                                  |  | \$14.68               | \$28.66   |
| 50-54  | \$13.70   | \$28  |  | \$14.70   | \$29.70   |   | \$19.34   | \$40                                  |  | \$20.75               | \$41.93   |
| 55-59  | \$18.80   | \$39  |  | \$19.80   | \$40.80   |   | \$26.54   | \$56                                  |  | \$27.95               | \$57.60   |
| 60-64  | \$26.70   | \$56  |  | \$27.70   | \$57.70   |   | \$37.69   | \$80                                  |  | \$39.11               | \$81.46   |
| 65-69  | \$38.40   | \$78  |  | \$39.40   | \$79.90   |   | \$54.21   | \$11:                                 |  | \$55.62               | \$112.80  |
| 70-74  | \$27.35   | \$53  |  | \$28.35   | \$54.25   |   | \$38.61   | \$75                                  |  | \$40.02               | \$76.59   |
| 75+  | \$38.15   | \$69  | .05  | \$39.15   | \$70.05   |   | \$53.86   | \$97                                  | .48  | \$55.27               | \$98.89   |

## Critical Illness Insurance

## **UHC Accident Insurance**

Accidental injuries might put a stop to your plans, but the **Accident Protection Plan** can help with the expenses from an unexpected event. If you have a covered injury that requires medical attention, like a burn, concussion or fracture, you'll receive a cash benefit to use any way you choose. Plus, there's a yearly wellness benefit of up to \$50 per year. All you need to do is complete one preventive screening or test.

## What's Covered

Even with health insurance, an accidental injury can cost you thousands of dollars. Lost wages from missing work, health insurance deductibles and daily living expenses can create long-term financial problems. Accident insurance helps cover the added costs you may face following an injury.

Here is a short list of injuries and services that may qualify for a benefit payment:

- Ambulance services
- Emergency room and urgent care
- Doctor visits
- Hospital admission and stays
- Medical appliances (e.g., crutches, wheelchair, walker)
- Rehabilitation
- Burns
- Concussions
- Fractures/dislocations
- Lacerations (cuts)
- Prescriptions
- Organized sports injuries
- · Lodging, travel and childcare

For a complete list of all covered conditions and benefit payment amounts, see your <u>official plan</u> documents.

| Premiums              | Option 1 | Option 2 | Option 3 |
|-----------------------|----------|----------|----------|
| Employee Only         | \$1.91   | \$2.52   | \$3.33   |
| Employee + Spouse     | \$3.03   | \$4.00   | \$5.29   |
| Employee + Child(ren) | \$3.53   | \$4.85   | \$6.57   |
| Employee + Family     | \$5.50   | \$7.50   | \$10.12  |

## **Critical Illness Insurance**

## **UHC Hospital Indemnity Insurance**

Even with health insurance, paying for a hospital stay can mean a lot of money coming out of your pocket to pay for your care. The **Hospital Indemnity Protection Plan** helps take care of that burden. If you receive covered hospital care, such as hospital admission and confinement or staying in the ICU, you'll receive a cash benefit to use any way you choose. Plus, there's a yearly wellness benefit of up to \$50 per year. All you need to do is complete one preventive screening or test.

| Base Plan Benefits      | Option I | Option 2 | Option 3 |
|-------------------------|----------|----------|----------|
| Hospital/ICU Admission* | \$500    | \$1,000  | \$1,500  |
| Hospital Confinement    | \$100    | \$150    | \$200    |
| ICU Confinement         | \$100    | \$150    | \$200    |

For a complete list of all covered conditions and benefit payment amounts, see your official plan documents.

| Employee Only         | \$2.87   | \$4.75   | \$6.63   |
|-----------------------|----------|----------|----------|
| Employee + Spouse     | \$5.67   | \$9.42   | \$13.15  |
| Employee + Child(ren) | \$4.81   | \$8.17   | \$11.54  |
| Premiums              | Option I | Option 2 | Option 3 |
| Employee + Family     | \$8.08   | \$13.67  | \$19.26  |

## Additional wellness benefits may be money in your pocket.

To earn \$50 each year, complete at least one of these screenings or tests:

- Blood test for breast cancer (CA 15-3)
- Blood test for colon cancer (CEA)
- Blood test for myeloma (serum protein electrophoresis)
- Blood test for ovarian cancer (CA 125)
- Blood test for prostate cancer (PSA)
- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- Chest X-ray
- Colonoscopy
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- Serum cholesterol test to determine HDL and LDL levels
- Stress test on a bicycle or treadmill
- Thermography
- Virtual colonoscopy

<sup>\*</sup>If you are enrolled in multiple plans (Critical Illness, Accident, or Hospital Indemnity) and complete more than one of these screenings, you could receive up to \$150 in wellness benefits (\$50 for each exam up to 3 exams).



# **Voluntary Benefits**

Voluntary products are private, individual policies you can purchase directly through the carrier or payroll deduction. The University offers four different voluntary products: **Group Rated Auto/Home Insurance**, **Pre-Paid Legal**, and **Identity Theft**. You may keep the Voluntary Products when you leave University of Arkansas employment by continuing to pay the premium directly to the vendor. All enrollment, questions and claims go directly through the provider, not through Human Resources.

| al<br>in<br>Fa<br>Ti<br>sp<br>b<br>sa<br>* | You have access to auto and home insurance from Farmers Group Select. Take advantage of special discounts and benefits that could save you hundreds.  *no payroll deduction | Gives you access to<br>attorneys who can provide<br>advice or assistance on a<br>variety of legal issues.  | Identity theft is the fastest growing crime in the US. The average victim will spend \$9,650 and 330 hours trying to resolve problems. ID Watchdog offers complete identity theft protection.  |  |
|--|---|--|--|--|
|  |   |  |  |  |
| Plan Features  •                           | cost of your coverage.  • Automatic payment discount  | <ul> <li>Membership includes:</li> <li>Personal legal advice on unlimited issues</li> <li>Letters/calls made in your behalf</li> <li>Contracts &amp; documents reviewed</li> <li>Will, Living Will &amp; Health Care Power of Attorney</li> <li>Moving traffic violations</li> <li>IRS Audit Assistance</li> <li>Trial Defense (If named as defendant in a covered civil action).</li> <li>Uncontested divorce, separation, adoption &amp;/or name change</li> <li>More 24/7 Emergency Access</li> </ul> | ID Watchdog searches billions of data points & alerts you of any changes to your credit, financial transactions, personal information, and more. Additional benefits include social networks alerts, sex offender notifications, and a password manager. ID Watchdog offers a 24/7 Customer Care Center and fully managed resolution services. |  |
| enroll 1-                                  | Contact <b>Farmers</b> at 1-800-438-6381 or online at: www.myautohome.farmers.com/  | Website: www.legalshield.com/ info/uas For questions, contact Stephanie Walker at 870- 295-0417.   | Call 1-866-513-1518 or go to:<br>http://identitybenefits.uas   |  |











You have 31-days from your benefits-eligible appointment date to enroll in coverage. If you don't enroll in coverage during this period, you may need a qualifying event to enroll. You may also need a qualifying event to enroll dependents later. Cancelling coverage or deleting dependents may also require a qualifying event. Remember, all changes must be made with 31 days of the qualifying event and documentation of the qualifying event is **required.** See below for options for enrolling or changing your elections later.

|  | Enroll in Coverage  | Cancel Coverage   | Change Coverage  |
|--|---|---|--|
| Health,<br>Dental &<br>Vision  | Can enroll in coverage with a HIPAA Qualifying event:  Loss of eligibility for other coverage  Employer contributions for other coverage cease  Marriage  Birth or adoption   | <ul> <li>Tax-exempt Premiums - must have a qualifying event:</li> <li>Marriage, birth or adoption</li> <li>Divorce or annulment</li> <li>Spouse beginning or ending employment</li> <li>Employee or spouse employment changes: part-time to full-time or full-time to part-time or going on or off LWOP.</li> </ul> | <ul> <li>Can add dependents with HIPAA Qualifying event:</li> <li>Loss of eligibility for other coverage</li> <li>Employer contributions for other coverage cease</li> <li>Marriage or divorce</li> <li>Death of spouse</li> <li>Birth or adoption</li> <li>Delete dependents (Tax-exempt Premiums) - must have a qualifying event:</li> <li>Marriage, birth, adoption, divorce</li> <li>Spouse or child terminates employment</li> <li>Employee or spouse employment changes: part-time to full-time or full-time to part-time or goes on or off LWOP.</li> </ul> |
| Optional &<br>Dependent<br>Life  | Must complete Evidence of Insurability requirements. Subject to plan approval.  | Can cancel coverage at any time without a qualifying event  | To Increase coverage must complete Evidence of Insurability requirements. Subject to plan approval. Can reduce coverage at any time.   |
| Optional<br>Disability   | Can enroll in Opt STD at any time. LTD only during new hire or open enrollment period. STD subject to Extended Waiting Period & LTD will exclude pre-existing conditions for 1st 12 months                          | Can cancel coverage at any time.  | N/A  |
| AD&D   | Can enroll at any time.   | Can cancel coverage at any time.  | Can change coverage at any time.   |
| Flexible Spending  (All changes must be consistent with your QE, as determined by the administrator) | Health & Dependent Care:  Marriage or divorce  Birth or adoption  Death of spouse Dependent Care Only:  Spouse terminates employment  Employee or spouse employment changes: part-time to full-time or full-time to | Health & Dependent Care:  Marriage or divorce  Birth or adoption  Death of spouse Dependent Care Only  Spouse terminates employment  Employee or spouse employment changes: part- time to full-time or full-time to part-time or on/off LWOP.   | Health & Dependent Care:  Marriage or divorce  Birth or adoption  Death of spouse Dependent Care Only  Spouse terminates employment  Employee or spouse employment changes: part-time to full-time or full-time to part-time or goes on or off LWOP.   |

## **Additional Information**

Coordinating Family Coverage: Employees whose spouses or children are also UA employees must carefully coordinate their benefits enrollment. You cannot be covered as both an employee and the dependent of an employee. Children cannot be covered under both parent's plans.

Keep Your Coverage Current: Remember, it is your responsibility to add new dependents (through marriage, birth, or adoption) to your insurance plans within 31 days of the date of your qualifying event. It is equally important that you delete dependents who become ineligible for coverage (through divorce, children turning 26).

## **Benefits Resources**

| Benefits Area                        | Provider  | Online                                    | Phone                            |
|--------------------------------------|---|---|----------------------------------|
| Retirement                           | TIAA 730 Third Ave New York, NY 10017 Fidelity P.O. Box 770002 Cincinnati, OH 45277 | www.tiaa.org/uasys/ www.fidelity.com/uark | 1-800-842-2252<br>1-800-343-0860 |
| Health Plan                          | UMR<br>115 W Wausau Ave<br>Wausau, WI 54402   | www.umr.com                               | 1-888-438-6105                   |
| Prescription Drug Plan               | MedImpact<br>10680 Treena St<br>5 <sup>th</sup> Floor<br>San Diego, CA 92131        | https://mp.medimpact.com/uas              | 1-800-788-2949                   |
| Dental Plan                          | Arkansas BCBS<br>P.O. Box 2181<br>Little Rock, AR 72203                             | uasdental.blueadvantagearkansas.com       | 1-844-662-2281                   |
| Vision Insurance                     | EyeMed  | www.eyemed.com                            | 1-866-800-5457                   |
| Flexible Spending Accounts           | UMR<br>P.O. Box 8022<br>Wausau, WI 54402  | www.umr.com                               | 1-866-868-0145                   |
| Life, Disability & AD&D<br>Insurance | The Standard<br>920 SW Sixth Ave<br>Portland OR, 97204                              | www.standard.com                          | 1-888-641-7194                   |
| Critical Illness Insurance           | United Healthcare   |   | 1-800-444-5854<br>option 1       |
| Group Rated Auto/Home                | Farmers   | www.myautohome.farmers.com/               | 1-800-438-6381                   |
| Pre-Paid Legal                       | LegalShield   | www.legalshield.com/info/uas              | 1-870-295-0417                   |
| Identity Theft Protection            | ID Watchdog   | www.idwatchdog.com                        | 1-866-513-1518                   |
| Employee Assistance<br>Program       | UAMS  | www.uams.edu/eap/                         | 1-800-542-6021                   |

## **Resources**

## **Other Campus Resources**

| Other Campus Resources   | 1                           |                                    | Lance and a second  | l =  |
|--|-----------------------------|------------------------------------|---|--|
| Services   | Phone                       | Address                            | Web Address   | Email address  |
| Human Resources  |                             |                                    |   |  |
| Benefits     Retirement     Insurance     Retiree Benefits     Leave Benefits – Catastrophic Leave, FMLA, LWOP | 575-8863 or<br>8402         | ADMN 205                           | https://www.uapb.edu/administration<br>/finance_administration/human_resou<br>rces/benefits.aspx  | hrbenf@uapb.edu<br>williamssm@uapb.e<br>du<br>hunterc@uapb.edu   |
| Class/Comp     Classification/Compensation     Employment  | 575-8408                    | ADMN 205                           | https://www.uapb.edu/administration/finance administration/human resources.aspx   | smithld@uapb.edu<br>hickmanc@uapb.ed<br>u                        |
| Employee Services  • Employee Relations  | 575-8405                    | ADMN 205                           | https://www.uapb.edu/administration/fin<br>ance_administration/human_resources.<br>aspx   | hickmanc@uapb,ed<br>u  |
| Payroll  | 575-8403 or<br>8406         | ADMN 103                           | https://www.uapb.edu/administration/fin<br>ance administration/human resources.<br>aspx  https://www.uapb.edu/administration<br>/finance_administration/human_resources/benefits.aspx | blaked@uapb.edu<br>mccoya@uapb.edu<br>payrolloffice@uapb.<br>edu |
| Talent Development     Training & Development     Workday Security Access                                      | 575-8405                    | ADMN 205                           | https://www.uapb.edu/administration/fin<br>ance administration/human resources.<br>aspx   | hickmanc@uapb.ed<br>u  |
| Services   |                             |                                    |   |  |
| Environmental Health & Safety  | 575-8958                    | FAMA                               | https://www.uapb.edu/administration/fin<br>ance_administration/facilities_managem_<br>ent.aspx_   | finleye@uapb.edu   |
| Facilities Management  | 575-8831                    | FAMA                               | https://www.uapb.edu/administration/fin<br>ance_administration/facilities_managem<br>ent.aspx   | langleyt@uapb.edu  |
| Health Center  | 575-7107                    | INFIRMARY                          | https://www.uapb.edu/administration/student affairs/health services.aspx  | holmesb@uapb.edu   |
| Human Resources  | 575-8400                    | ADMN 222                           | https://www.uapb.edu/administration/fin<br>ance_administration/human_resources.<br>aspx   | williamssm@uapb.e<br>du  |
| ID Card Office   | 575-8104                    | POLICE<br>HEADQUARTER              | https://www.uapb.edu/administration/student affairs/police and public safety.aspx   | ferrellll@uapb.edu   |
| Mailing Services   | 575-7158 or<br>7159         | MAIL CENTER                        |   | dockettd@uapb.edu  |
| Parking & Transit  | 575-8104                    | POLICE<br>HEADQUARTER              | https://www.uapb.edu/administration/student_affairs/police_and_public_safety.aspx   | ferrellll@uapb.edu   |
| Telephone Services   | 575- 4773                   | ADM BO01                           | techservices@uapb.edu   | ttechservices@uapb<br>_edu                                       |
| Treasurer's Office   | 575-8866                    | ADMN 1                             |   | chilkdsa@uapb.edu  |
| UAPB Account Username  | 575-2905                    | ADM BO01                           | techservices@uapb.edu   | techservices@uapb.   |
| AM&N/UAPB Federal Credit Union   | 575-2173                    | 1410 University<br>Drive           | https://uapbfcu.virtualcu.net/  | uapbfcu@sbcgobal.<br>net   |
| Watson Memorial Library  | 575-4525                    | Library                            | https://www.uapb.edu/administration/ac<br>ademic affairs/john brown watson me<br>morial library.aspx  | donaldsonm@uapb.<br>edu  |
| University IT Services   | 575-4773                    | ADMBO01                            | techservices@uapb.edu   | techservice@uapb.e<br>du   |
| U of A Police Department   | 575-8102                    | POLICE<br>HEADQUARTER              | https://www.uapb.edu/administration/student_affairs/police_and_public_safety.aspx   | allenIm@uapb.edu   |
| Arkansas Employee Assistance Program   | 800-542-6021                |                                    | www.uams.edu/eap  | hunterc@uapb.edu   |
| Office of Equal Opportunity and Compliance   | 575-8053                    | Delta, Room 112                    | titlix@uapb.edu   | davistn@uapb.edu   |
| Workday training, support and help   | 575-8402                    | ADM 205                            |   | williamssm@uapb.e<br>du  |
| Miscellaneous  | E7E 00E 4                   | Devis Out Heles                    | https://www.ananasastastastastastastastastastastastastas  |  |
| Cafeteria (Meal Plans) Follett Bookstore   | <b>575-8954</b><br>575-8856 | Davis Sut. Union  Davis Stu. Union | https://uapb.campusdish.com/ https://www.bkstr.com/arkansasatpinebl   |  |
|  |                             |                                    | uffstore  | ion askle Over 1   |
| Athletics Ticket Sales   | 575-8601                    | Stadium                            | https://uapblionsroar.com/  | jonesbk@uapb.edu   |

## Resources



Workday is a self-service site that allows employees to view their personal payroll, benefits and leave information.

From Workday you can:

- Enroll in, update, or view your UA Benefits (insurance and retirement)
- View, print or email earning statements
- View, print or email leave reports
- View, print or email hourly time sheets
- Create or update direct deposit information
- Update home or campus address and phone
- Update W4 information

To log on to Workday employees must have a UARK email and password.







## TIME OFF IN CO







## **Annual Leave**

Twelve-month benefit-eligible employees will earn annual leave based on the following schedule. If the position's FLSA status is exempt, you will accrue 15 hours of annual leave per month if the position's FLSA status is non-exempt will accrue according to years of service.

| Beginning             | Through               | Monthly  | Annually  |
|-----------------------|-----------------------|----------|-----------|
| 1 <sup>st</sup> year  | 3 <sup>rd</sup> year  | 8 hours  | 12 days   |
| 4 <sup>th</sup> year  | 5 <sup>th</sup> year  | 10 hours | 15 days   |
| 6 <sup>th</sup> year  | 12 <sup>th</sup> year | 12 hours | 18 days   |
| 13 <sup>th</sup> year | 20 <sup>th</sup> year | 14 hours | 21 days   |
| 21 <sup>st</sup> year |                       | 15 hours | 22.5 days |

Benefits-eligible non-classified staff who are on a 12-month position and are 100% appointed will accrue 15 hours of annual leave a month or 22.5 days a year. Individuals on a 9-month or 10-month appointment do not earn annual leave.

## **Sick Leave**

Benefits-eligible employees who are 100% appointed will accrue 8 hours of sick leave a month. Employees who are 50%-99% appointed will accrue sick leave on a prorated basis based on their percentage of appointments.

#### **Additional Information**

To log in to Workday go to: http://myapps.microsoft.com/

- \*\_login with your institution credentials for Office 365 (you may be prompted to authenticate via Multi-Factor Authentication or set up MFA if you have not done so previously)
- \* locate and click the **'Workday' icon** from the available applications list
- \*you will automatically be logged into Workday

#### The maximum annual leave

that can be transferred to a new calendar year or paid out at termination is 240 hours.

#### **Prior State Service**

If you have worked for another Arkansas state agency or state-supported institution of higher education in an eligible position, you may be given credit for your years of full-time service. Complete the "Prior Service Notification & Authorization" form.

## The maximum sick leave

that can be transferred to a new calendar year is 960 hours.



















You must be in a paid status (not on leave without pay except for FMLA, Worker's Compensation) on your normally scheduled work day before the holiday and after the holiday to be eligible for the paid holiday.

### **Holidays in Workday**

Holidays are loaded for you into Workday during the month in which the holidays occur. If you end up working the holiday, you will need to make an adjustment to your holiday entry and the remaining hours will be moved to annual leave at the end of the month.

## **Holidays**

There are ordinarily twelve official paid holidays and one or two additional days when the University is closed and which are charged to your annual leave. The usual schedule includes the following holidays:

- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving Day (4<sup>th</sup> Thursday in November)
- Day after Thanksgiving\* (Friday after the 4<sup>th</sup> Thursday in November)
   \*If approved by Governor.
- Christmas Eve (December 24)
- Christmas Day (December 25)
- Christmas Holiday (In lieu of Veteran's Day)
- Christmas Holiday (In lieu of employee's birthday)
- Christmas Holiday (1-6 days charged to annual leave as needed)
- New Year's Day (January 1)
- Dr. Martin Luther King's Birthday (4<sup>th</sup> Monday in January)
- Friday of Spring Break
- Memorial Day

When a holiday (except December 25) falls on a Saturday, the preceding Friday is observed; when December 25 falls on a Saturday the following Monday is observed. When a holiday (except December 24) falls on a Sunday, the following Monday is observed.



## **Eligibility**

All full-time (100% appointed) active benefits-eligible employees, their spouses, and their eligible dependent children (as defined by the Internal Revenue Service) are eligible for a reduction in tuition. Employees cannot be on leave without pay other than workers' compensation, military or family medical leave. Eligibility begins with the final day of regular registration following continuous employment in a full-time position with the University for one complete fall or spring semester.

## **Employee Discount**

UAPB employees who begin taking classes, resume taking classes, or begin a new degree program after May 1, 2017, will receive a 50% reduction in, but will be limited to no more than 132 discounted credit hours for undergraduate classes and no more than 72 discounted credit hours for graduate classes. All discounts from previous enrollment are applicable to the 132 undergraduate and 72 graduate benefit hours cap. Eligible employees can receive a 50% discount for undergraduate courses only taken at any other University of Arkansas campus, up to 132 credit hours.

## **Dependent Discount**

Spouses and eligible dependent children will receive a 50% discount for undergraduate classes only, up to 132 credit hours. Spouses and eligible dependent children can receive a 40% discount in undergraduate classes (limited to 132 credit hours) at any other campus of the University of Arkansas.

### **Exclusions & Limitations:**

- Employee discount applies to Resident Tuition and miscellaneous student fees only; no discount for college, course, or distance education fees. Fees for credit classes only, audited classes on a space available basis only.
- Spouse/dependent discount applies to Resident Tuition only. No student fees are waived.
- Payroll deduction available for the remaining balance after the discount is applied.
- Tuition discount does not apply to Law School, Medical School or self-paced courses.
- Total employee enrollment at reduced rates shall not exceed 11 semester credit hours per fall and spring semester and a total of 6 semester credit hours during the summer terms.
- Employees can request supervisor approval for up to five hours of release time to attend one class per semester during working hours. Additional classes taken during regular working hours must be made up with flex time or annual leave.

#### Is this benefit taxable?

Per IRS Code section 127, if your employer pays more than \$5,250 for educational benefits for you during the calendar year, you must pay tax on the amount over \$5,250. Any amount over \$5,250 per calendar year will be taxed by the University.

## **Dependent Eligibility**

The dependent student must be your lawful spouse or a dependent child as defined by the IRS. A dependent child per the IRS is a full-time student under the age of 24 at the end of the year or the student is permanently or totally disabled. You may be requested to furnish documentation to confirm your dependent's eligibility.

#### Waivers:

A new waiver is required for each fall, spring and summer semester.

## **Arkansas Employee Assistance Program**

#### Contact the EAP at:

1-479-973-9072 1-501-686-2588 1-800-542-6021 www.uams.edu/eap

The EAP is not involved in grievance or disciplinary problems and is not designed to replace any Human Resources or management procedures. The EAP does not provide long-term psychotherapy or court-ordered treatment.

**Retiree Health Insurance** 

- Retirees not Medicare eligible will be in the same plan as active employees.
- Retirees Medicare eligible will participate in the UA United Healthcare Medicare Advantage Plan.
- Retirees Medicare eligible must be enrolled in Medicare Parts A & B.
- Retirees pay 100% of the premium.

## **Eligibility for Retiree ID**

- Age 65 or older with 5 continuous years of service,
- Age 62 or older with 10 continuous years of service,
- Any age with 20 years of continuous service.

Benefits-eligible University employees and their eligible family members have access to an Employee Assistance Program (EAP). Your privacy is protected by state and federal law and professional standards of confidentiality. Any records or notes remain within the EAP and are not part of your personnel file or medical records.

The University of Arkansas at Pine Bluff pays the entire cost of this program. If you are referred by the EAP to a community resource in a specialized area and you choose to participate in this program, you will be responsible for the costs.

The EAP is a good place to start when you are facing problems. Your first appointment provides an opportunity for you and the EAP consultant to identify the problem by working together to begin to outline solutions. The EAP provides counseling, information and referrals for employees in the areas of:

- Stress Management
- Relationships
- Grief/bereavement
- Substance abuse
- Life balance

- Elder care
- Personal/emotional concerns
- Compassion fatigue
- Work-related issues
- Anger management

The EAP helps supervisors, managers and employees troubleshoot problems and provides training and educational programs to improve the overall health and wellness of the organization.

## **Steps to Retirement**

| Step 1                     | Step 2                                 | Step 3                        | Step 4                   | Step 5                      |
|----------------------------|--|-------------------------------|--------------------------|-----------------------------|
| Consult with TIAA/Fidelity | Consult with<br>the Benefits<br>Office | Determine your<br>Eligibility | Submit Benefits<br>Forms | Enjoy your retiree benefits |

To qualify to purchase retiree insurance, employees must meet, at the time they leave University employment, one of two retiree insurance eligibility criteria:

- 10-70-10 Rule Has been employed by the UAPB for 10 consecutive years in a benefits-eligible position, has a combination of age and years of service totaling 70 and has participated in the applicable insurance plan for 10 consecutive years, all immediately prior to retirement. Retirees who meet these criteria can keep health, dental, and vision insurance.
- 5-65-5 Rule Has been employed by the UA for 5 consecutive years in a benefits-eligible position, is age 65 or older at the time of retirement and has participated in the applicable insurance plan for 5 continuous years, all immediately prior to retirement. Retirees who meet these criteria can keep health, dental, and vision insurance.