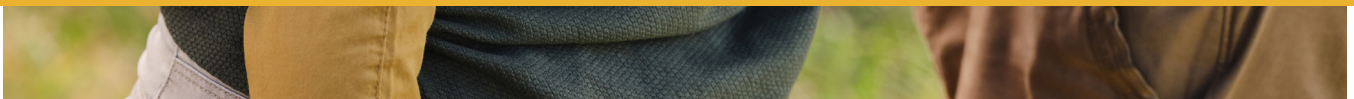




2026 **Open Enrollment** **Decision Guide**

University of Arkansas System



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What's New for 2026

Classic and Premier Medical Plans

Due to the rising cost of health care, there will be some minor increases to the Classic and Premier Plan deductibles and out-of-pocket maximums. In addition, there will be some minor increases to primary care office visit, specialist office visit and ambulance copays. See page 5 for details on the plan changes.

Health Savings Plan

The Health Savings Plan individual annual deductible will increase to \$3,400 (from \$3,300).



2026 Open Enrollment Is October 20 – November 3, 2025

If you want to make changes to your coverage, add or remove dependents, or contribute to a Flexible Spending Account (FSA), you **must** enroll. Changes made during open enrollment will be effective January 1, 2026.



New ID Cards

Everyone enrolled in a university medical plan will receive a new medical ID card for 2026. The expected mail date is the last week of 2025.

Wellness Program

You must enroll by November 3, 2025, to participate in the Live Well Reward\$ Wellness Program in 2026. Annual enrollment is required; your current enrollment will not roll forward into 2026. You must have an active UMR account to enroll in the Wellness Program—if you are adding medical coverage for the first time in 2026, you will need to wait until 2027 open enrollment to enroll in the Wellness Program.

Use it or lose it. Wellness program reward points do not roll over each year. Visit umr.com to convert your points to gift cards by November 30, 2025, before you lose them!

UnitedHealthcare Supplemental Plans

Critical Illness Insurance

Enhancements to the Critical Illness Insurance benefit for 2026 include a cancer reoccurrence benefit, a skin cancer benefit and a \$50 per covered child wellness benefit for completing an eligible screening or exam.

Accident Protection Insurance

Enhancements to the Accident Insurance benefit for 2026 include additional common injuries, a caregiver benefit, a pet boarding benefit and a \$50 per covered child wellness benefit for completing an eligible screening or exam.

The information provided in this guide is of a general nature only and does not replace or alter the official rules and policies contained in the official plan documents that legally govern the terms and operation of the University of Arkansas 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.



What You Need To Do

Review Your Options

- Attend the virtual benefits fair at benefitsfair.uasys.edu.
- Contact your campus Human Resources Office with any questions.
- Review your current benefits, then consider any major life events and/or anticipated medical or dental expenses that might affect next year's benefit needs for you and your family.
- Carefully compare and contrast the three medical plans to ensure that you make the best choice for your situation.

Making Your 2026 Elections

Complete your enrollment through Workday. Your open enrollment event will be available to you in Workday on October 20, 2025.

- Opt into the UMR Live Well Reward\$ wellness program on umr.com between October 1 and November 3, 2025, to avoid higher 2026 out-of-pocket limits. See page 6 for details.
- To enroll, make changes to your benefits coverage or contribute to a Flexible Spending Account, visit the **2026 Open Enrollment** page under **Enrolling** at uasys.edu/benefits, or contact your campus Human Resources Office for enrollment details.



Medical and Prescription Drug Benefits

Your three medical plan options — the Health Savings Plan, the Classic Plan and the Premier Plan — all:

- Cover the same care and services, including no-cost preventive care.
- Offer a nationwide network of providers and facilities.
- Include prescription drug coverage through **MedImpact**, which has a nationwide network of pharmacies, including most chain and local, independent pharmacies.

See page 5 for coverage details.

The Health Savings Plan and the Premier Plan offer coverage for out-of-network care; the Classic Plan does not.

Find Helpful Information on Choosing Coverage

It is important to think carefully about which plans will be best for you and your family for 2026. Visit the **Choosing Coverage** page under **Health** at uasys.edu/benefits for examples of out-of-pocket costs for three employees with different health care needs. The scenarios include comparisons of all benefits: medical, dental, vision and disability. There's also helpful information on how to choose the best medical plan, including:

- Anticipating your medical costs
- The Health Savings Account versus the Healthcare Flexible Spending Account
- Premiums



To find an in-network provider, visit umr.com/oss/cms/UMR/UAS and select **Search for a provider**, or call UMR at 888-438-6105.

Coverage for Disabled Dependents

The university offers coverage for disabled dependents after they turn 26, **if, before your disabled child turns 26**, UMR certifies that they were disabled **before their 26th birthday**. For your disabled dependent to be eligible for coverage, you must be an eligible employee of the university, and your dependent must have been enrolled in coverage before their 26th birthday. Visit uasys.edu/benefits for details.

Classic Plan

This plan has midrange monthly premiums.

How the Plan Works

- You pay copays for doctor and specialist visits, certain other expenses and prescription drugs.
- You pay all other expenses in full until you meet your annual deductible.
- Once you meet your annual deductible, you and the university share the cost of covered services. This excludes preventive care, which is fully covered by the plan.
- If you reach the medical annual out-of-pocket maximum, the plan pays 100% of all eligible expenses for the rest of the plan year.
- Benefits are not paid for services received outside the network, except in emergencies.

Premier Plan

Of all the medical plan options, this plan has the highest monthly premiums but the lowest out-of-pocket costs when you receive care from in-network providers.

How the Plan Works

- You pay copays for doctor and specialist visits, certain other expenses and prescription drugs.
- You pay all other expenses in full until you meet your annual deductible.
- Once you meet your annual deductible, you and the university share the cost of covered services. This excludes preventive care, which is fully covered by the plan.
- If you reach the medical annual out-of-pocket maximum, the plan pays 100% of all eligible expenses for the rest of the plan year.
- You have the option to see out-of-network providers, but you will pay more for your care.

Health Savings Plan

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

How the Plan Works

- You pay for all medical and prescription drug expenses until you reach the annual deductible, excluding preventive care which is covered fully by the plan. You can use money from your HSA to pay for these expenses.
- Once you meet the annual deductible, you and the plan share the cost of covered medical and prescription drug expenses through coinsurance.
- If you reach the medical annual out-of-pocket maximum, the plan pays 100% of all eligible expenses for the rest of the plan year.
- You have the option to see out-of-network providers, but you will pay more for your care.
- **Important:** You cannot contribute to the HSA if you have other medical coverage, including Medicare or TRICARE. Review eligibility rules on the **Health Savings Account** page under **Health** at uasys.edu/benefits.

2026 HSA Contribution Maximums

Contribution maximums include university contributions (see top of right column) and your optional payroll-deducted pretax contributions.

- Individual: \$4,400 pretax
- Family: \$8,750 pretax
- \$1,000 additional catch-up contribution allowed if you will be age 55 or older by December 31, 2026



What's Right for You? IRS rules say that you can't participate in a general-purpose Healthcare FSA and an HSA at the same time. The HSA has many attractive features compared to a Healthcare FSA. However, an HSA is available only if you elect the Health Savings Plan. For more information, including an HSA/FSA comparison, visit the **Health Savings Account** page under **Health** at uasys.edu/benefits.

Using the Health Savings Account

Once you're enrolled in the Health Savings Plan, you **must** open a Health Savings Account with Optum Bank. **If you do not open an account with Optum Bank, you may forfeit the university's contribution to your HSA.** You'll receive a debit card to pay for your eligible health care expenses, along with detailed information about your account. You must accept the terms of an HSA through Optum Bank.

University Contributions

The university will contribute up to \$650 for individual coverage or up to \$1,200 for family coverage to your HSA. University contributions are paid based on your campus pay-period schedule. Contributions for new hires will be prorated based on your benefits start date. These contributions are tax-free!

Your Own Contributions

You can have pretax contributions deducted from your paycheck and deposited directly into your HSA. However, your contributions plus university contributions cannot exceed the IRS annual contribution maximum (see "2026 HSA Contribution Maximums" in left column).

Contributing to the Health Savings Account

If you want to make changes to your Health Savings Account contribution, you will need to log in to Workday to make the change. You can change your contribution amount at any time during the year.

Pay for a Variety of Health Care Expenses

You can use your HSA to pay eligible medical, prescription drug, dental, vision and hearing expenses. HSA payments for qualified health care services are tax-free. For a full list of qualified expenses, visit irs.gov/forms-pubs/about-publication-969.

It's Your Money

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

Account Growth

Your HSA grows through:

- Contributions made by the university
- Optional pretax (payroll deducted) and post-tax contributions made by you
- Transfers from any existing HSAs that you have
- Interest and investment earnings once your account balance reaches a certain amount



Your HSA Is Always Yours

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

Medical Plans Comparison

This table shows what you pay for health care services under each medical plan, assuming you see in-network providers. **Note that you can lower these costs by opting into UMR Live Well Reward\$ and/or participating in SmartCare.** See page 6 for details. Changes for 2026 are shown in **red** below.

	Classic Plan	Premier Plan	Health Savings Plan
2026 Annual University HSA Contribution			
Individual	No contribution	No contribution	\$650
Family	No contribution	No contribution	\$1,200
Annual Deductible			
Individual	\$1,400	\$850	\$3,400
Family	\$2,800	\$1,700	\$6,000
Annual Out-of-Pocket Maximum			
Individual	\$5,300	\$3,250	\$6,750
Family	\$10,600	\$6,500	\$13,300
Medical Service			
Coinsurance	25%	20%	10%
PCP Visit	\$40	\$30	10% after deductible is met
Specialist Visit	\$60	\$50	10% after deductible is met
Preventive Care	No cost	No cost	No cost
Urgent Care	\$55	\$50	10% after deductible is met
Emergency Room	25% after deductible is met and \$350 copay (waived if admitted)	20% after deductible is met and \$350 copay (waived if admitted)	10% after deductible is met
Ambulance	\$150 (waived if admitted)	\$150 (waived if admitted)	10% after deductible is met
Advanced Imaging*	25% after deductible is met and \$150 copay	20% after deductible is met and \$100 copay	10% after deductible is met
Outpatient Surgery	25% after deductible is met and \$160 copay	20% after deductible is met and \$80 copay	10% after deductible is met
Inpatient Services**	25% after deductible is met and \$300 copay	20% after deductible is met and \$300 copay	10% after deductible is met
Infertility Treatment and Services***	25% after deductible is met	20% after deductible is met	10% after deductible is met
Speech, Occupational and Physical Therapy (30-visit combined maximum)	25% after deductible is met and \$55 first-visit evaluation copay	20% after deductible is met and \$45 first-visit evaluation copay	10% after deductible is met
Prescription Drugs			
Tier 1	\$18	\$14	10% after deductible is met
Tier 2	\$62	\$57	10% after deductible is met
Tier 3	\$97	\$92	10% after deductible is met
Prescription Drug Out-of-Pocket Maximum			
Individual	\$1,900	\$1,900	Combined with medical annual out-of-pocket maximum
Family	\$3,800	\$3,800	

* Prior authorization required.

** Includes semiprivate room and board, intensive care room and board, ancillary charges and maternity inpatient charges.

*** \$20,000 medical services and \$10,000 prescription drug lifetime maximums.



Staying In-Network Saves You Money. The Health Savings Plan and Premier Plan offer coverage for out-of-network services, but your out-of-pocket expenses will be higher. See the **Medical** page under **Health** at uasys.edu/benefits for more information on out-of-network coverage.

Pay Less for Your Medical Care

Why pay more than you have to for medical care? SmartCare and the wellness program help you save money on your medical plan costs. Review program highlights on this page, and then visit the program pages under **Health** at uasys.edu/benefits.

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. What you save depends on the medical plan you select, but it ranges from lower coinsurance, deductibles and out-of-pocket maximums to reduced copays.

No need to sign up for SmartCare — your savings are automatic when you use a SmartCare provider. When you need a service, just visit the **SmartCare Program** page under **Health** at uasys.edu/benefits. You'll find a link to a provider search tool to search by clinic, institution, department, specialty and more. Also visit the **SmartCare Program** page for details on what you'll save, how the program works and how to make an appointment.

If you are a new hire or enroll in medical benefits for the first time on or after October 1, 2025, you are not eligible to enroll in Live Well Reward\$ for the 2026 plan year. You can enroll during 2027 open enrollment in the fall of 2026.

UMR Live Well Reward\$ Wellness Program

To qualify for lower out-of-pocket limits and earn wellness rewards, you must log in to umr.com and opt into UMR's Live Well Reward\$ wellness program by November 3, 2025. **If you don't opt in by November 3, 2025, you won't be eligible for wellness savings or rewards in 2026!**

The UMR Live Well Reward\$ wellness program offers incentives for completing a range of activities, including:

- Preventive care (annual wellness visits and screenings)
- Wellness activity center events and action plans
- And more

You'll receive \$50 per activity or event, up to \$500. Just log in to umr.com to see the full list.

Wellness rewards are for employees only; dependents cannot receive incentives.

You can redeem reward points for digital and physical gift cards, popular merchandise, travel vouchers and more.

Important: Reward points do not roll over each year; you must use your reward points by November 30, 2025, or you will lose them!

If you need assistance with login issues or rewards, call UMR at 800-826-9781. For all other questions, call 888-438-6105.

Lower Out-of-Pocket Maximums

If you are enrolled in the Classic Plan or the Premier Plan, opting into UMR Live Well Reward\$ means you will automatically receive a lower medical out-of-pocket maximum for your university medical plan.



Real Appeal: Get Real About Your Health

Are you looking to learn more about nutrition and healthy eating? What about exercising and getting in shape? Real Appeal is an online weight loss program available through the university health plan at no additional cost to you. However, it's about so much more than just losing weight.

Through the program, you get a year of personalized support from a Transformation Coach. The coach will work with you to make a plan that considers your individual health needs and meets your personal goals; then you'll be guided in the right direction. Real Appeal focuses on commitment, compassion and small, manageable steps. This customized program helps you achieve realistic and lasting results — for your body, your health and your peace of mind. Plus, Real Appeal ensures that you're not facing this challenge alone.

You get access to a digital content library that has workout videos, tracking tools, progress reports, recipes and more. Real Appeal sends you FREE stuff, like food and body weight scales.

There's no harm in giving it a try (remember, it's available at **no cost** through the health plan, if you meet certain criteria). Visit realappeal.com to register, or find more information on the **Wellness** page under **Health** at uasys.edu/benefits.



Dental Coverage

The university's dental plan, administered by Arkansas Blue Cross and Blue Shield, offers nationwide, in-network coverage for basic, restorative, preventive and orthodontia services. If you don't use your annual benefit maximum during the year, you can accrue up to \$1,500 of the unused benefits for use in future years.

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

Plan Features	Select PPO Plus Network
Annual Deductible	\$50 per person (\$100 maximum per family)
Annual Maximum Benefit	\$1,750 per person
Preventive Care: cleanings, exams, X-rays	No cost; university covers in full
Basic Care: fillings, extractions, root canals	20% after the deductible
Major Care: crowns, bridges, partials, implants	50% after the deductible
Orthodontia	
Deductible	None
Lifetime Maximum	\$2,000
Coinsurance	50%



Save Money With In-Network Care

If you visit an out-of-network dentist, you will pay more for services, plus 100% of the difference between the full out-of-network cost and the reasonable and customary level set by Arkansas Blue Cross and Blue Shield. You'll always save money by visiting an in-network dentist.



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

Vision Insurance

The university's vision plan, administered by EyeMed, covers eye examinations, prescription eyewear and contact lenses. You have two options for vision coverage: the **Basic Plan** and the **Enhanced Plan**. You have the option to see providers in the EyeMed national network or out-of-network providers; however, you'll always pay more for out-of-network services.

Save More with EyeMed PLUS Providers

PLUS Providers are in the EyeMed network and help you boost your vision care savings — like offering a free eye exam and an additional \$50 frame allowance. When you search for providers on the EyeMed website, PLUS Providers are indicated with this icon: 

The table below shows what you will pay for in-network care.

	Basic Plan	Enhanced Plan
Routine Eye Exam at PLUS Provider (once per year)	\$0	\$0
Routine Eye Exam (once per year)	\$10	\$10
Contact Lens Fitting (standard) (once per year)	\$25	\$25
Frame at PLUS Provider	\$175 allowance, then 20% off balance; once every other year	\$200 allowance, then 20% off balance; once per year
Frame	\$125 allowance, then 20% off balance; once every other year	\$150 allowance, then 20% off balance; once per year
Lenses (one pair per year)		
Single Vision	\$25	\$20
Bifocal	\$25	\$20
Trifocal	\$25	\$20
Lenticular	\$25	\$20
Progressive (standard)	\$80	\$20
Anti-Scratch Coating (standard)	\$15	\$0
Ultraviolet Coating	\$15	\$0
Contact Lenses (in lieu of eyeglass lenses)		
Contacts (conventional)	\$120 allowance, then 15% off balance	\$150 allowance, then 15% off balance
Contacts (disposable)	\$120 allowance	\$150 allowance
Contacts (medically necessary)	\$0	\$0



Finding a Provider

To find a provider, go to eyemed.com and select **Find an eye doctor**. Then, choose the **Insight Network** from the drop-down menu. You can search by location or doctor name.

For assistance on the go, download the EyeMed members app. For assistance with LASIK, call 800-988-4221.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are tax-advantaged accounts that you can use to pay for eligible medical, prescription drug, dental, vision, hearing and dependent day care expenses, even if you are not enrolled in a university medical plan. Your contributions to an FSA are deducted from your pay before taxes, which lowers your taxable income. You have two FSA options:

- Healthcare FSA
- Dependent Care FSA

You will elect your yearly contribution amount during open enrollment. Contributions will be taken in equal amounts from your paychecks starting January 1, 2026. During the year, you will not be able to make changes to your contribution amount unless you have a qualifying life event.

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

You must use Dependent Care FSA funds for eligible dependent children or adults. Do not enroll in the Dependent Care FSA if the eligible expenses listed below do not apply to your situation.

	Healthcare FSA	Dependent Care FSA
Eligibility	All eligible employees (employees in the Health Savings Plan CANNOT have a Healthcare FSA)	All eligible employees
Contribution Maximum	\$3,300*	\$7,500 per household
2026 Plan Year Rollover	• For the 2026 plan year, incur expenses by March 15, 2027 • Submit expenses for reimbursement by March 31, 2027 • After March 31, 2027, up to \$660 of unused 2026 funds will roll over to the following year; additional funds are forfeited	• For the 2026 plan year, incur expenses by March 15, 2027 • Submit expenses for reimbursement by March 31, 2027 • After March 31, 2027, unused funds are forfeited
Eligible Expenses	Medical, prescription drug, dental, vision and hearing expenses, including copays, coinsurance and deductibles	Dependent care expenses for day care or after-school care expenses for a child under age 13, an elderly person or a person with disabilities, as long as you claim that person as a dependent on your tax return. Expenses must be incurred because you and your spouse are working or looking for work, or you work and your spouse attends school full time.
Paying for Expenses	Pay for expenses directly with a UMR FSA debit card OR receive reimbursement by submitting a Flexible Benefit Plan Reimbursement Form	Receive a reimbursement by submitting a Flexible Benefit Plan Reimbursement Form

* As of the publication date of this guide, the IRS has not issued updated limits for 2026. Given campus-level coding and publication deadlines, the university will apply 2025 maximums in 2026.

If you elect the Health Savings Plan with HSA, you **cannot** contribute to a Healthcare FSA. Consider which savings account is right for you and your family before making the switch. For a comparison of the FSA and HSA, see the **Health Savings Account** page under **Health** at uasys.edu/benefits.



If you are currently enrolled in the Healthcare FSA and plan to enroll in the Health Savings Plan with HSA for 2026, you must use the money in your current Healthcare FSA by **December 31, 2025**. You will have the option of waiving the automatic rollover of any remaining FSA funds so that you can have an HSA in 2026.

Supplemental Health Insurance Plans

Critical Illness Insurance

- Provides financial support if you or a covered family member is diagnosed with a covered illness, including cancer, renal failure, heart attack, stroke and a wide variety of other illnesses.
- Use payments for bills, groceries, prescriptions, transportation and more.
- You and your covered children can earn a \$50 per person financial incentives for completing health screenings.

Eligibility: Benefits-eligible employees

When To Enroll: Enroll for critical illness insurance during your new-hire eligibility period or during open enrollment.

Hospital Indemnity Insurance

- Offers financial compensation if you are admitted into the hospital or ICU and file a claim.
- Use to pay your bills or living expenses or to add to your Health Savings Account (HSA).
- Earn \$50 per year for completing one preventive test, such as blood work, mammograms and other screenings.

Eligibility: Benefits-eligible employees

When To Enroll: Enroll for hospital indemnity insurance during your new-hire eligibility period or during open enrollment.

Accident Insurance

- Offers financial compensation to use however you'd like if you have a covered injury that requires care, such as being admitted into the hospital, ambulance services, doctor visits, physical therapy, prescriptions and more.
- You and your covered children can earn a \$50 per person financial incentive for completing health screenings.

Eligibility: Benefits-eligible employees

When To Enroll: Enroll for accident insurance during your new-hire eligibility period or during open enrollment.

Critical illness, hospital indemnity and accident insurance may be good options for you to consider if you choose a medical plan with a high deductible.

IMPORTANT: Critical Illness Insurance and Hospital Indemnity Insurance are fixed indemnity policies, NOT health insurance.

Fixed indemnity policies may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care. The payment you get isn't based on the size of your medical bill. There might be a limit on how much this policy will pay each year. This policy isn't a substitute for comprehensive health insurance. Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Questions about this policy?

Refer to the policy certificates (available on uasys.edu/benefits) or contact UnitedHealthcare at 800-444-5854, option 1.

Voluntary Benefits

The following optional voluntary benefits are available for you and your family. Because you can enroll in or change these benefits throughout the year, they are not included in the Open Enrollment section in Workday. To enroll in voluntary benefits, use the Workday search bar to access the **Change Benefits** task. In the drop-down menu, select the appropriate **Change Reason** to indicate which benefit you are updating. After you submit your change, you will receive an inbox item to make your enrollment selections. For more information about your voluntary benefits, visit the **Financial Protection** section at uasys.edu/benefits or contact your campus Human Resources Office.

Short-Term Disability (STD) Insurance

Employer-Paid Basic STD

The university offers employer-paid Basic STD insurance at no cost to you. Basic STD insurance provides 60% of your pre-disability salary, up to \$45,000.

To confirm your eligibility for Basic STD insurance based on your tenure, visit the **Disability Insurance** page under **Financial Protection** at uasys.edu/benefits for your specific campus.

Employee-Paid Supplemental STD

While you have Basic STD coverage, you can elect optional, employee-paid Supplemental STD insurance, which provides 60% of the first \$4,153 of your weekly pre-disability earnings.

Employee-Paid Voluntary STD

If you are not eligible for Basic STD coverage, but you are eligible for benefits, you can elect optional, employee-paid Voluntary STD insurance, which provides 60% of the first \$4,153 of your weekly pre-disability earnings.

To learn more, visit the **Disability Insurance** page under **Financial Protection** at uasys.edu/benefits for your specific campus.

Long-Term Disability (LTD) Insurance

Payment starts after you are disabled for 180 days or at the end of your accumulated sick leave, whichever is later, and continues for as long as you are disabled, up until age 65.

Basic LTD

- You're enrolled automatically; the university pays the entire cost of coverage — there's no cost to you.
- 60% of your pre-disability salary, up to \$20,000

Optional LTD

- Combined with basic LTD, 60% of your pre-disability salary, up to \$500,000

Eligibility: Benefits-eligible employees

When To Enroll: Enroll in optional LTD at any time; if you enroll outside of your new-hire eligibility period, benefits will be subject to a 12-month preexisting condition waiting period before benefits begin.



This year, consider whether adding optional LTD coverage is right for you. It will provide additional financial protection if you're out of work for an extended period of time due to an accident or a significant illness. Learn more by visiting the **Financial Protection** section at uasys.edu/benefits.

Life Insurance

Basic Life Insurance

- You're enrolled automatically; the university pays the entire cost of coverage — there's no cost to you.
- If you die, your beneficiary receives an amount equal to your annual base salary, up to \$50,000.

Optional Life Insurance

- You can enroll in additional employee-pay-all life insurance coverage of one to four times your annual salary, up to a maximum benefit of \$750,000. Evidence of insurability (EOI) is required to enroll in coverage of over \$500,000 or over 3 times your annual salary. Standard must approve your application.
- Coverage of \$10,000, \$15,000 or \$20,000 is available for your spouse and for your children under age 26.

Eligibility: Benefits-eligible employees and covered dependents

When To Enroll: Enroll in optional life and dependent life insurance at any time; if you enroll outside of your new-hire eligibility period, EOI may be required.

Accidental Death and Dismemberment (AD&D) Insurance

Employee-Only Coverage

- If you die, your beneficiary receives your full benefit.
- For certain non-work-related injuries, you receive a portion of your benefit.
- You can elect up to \$300,000 in coverage in \$25,000 increments.

Family Coverage

- You elect your own coverage amount.
- Your spouse is covered at 60% of your benefit, up to \$25,000.
- Your children under age 26 are covered at 20% of your benefit, up to \$25,000.

Eligibility: Benefits-eligible employees and covered dependents

When To Enroll: Enroll in AD&D at any time; if you enroll outside of your new-hire eligibility period, EOI may be required.

ID Watchdog

Select Program

- Basic identity monitoring
- Advanced identity monitoring
- Internet black market surveillance
- Email and SMS notifications
- Credit report and score from one credit bureau

Premium Program

- All Select Program features
- Credit report and score from three credit bureaus
- Full-service identity restoration
- Credit report monitoring
- National provider identifier (NPI) alerts

Eligibility: Benefits-eligible employees

When To Enroll: Anytime during the year; enroll through Workday to pay premiums through payroll deductions.

LegalShield

- Unlimited personal advice from a lawyer on topics such as wills, warranties, contracts, loans, mortgages, insurance claims, tax audits and more.
- 25% discount on expenses involving bankruptcy, criminal charges, DUIs and other matters.
- Buy-up option for home businesses.

Eligibility: Benefits-eligible employees

When To Enroll: Anytime during the year; enroll through Workday to pay premiums through payroll deductions.

Farmers GroupSelect Auto and Home Insurance

- Discounts on individual auto and home insurance policies
- 24-hour emergency roadside assistance
- 24/7 claims service

Eligibility: Benefits-eligible employees

When To Enroll: To receive a coverage evaluation and rate quote, call 800-974-6755 and mention that you work for the University of Arkansas.



Discounts through Access Perks

Access Perks, our employee discount program, offers you savings at over 700,000 locations nationwide. Boasting the country's biggest discount network with more than 1 million offers from top global brands, Access Perks provides discounts local to your home and workplace. To learn more, visit the **Employee Discounts** page under **Work-Life** on uasys.edu/benefits.

Are You Contributing Enough to Your University Retirement Plan?

While you're reviewing your other coverage elections, take this time to consider increasing your contributions. It's also a good time to review your investment fund and beneficiary selections.

All participants can increase or decrease voluntary contributions (within limits) and change vendors or investment fund selections at any time. This means that increasing your voluntary contribution percentage does not lock you in to that rate for the entire year.

Even if you participate in APERS or ARTRS or otherwise aren't eligible for the university matching contributions, you can take advantage of the university retirement plan's investment fund lineup and convenient payroll deductions by making unmatched voluntary employee contributions.

Fidelity and TIAA representatives are available by phone to assist you with your retirement-related questions. You can make a change to your voluntary contributions through Workday. If you make a change to your retirement contribution, your change will take effect as soon as administratively possible after you make the change.

Please refer to the **University Retirement Plan Annual 403(b) Notice** (page 21) for information on contribution options.



The Benefits Website Has More Information

Visit uasys.edu/benefits to read about your health and wellness benefits, education benefits, voluntary benefits, insurance, leave time, the retirement plan and more.

Contacts

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

Benefit	Administrator	Phone	Website
Medical, FSAs, COBRA, Live Well Reward\$ Wellness Program	UMR (UnitedHealthcare)	888-438-6105 Live Well Reward\$: 800-826-9781	umr.com
Prescription Drugs	MedImpact Appeals and exceptions: EBRx	800-788-2949 833-650-0475 Fax: 877-540-9036	mp.medimpact.com/uas
Health Savings Account	Optum	866-234-8913, option 1	optumbank.com
Vision	EyeMed	866-800-5457	eyemed.com
Dental	Arkansas Blue Cross and Blue Shield	844-662-2281	blueadvantagearkansas.com/portal/uasdental
Life, Disability and AD&D Insurance	Standard Insurance	888-641-7194	standard.com
Critical Illness, Accident and Hospital Indemnity Insurance	UMR (UnitedHealthcare)	800-444-5854 option 1	uhc.com
Identity Theft Insurance	ID Watchdog	866-513-1518	idwatchdog.com
Legal Assistance	LegalShield	800-654-7757	legalshield.com/info/uas
Auto and Home Insurance	Farmers GroupSelect	800-974-6755	farmers.com
Discount Program	Access Perks	877-408-2603	uark.accessperks.com

Required Notices

Summaries of Benefits and Coverage

You can find Summaries of Benefits and Coverage on the **Documents** page under **Resources** at uasys.edu/benefits.

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

This Notice of Privacy Practices describes how the University of Arkansas Health and Dental Plans may collect, use and disclose your protected health information and your rights concerning your protected health information.

“Protected health information” (PHI) is information about you, including demographic information collected from you, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

We are required to maintain the privacy of your protected health information and to provide you this notice about our legal duties and privacy practices. We must follow the privacy practices described in this notice while it is in effect. A version of the Notice was originally provided in 2003 and was effective April 14, 2003, and has been amended to comply with HIPAA. This updated notice is effective February 16, 2026, and reflects changes made by the Final Rule under the Health Insurance Portability and Accountability Act, generally referred to as HIPAA.

Uses and Disclosures of Protected Health Information

Uses and Disclosures for Payment and Health Care Operations

The University of Arkansas Health and Dental Plans do not disclose protected health information unless required by law. However, we do use protected health information for treatment, payment and for health care operations.

Treatment: Treatment is the provision, coordination or management of health care and related services. For example, we may disclose your protected health information to a physician who is treating you.

Payment: We will use your protected health information to administer your health benefits policy or contract, which may involve the determination of eligibility; claims payment; utilization review and care management; medical necessity review; coordination of care, benefits and other services; and responding to complaints, appeals and external review requests. We may also use protected health information for purposes of premium billing and for the determination of premium rates and co-payments, deductibles, co-insurance and other cost-sharing amounts.

Health Care Operations: We will use your protected health information to support other business activities, including the following:

- Health claims analysis
- Premium determination and administration of reinsurance
- Risk management
- Transfer of eligibility and plan information to business associates (for example, Pharmacy Benefit Management — PBM — for the management of pharmacy benefits)
- Other general administrative activities, including data and information systems management and customer service

We will not disclose protected health information to any University of Arkansas employee unless required by law. We will, however, provide minimal protected information necessary to allow payroll to pay the monthly premium for your group health enrollment (for example, name, identification number and family coverage status).

We may also disclose information to certain individuals to allow them to decide appeals of eligibility determinations, negotiate renewals of insurance contracts or audit the accuracy of health care payments.

In addition, we may use or disclose “summary health information” for the purpose of obtaining premium bids or modifying, amending or terminating the group health plans. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the plans have provided health benefits.

Other Permitted or Required Uses and Disclosures of Protected Health Information

The University of Arkansas Health and Dental Plans will not disclose protected health information unless required by law. We may disclose your protected health information in the following additional situations without your authorization:

Others Involved in Your Healthcare: Unless you request *Restriction or Confidential Communication*, we may disclose to your spouse (or your parent if you are a dependent child) the protected health information directly related to payment for health care services. Otherwise, we will not disclose your protected health information regarding health care to your spouse, your family (except for parents of dependents covered under the plan), a relative, a close friend or any other person without your signed authorization explicitly directing us to do so. If you are present for such a disclosure (whether in person or on a telephone call), we will either seek your verbal agreement to the

disclosure or provide you an opportunity to object to it. We may also make such disclosures to the persons described above in situations where you are not present or you are unable to agree or object to the disclosure if we determine that the disclosure is in your best interest. We may also disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

Unless our administrator (Arkansas Blue Cross and Blue Shield) is given an alternative address, your explanation of benefits forms and other mailings containing protected health information will be sent to the address on record for the subscriber of the health benefits plan. Separate mailings for enrolled dependents of the subscriber will not be done unless requested through the administrator by Confidential Communications described in this notice. If available, this also pertains to the claims information contained electronically and available via secured Internet access and corresponding telephonic claims sites.

If you would not like us to share any information in any of the foregoing manners with any particular individuals or organizations, please call the appropriate number listed on page 17.

Required by Law

We may use or disclose your protected health information to the extent we are required to do so by law.

Public Health: We may disclose your protected health information to an authorized public health authority for purposes of public health activities. The information may be disclosed for such reasons as controlling disease, injury or disability. In addition, we may make disclosures to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems; to track products; to enable product recalls; to make repairs or replacements; or to conduct post-marketing surveillance, as required.

Abuse or Neglect: We may make disclosures to government authorities concerning abuse, neglect or domestic violence.

Health Oversight: We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs or its contractors (e.g., state insurance department, U.S. Department of Labor) for activities authorized by law, such as audits, examinations, investigations, inspections and licensure activity.

Legal Proceedings: We may disclose your protected health information in the course of any legal proceeding in response to an order of a court or administrative tribunal and, in certain cases, in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose your protected health information under limited circumstances to law enforcement officials. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons or to provide information concerning victims of crimes.

Coroners, Funeral Directors and Organ Donation: We may disclose your protected health information in certain instances to coroners, funeral directors and in connection with organ donation.

Research: We may disclose your protected health information to researchers supporting plan operations, provided that certain established measures are taken to protect your privacy.

Threat to Health or Safety: We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or to the health or safety of others.

Military Activity and National Security: We may disclose your protected health information to armed forces personnel under certain circumstances and to authorized federal officials for the conduct of national security and intelligence activities.

Correctional Institutions: If you are an inmate in a correctional facility, we may disclose your protected health information to the correctional facility for certain purposes, including the provision of health care to you or the health and safety of you or others.

Workers' Compensation: We may disclose your protected health information to the extent required by workers' compensation laws.

Uses and Disclosures of Protected Health Information with an Authorization

Other uses and disclosures of protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization being revoked.

Many members ask us to disclose their protected health information to third parties for reasons not described in this notice. For example, elderly members often ask us to make their records available to caregivers. The administrator of the group Health and Dental Plans maintains this information. To authorize us to disclose any of your protected health information to a person or organization for reasons other than those described in this notice, please call the appropriate number listed on page 17, and you will be provided the appropriate authorization and address to submit the form. You may revoke the authorization at any time by sending a letter to the same address. Please include your name, address, member identification number and a telephone number where we can reach you. A revocation is not effective until it is actually received by us.

Other Uses or Disclosures

We may contact you to provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Member Rights

The following is a brief statement of your additional rights with respect to your protected health information:

Right to Request Restrictions: You have the right to ask us to place restrictions on the way we use or disclose your protected health information for treatment, payment or health care operations or as described in the section of this notice entitled "Others Involved in Your

Health Care.” However, we are not required to agree to these restrictions. If we do agree to a restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed for an emergency. All requests for restrictions should be submitted to the administrator of our group health and/or dental plans.

Confidential Communications: We will accommodate reasonable requests to communicate with you about your protected health information by alternative means or to alternative locations. For example, if you are covered under a health and/or dental plan as an adult dependent (e.g., a spouse or a child attending college) and you want us to send correspondence that contains protected health information to a different address from the subscriber, we can accommodate that request. We may ask you to make your confidential communication request in writing. All requests for confidential communications should be submitted to the administrator of our group health and/or dental plans.

Access to Protected Health Information: You have the right to receive a copy of protected health information about you that is contained in a “designated record set,” with some specified exceptions. A “designated record set” means a group of records that are used by or for us to make decisions about you, including enrollment, payment, claims adjudication and case or medical management records. Any request to access protected health information should be directed to the administrator of our group health and/or dental plans.

Typically, the plan will provide a copy or a summary of your health and claims records within 30 days of your request. A single 30-day extension is allowed if the plan is unable to comply with the initial deadline. You may be asked to request access to copies of your records in writing and to provide the specific information needed to fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies. More information on our fee structure is available by contacting our group health and dental plan administrators at the addresses provided below.

Amendment of Protected Health Information: You have the right to ask us to amend any protected health information about you that is contained in a “designated record set” (see above). All requests for amendment must be in writing to our group health and/or dental plan administrators. In certain cases, we may deny your request. For example, we may deny a request if we did not create the information, as is often the case for medical information in our records. All denials will be made in writing within 60 days of the request. A single 30-day extension is allowed if the plan is unable to comply with the initial deadline. You may respond by filing a written statement of disagreement with us, and we would have the right to rebut that statement. If you believe someone has received inaccurate protected health information from us, you should inform us at the time of the request if you want him or her to be informed of the amendment.

Accounting of Certain Disclosures: You have the right to have us provide you an accounting of times when we have disclosed your protected health information for any purpose other than the following: (a) payment or health care operations; (b) as described in the section of this notice entitled “*Others Involved in Your Health Care*”; (c) disclosures that you or your personal representative have authorized; or (d) certain other disclosures, such as disclosures for national security purposes. All requests for an accounting must be in writing to the administrator of our group health and dental plans. We will require you to provide us the specific information we need to fulfill your request. This accounting requirement applies for six years from the date of the disclosure, beginning with disclosures occurring after April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable fee. More information is available on our fee structure by contacting us at the address provided below. The plan has 60 days to provide the accounting. The plan is allowed an additional 30 days if the plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided.

Receive a Paper Copy of This Notice: You have the right to obtain a paper copy of this notice upon request.

Your Personal Representative: You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your protected health information or be allowed to take any action for you. Proof of such authority will be a completed, signed and approved Appointment of Personal Representative form or other form acceptable under state or federal law.

The plan retains discretion to deny access to your protected health information to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. However, the plan cannot elect to not treat a person as your personal representative primarily because the person has provided or facilitated reproductive health care at the request of the individual.

Final HIPAA Rule: Final modifications to the HIPAA Privacy, Security and Enforcement Rules mandated by the Health Information Technology for Economic and Clinical Health (HITECH) Act, generally referred to as the HIPAA Final Rule, are as follows:

- You have the right to be notified of a data breach relating to your unsecured health information.
- You have the right to ask for a copy of your electronic medical record in an electronic form provided the information already exists in that form.
- To the extent the plan performs any underwriting, the plan cannot disclose or use any genetic information for such purposes.
- The plan may not use your PHI for marketing purposes or sell such information without your written authorization.
- The plan will not use or disclose psychotherapy notes without an authorization.

Substance use disorder treatment records: Substance use disorder treatment records received from federally assisted programs or testimony relaying the content of such records shall not be used or disclosed in civil, criminal, administrative or legislative proceedings against the individual unless based on written consent or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided under law. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Contact Information for Exercising Member Rights: You may exercise any of the rights described above by contacting, in writing,

the Privacy Official at the following addresses.

University of Arkansas Group Health & Dental Plans
University of Arkansas System Administration
Benefit and Risk Management Services
2404 North University Avenue
Little Rock, AR 72207
Phone: 501-686-2500

Group Health Plan Administrator
UMR
Customer Service Department
Phone: 888-438-6105

Group Dental Plan Administrator
Arkansas BlueCross BlueShield
Customer Service Department
Phone: 844-662-2281

Maintaining Your Privacy

When using or disclosing your PHI or when requesting PHI from another covered entity, the plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment,
- Uses or disclosures made to you or pursuant to your written authorization,
- Disclosures made to the Secretary of the United States Department of Health and Human Services pursuant to its enforcement activities under HIPAA,
- Uses or disclosures required by law, and
- Uses or disclosures required for the plan's compliance with the HIPAA privacy regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that:

- Does not identify you, and
- With respect to which there is no reasonable basis to believe that the information can be used to identify you.

Changes to Privacy Practices

We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain. We redistribute a new Notice of Privacy Practices whenever we make a material change in our privacy practices described in our notice.

Questions and Complaints

If you have any questions about this notice or would like an additional copy of the notice, please contact the University of Arkansas Group Health and Dental Plans Privacy Office at the above number or your campus Human Resources/Personnel Office.

If you are concerned that your privacy rights may have been violated, please follow the complaint procedures described in your plan documents or on our website. You also have the right to complain to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint. If you have any questions about the complaint process, contact the University of Arkansas Health and/or Dental Plans Privacy Offices at the above numbers or your campus Human Resources/Personnel Office. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

For general information about this notice, visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

You will have 60 days to request special enrollment upon eligibility for premium assistance subsidies for you or your dependent(s) for Medicaid or CHIP. You can also request special enrollment within 60 days due to the termination of CHIP or Medicaid coverage for you or your dependent(s) (i.e., relating to a loss of eligibility).

To request special enrollment or obtain more information, contact your campus Human Resources Office.

We are required by law to send the notice below regarding premium assistance under Medicaid and the Children's Health Insurance Program (CHIP) to the employees of the University of Arkansas System.

If you have any questions about this notice, contact your campus Human Resources office.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your state for more information on eligibility.

ALABAMA – Medicaid	ALASKA – Medicaid
Website: myalhipp.com Phone: 855-692-5447	The AK Health Insurance Premium Payment Program Website: myakhipp.com Phone: 866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: myarhipp.com Phone: 855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: healthfirstcolorado.com Health First Colorado Member Contact Center: 800-221-3943/State Relay 711 CHP+: hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): mycohibi.com HIBI Customer Service: 855-692-6442	Website: flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program Website: in.gov/fssa/dfr All other Medicaid Website: in.gov/medicaid Family and Social Services Administration Phone: 800-403-0864 Member Services Phone: 800-457-4584

IOWA – Medicaid and CHIP (Hawki) Medicaid Website: hhs.iowa.gov/programs/welcome-iowa-medicaid Medicaid Phone: 800-338-8366 Hawki Website: dhs.iowa.gov/Hawki Hawki Phone: 800-257-8563 HIPP Website: hhs.iowa.gov/programs/welcome-iowa-medicaid/plans-programs/fee-service/health-insurance-premium-payment-program HIPP Phone: 888-346-9562	KANSAS – Medicaid Website: kancare.ks.gov Phone: 800-792-4884 HIPP Phone: 800-967-4660
KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: kynect.ky.gov Phone: 877-524-4718 Kentucky Medicaid Website: chfs.ky.gov/agencies/dms	LOUISIANA – Medicaid Website: mymedicaid.la.gov or ldh.la.gov/la hipp Phone: 888-342-6207 (Medicaid hotline) or 855-618-5488 (LaHIPP)
MAINE – Medicaid Enrollment Website: mymaineconnection.gov/benefits/s/?language=en_US Phone: 800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: maine.gov/dhhs/ofi/applications-forms Phone: 800-977-6740 TTY: Maine relay 711	MASSACHUSETTS – Medicaid and CHIP Website: mass.gov/masshealth/pa Phone: 800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid Website: mn.gov/dhs/health-care-coverage Phone: 800-657-3672	MISSOURI – Medicaid Website: dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 800-694-3084 Email: HSSHIPPProgram@mt.gov	NEBRASKA – Medicaid Website: ACCESSNebraska.ne.gov Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid Medicaid Website: medicaid.nv.gov Medicaid Phone: 800-992-0900	NEW HAMPSHIRE – Medicaid Website: dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid Medicaid Phone: 800-356-1561 CHIP Website: njfamilycare.org/index.html CHIP Premium Assistance Phone: 609-631-2392 CHIP Phone: 800-701-0710 (TTY: 711)	NEW YORK – Medicaid Website: health.ny.gov/health_care/medicaid Phone: 800-541-2831
NORTH CAROLINA – Medicaid Website: medicaid.ncdhhs.gov Phone: 919-855-4100	NORTH DAKOTA – Medicaid Website: hhs.nd.gov/healthcare Phone: 844-854-4825
OKLAHOMA – Medicaid and CHIP Website: insureoklahoma.org Phone: 888-365-3742	OREGON – Medicaid and CHIP Website: healthcare.oregon.gov/Pages/index.aspx Phone: 800-699-9075
PENNSYLVANIA – Medicaid and CHIP Website: pa.gov/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp Phone: 800-692-7462 CHIP Website: dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800-986-KIDS (5437)	RHODE ISLAND – Medicaid and CHIP Website: eohhs.ri.gov Phone: 855-697-4347, or 401-462-0311 (Direct Rlthe Share Line)

SOUTH CAROLINA – Medicaid		SOUTH DAKOTA - Medicaid	
Website: scdhhs.gov Phone: 888-549-0820		Website: dss.sd.gov Phone: 888-828-0059	
TEXAS – Medicaid		UTAH – Medicaid and CHIP	
Website: hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 800-440-0493		Utah's Premium Partnership for Health Insurance (UPP) Website: medicaid.utah.gov/upp Email: upp@utah.gov Phone: 888-222-2542 Adult Expansion Website: medicaid.utah.gov/expansion Utah Medicaid Buyout Program Website: medicaid.utah.gov/buyout-program CHIP Website: chip.utah.gov	
VERMONT– Medicaid		VIRGINIA – Medicaid and CHIP	
Website: dvha.vermont.gov/members/medicaid/hipp-program Phone: 800-250-8427		Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 800-432-5924	
WASHINGTON – Medicaid		WEST VIRGINIA – Medicaid and CHIP	
Website: hca.wa.gov Phone: 800-562-3022		Website: dhhr.wv.gov/bms mywvhpp.com Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 855-MyWVHIPP (855-699-8447)	
WISCONSIN – Medicaid and CHIP		WYOMING – Medicaid	
Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 800-362-3002		Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility Phone: 800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

University Retirement Plan Annual 403(b) Notice and Future Electronic Notification Delivery

Important Information Regarding Your Opportunity to Participate in the University's 403(b) Retirement Plan

For Part-Time and Temporary Employees, Graduate Assistants, Student Workers, Extra Help Employees and All Other Employees in Non-Benefits-Eligible Positions

All non-benefits-eligible employees on the University payroll are eligible to participate in an unmatched 403b Supplemental Retirement Account on a voluntary basis. Non-benefits-eligible employees do not receive employer contributions to their retirement accounts. Voluntary unmatched employee contributions may be made with TIAA and Fidelity Investments, the University's Retirement Plan recordkeepers. Within IRS limits, employees may begin, increase, decrease or end contributions. Participants may make multiple changes during the year with those actions effective at the first of the month following the change request. Please contact your campus HR Office for additional details, enrollment information and assistance.

For Benefits-Eligible Employees Enrolled in the APERS or ARTRS Retirement Systems or in Other Group Plans

All employees on the University payroll who are enrolled in the State of Arkansas APERS, ARTRS or other retirement systems are eligible to participate in an unmatched 403b Supplemental Retirement Account on a voluntary basis. Participants do not receive employer contributions to their University Retirement Plan accounts. Voluntary unmatched employee contributions may be made with TIAA and Fidelity Investments, the University's Retirement Plan recordkeepers. Within IRS limits, employees may begin, increase, decrease or end contributions. Participants may make multiple changes during the year with those actions effective at the first of the month following the change request. Please contact your campus HR Office for additional details, enrollment information and assistance.

For Benefits-Eligible Employees in the University Retirement Plan

Benefits-eligible employees enrolled in the University 403b Retirement Plan may, within IRS limits, increase or decrease their voluntary contributions. Participants may make multiple changes during the year with those actions effective at the first of the month following the change request. Please contact your campus HR Office for additional details, enrollment information and assistance.

Aggregation of Maximum Contribution Limit When You Control Another Employer

Federal law limits the total amount that may be contributed on your behalf to the University of Arkansas 403(b) Plan and any other retirement plan. The contributions to certain other retirement plans may need to be aggregated with contributions to the University of Arkansas 403(b) Plan to verify the maximum annual limit is not exceeded. This notice informs you of your responsibility to provide information to the University regarding your control or ownership of other entities that maintains a plan in which you participate. **Failure to provide necessary and correct information to the University (your campus HR Office) could result in adverse tax consequences for you.**

Contributions to the University of Arkansas 403(b) Plan will be aggregated with one or more defined contribution plans if you are deemed to control the employer sponsoring such plans. For aggregation purposes, you are deemed to control a for-profit employer if you own more than 50% (including attribution from others) of ownership interests or profits interests. A defined contribution plan includes:

- Plan qualified under Code section 401(a) (e.g., 401(k) plan), and
- Simplified Employee Pension (SEP) within the meaning of Code section 408(k).

For illustration purposes, suppose you own a separate business which adopts an SEP. For 2025, you make required contributions of \$10,000 to the University of Arkansas 403(b) Plan and elective contributions of \$23,500 to the University of Arkansas 403(b) Plan, and your employer makes employer contributions of \$20,000 to the University of Arkansas 403(b) Plan, for total contributions of \$53,500. You are under age 50. You would like to contribute \$20,000 to an SEP of your separate business for the 2025 year. Since the total contributions to the University 403(b) Plan are \$53,500, and the maximum total contribution is \$70,000 in 2025, the maximum contribution you can make to the SEP is \$16,500, and any excess would be an excess annual addition attributable to the 403(b) plan. For this reason, it is critical you provide any control or ownership information for other entities to the university.

The university will coordinate with you to ensure satisfaction of the maximum annual limit for contributions to all retirement plans. Please contact your campus HR Office to provide any pertinent information on control or ownership of other entities or to address any of your questions.

Please contact your campus HR Office for additional details, enrollment information and assistance.

Electronic Delivery of Future Annual 403(b) Notices

Where possible, the university intends to provide future distribution of 403(b) Notices, including Universal Availability and Aggregation in electronic format. Notifications will be delivered to university email addresses and will be maintained on the UAS Benefits website at <https://benefits.uasys.edu/>.

When delivered electronically, notices and other benefits documents will remain available in printed, hard copy format upon request to your campus HR Office.

Protections From Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the university may use aggregate information it collects to design a program based on identified health risks in the workplace, Live Well Reward\$ will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are health coaches in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact University of Arkansas System Administration, Benefit and Risk Management Services at 501-686-2500.

Notice Regarding Wellness Program

Live Well Reward\$ is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you can choose to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes or heart disease). You are not required to complete the HRA or other health-related activities including screenings.

Employees who choose to participate in the wellness program will receive an incentive of up to \$500 for completing Live Well Reward\$ health-related activities and events. Health-related activities and events include completing preventive screenings, participating in wellness action plans and more.

If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation. You may request a reasonable accommodation by contacting UMR at 888-438-6105.

The information you obtain from choosing to participate in any of these health-related activities will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses, and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Visit uasys.edu/benefits for deductible and coinsurance amounts based on the health plan you selected. If you would like more information on WHCRA benefits, contact your campus Human Resources Office.



The information provided in this guide is of a general nature only and does not replace or alter the official rules and policies contained in the official plan documents that legally govern the terms and operation of the University of Arkansas 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.