

**Human Resources
Annual Benefits Enrollment**

Name
Address
City, State Zip

Health (Per Pay Period)	Health Plan: Health Coverage: Premium Status:	
Dental (Per Pay Period)	Coverage: Premium Status:	
Vision (Per Pay Period)	Vision Plan: Vision Coverage: Premium Status:	
FSA/Section 125 (Annual Amount)	Health Care: Dependent Care:	
Accidental Death & Dismemberment (Per Pay Period)	Coverage: Premium Status:	
Optional Life Insurance	Coverage:	
Optional Dependent Life Insurance (Per Pay Period)	Plan Level: Coverage: Premium Status:	
Optional Long Term Disability Insurance	Coverage:	
Critical Illness Insurance (Per Pay Period)	Coverage: Premium Status:	
Auto/Homeowners Insurance (Per Pay Period)	Coverage: Premium Status:	



**READ THIS
SECTION FIRST!**

**Summary of
Changes**

**TIP: See the
section titled
"How Do I
Enroll or Make
Changes" for
enrollment
instructions.**

Important Events during the UA Open Enrollment Period 11/1/2016-11/30/2016

Open Enrollment: Open Enrollment for UA health, dental, vision, disability and critical illness plans, as well as Flexible Spending Accounts, will begin 11/1/2016, and ends 11/30/2016. **You must furnish documentation to verify eligibility for all open enrollment changes or enrollments of dependents, such as a marriage license and/or birth certificate. See the Verification of Eligibility for Dependent Enrollment Form for additional details. All documentation must be submitted at the time of enrollment.** You should complete all open enrollment changes **no later than 11/20/2016** to ensure you will receive any new ID cards by 1/1/2017.

- **Health:** There are no changes in premiums, deductibles, coinsurance or out-of-pocket maximums for January 2017. **There are plan coverage additions. See Health Coverage section for details.**
- **Wellness Plan:** Employees and covered spouses enrolled in the UA Health Plan are eligible to participate in the UA Wellness Plan administered by OnLife Health. See Health Coverage section for details.
- **Dental:** There are no premium or plan design changes in dental coverage for January 2017. See Dental Coverage section for details.
- **Vision:** There are no premium or plan design changes in vision insurance for January 2017. See Vision Coverage section for more details.
- **Flexible Spending Accounts:** *Annual enrollment is required for FSAs.* The Carry-over Option continues in the 2017 plan year. See Flexible Benefit Plan Summary for details.
- **Accidental Death & Dismemberment:** There are no premium or plan design changes in AD&D insurance for January 2017. You may enroll or change your AD&D coverage at any time.
- **Life Insurance:** The University provides basic term life insurance for you free of cost. The amount is one times your salary adjusted to the nearest thousand, up to a maximum benefit of \$50,000. (Benefits are reduced at ages 70 and 75). There are no premium or plan design changes in life insurance for January 2017.
- **Optional Employee Life Insurance:** Enroll or increase optional life insurance up to four times your salary by completing The Standard evidence of insurability process. See Optional Life Insurance Coverage section for details.
- **Optional Dependent Life Insurance:** Enroll or increase optional dependent life insurance by completing The Standard evidence of insurability process. See Optional Dependent Life Insurance Coverage Section for details.
- **Long Term Disability Insurance:** The University provides basic long term disability insurance for you free of cost. This plan covers your first \$20,000 of salary. The maximum monthly benefit is \$1,000.
- **Optional Long Term Disability Insurance:** If your salary is more than \$20,000, you may enroll in optional LTD during the month of November without going through the evidence of insurability process. There are no premium or plan design changes in Optional Long Term Disability insurance for January 2017. See Optional Long Term Disability Insurance Coverage section for details.
- **Critical Illness Insurance:** Coverage is available through MetLife. There are no premium or plan design changes in critical illness insurance for January 2017.
- **Auto and Homeowners:** Group Auto/Homeowners insurance through Liberty Mutual – You may enroll at any time.

Welcome to 2016 Open Enrollment

<p>Health Coverage</p> <p>TIP: See the Medical Plan Comparison for health coverage information</p> <p>Visit UMR's website at www.umar.com or contact UMR Customer Service at 1-888-438-6105</p> <p>Visit MedImpact's website at https://mp.medimpact.com/UAS or contact UMR Customer Service at 1-800-788-2949</p> <p>Visit Onlife Health's website at www.onlifehealth.com or contact Onlife Customer Service at 1-877-369-0285</p>	<p>Health premiums in the University's self-funded health plan will not increase for 2017, there are several additions to the plan coverage:</p> <ul style="list-style-type: none"> • Colonoscopy prep medications and cologuard kits will be covered at 100% as part of the \$0 preventive services. • Coverage will be expanded to include bariatric surgery for members meeting medical and prior authorization guidelines. • Within the federal Affordable Care Act (ACA) requirements, gender dysphoria coverage will be available. • Ultrasound coverage in maternity care has been clarified to include – The first ultrasound in maternity care will be covered at 100% for In-Network regardless of prior ultrasounds provided during the plan year. For subsequent ultrasounds the deductible and coinsurance will continue to apply. <p>There are no changes in the following: copayment amounts for primary care (\$35) or specialist (\$50) office visits; the 30% coinsurance rate; the prescription drugs out of pocket maximum of \$1,600 (individual) & \$3,200 (family); the pharmacy tier copayments; the copayment amounts for hospital admissions, ER visits, and outpatient surgery services or for other services requiring a copayment.</p> <p>Refer to the “Your Enrollment Information” section at the top of page 1 to determine your current enrollment status and per pay period deduction. See the enclosed UA Medical Plans Comparison and Health Insurance Premiums Semi-Monthly Rates Sheet for additional information.</p> <p>Onlife Health Wellness Plan is a free wellness program for employees and their eligible spouses who are insured under the UA Health Insurance Plan. If you have questions about the wellness program, call Onlife customer service or log in to the Onlife Health website.</p> <p>Returning users enter username and password. New users click <u>GET STARTED</u>, type in “UAS” as the key code, and follow instructions to create a username and password.</p> <p>If you completed the Health Risk Assessment and biometric screening by 9/30/2016 and you accepted the tobacco and health action pledges, you are eligible to receive the \$1,400 (individual) & \$2,800 (family) reduction in the health plan out-of-pocket medical maximum for 2017.</p> <p>All information you provide to the Onlife Health Wellness Plan is confidential and will not be provided to the University except in a summary report which does not identify individual personal information.</p> <p>New insurance cards UMR will reissue medical insurance cards in December. Your member ID number won't change. However, your new card will be specific to whether or not you completed the wellness program by the 9/30/16 deadline. Be sure to show your new card to your doctor, pharmacy or other healthcare provider starting 1/1/2017.</p>
<p>Dental Coverage</p> <p>Visit Delta Dental's website at www.deltadental.com or contact Delta Dental Customer Service at 1-800-462-5410</p>	<p>Dental premiums in the University's dental plan will not increase for 2017.</p> <p>Routine preventive services continue at no-charge and additional preventive services for participants with certain medical conditions continue at no-charge.</p> <p>Adding children under age 3 to your dental plan: You can add children to your dental plan from birth to the date they attain age three. If you are paying dental premiums pretax, you may not add your child during the calendar year without a qualifying event. Therefore, adding your children to your dental plan during the Open Enrollment period prior to their third birthdays will ensure that they will be covered.</p> <p>Refer to the “Your Enrollment Information” section at the top of page 1 to determine your current enrollment status and per pay period deduction. See the enclosed Delta Dental Schedule of Benefits and the Delta Dental Insurance Premiums Semi-Monthly Rates Sheet for additional information.</p>
<p>Vision Coverage</p> <p>Visit Superior Vision's website at www.superiorvision.com or contact Superior Customer Service at 1-800-597-3800</p>	<p>Superior Vision premiums for the voluntary vision plan will not increase and there will be no plan design changes.</p> <p>Refer to the “Your Enrollment Information” section at the top of page 1 to determine your current enrollment status and per pay period deduction. See the enclosed Vision Plan Benefits Insurance Premiums <u>Monthly</u> Rates and Plan Design Sheet for additional information.</p>
<p>Accidental Death & Dismemberment</p>	<p>You and your family may enroll in this program and increase, decrease, or cancel AD&D coverage at any time. If you or your covered family member dies as a result of an accident (on or off the job), the beneficiary will receive a benefit based on the amount of coverage you select. With family coverage, your spouse's coverage is 60% of your amount and each child's coverage is 20% of your amount. The plan also pays partial benefits if a</p>

	<p>covered person is seriously injured in an accident and suffers the loss of a limb or eyesight. You are limited to 15 times your annual salary (rounded up to the next level) for all coverage amounts in excess of \$150,000. Maximum coverage is \$300,000. You pay the total cost for this coverage.</p> <p>Refer to the “Your Enrollment Information” section at the top of page 1 to determine your current enrollment status and per pay period deduction. See the enclosed Optional and AD&D Life Insurance Rate Sheet to determine applicable rates based on your coverage election.</p>																
<p>Optional Employee Life Insurance</p>	<p>You may enroll or increase optional life insurance at any time by completing The Standard evidence of insurability process. The total coverage allowed is four times your annual salary rounded up to the next thousand. The maximum coverage is \$500,000. You pay the cost of this coverage. The cost is based on your age.</p> <p>Refer to “Your Enrollment Information” at the top of page 1 to determine your current enrollment status. Check Banner Self Service to review your current per pay period deduction. See the Banner Self Service block for instructions. See the enclosed Optional and AD&D Life Insurance Rate Sheet to determine applicable rates based on your age.</p>																
<p>Optional Dependent Life Insurance</p>	<p>At any time, eligible employees have the option of enrolling or buying this insurance for their spouse/children (your IRS dependents) by completing The Standard evidence of insurability process.</p> <p>You may choose from the following provisions:</p> <table border="1" data-bbox="358 638 1192 783"> <thead> <tr> <th>Level of Coverage</th> <th>Spouse</th> <th>Each Eligible Child</th> <th>Monthly Rate</th> </tr> </thead> <tbody> <tr> <td>I</td> <td>\$10,000</td> <td>\$5,000</td> <td>\$2.71</td> </tr> <tr> <td>II</td> <td>\$15,000</td> <td>\$7,500</td> <td>\$4.09</td> </tr> <tr> <td>III</td> <td>\$20,000</td> <td>\$10,000</td> <td>\$5.42</td> </tr> </tbody> </table> <p>Children ages 14 days to 6 months are covered for \$100. You pay the cost of this coverage. Refer to the “Your Enrollment Information” section at the top of page 1 to determine your current enrollment status.</p>	Level of Coverage	Spouse	Each Eligible Child	Monthly Rate	I	\$10,000	\$5,000	\$2.71	II	\$15,000	\$7,500	\$4.09	III	\$20,000	\$10,000	\$5.42
Level of Coverage	Spouse	Each Eligible Child	Monthly Rate														
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II	\$15,000	\$7,500	\$4.09														
III	\$20,000	\$10,000	\$5.42														
<p>Optional Long Term Disability Insurance</p>	<p>If your salary is more than \$20,000, you may enroll in optional LTD without evidence of insurability during the open enrollment period (11/1/2016-11/30/2016). This coverage provides a disability benefit of 60% of that portion of your annual salary above \$20,000. <u>Your cost is \$.47 per \$100 of your monthly salary above \$1,666.67.</u></p> <p>To figure your cost, do the following:</p> <ol style="list-style-type: none"> 1. Take your annual salary 2. Divide by 12 3. Subtract \$ 1,666.67 4. Divide by 100 5. Multiply by \$.47 6. The result is your monthly cost <p>Refer to the “Your Enrollment Information” section at the top of page 1 to determine your current enrollment status.</p> <p>Check Banner Self Service to review your current per pay period deduction. Use your Banner User ID and password to login. Click on <u>Employee Services</u>, then <u>Pay Information</u>, then <u>Pay Stub</u>, then <u>Display</u>, <u>Select most recent pay date</u>, <u>Review employee deduction section</u>. See the Banner Self Service block for additional information.</p>																
<p>Critical Illness Insurance</p> <p><i>MetLife Customer Service 1-800-438-6388</i></p>	<p>MetLife Critical Illness Insurance premiums will not change and there will be no plan design changes. The current plan provides for up to three full-payment claims and reduced waiting period exclusions and pre-existing limitations.</p> <p>Complete a MetLife Critical Illness Insurance Enrollment Form and return it directly to MetLife by fax: 1-859-825-6450. If you have questions or live outside Arkansas, contact MetLife customer service at 1-800-438-6388.</p> <p>For additional information: http://www.uaex.edu/support-units/human-resources/voluntary-insurance/</p>																
<p>Auto and Homeowners Insurance</p>	<p>All questions regarding the group voluntary Auto/Homeowners products must be answered directly by Liberty Mutual representatives. Enrollment kits must be requested directly from Liberty Mutual. Liberty Mutual will provide Extension with the authorized payroll deduction to be withheld from your paycheck.</p> <p>Liberty Mutual Customer Service: www.libertymutual.com/uarmedsciences or 1-800-524-9400 Client #7416</p> <p>For additional information: http://www.uaex.edu/support-units/human-resources/voluntary-insurance/</p>																

<p>Mid-year Changes After Open Enrollment</p>	<p>You can only enroll in health and dental coverage or add eligible family members to your health and dental coverage within 31 days of an “Eligible Qualifying Event”. You must furnish documentation to verify eligibility for all dependent enrollments, such as a marriage license and/or birth certificate. See the Verification of Eligibility for Dependent Enrollment Form for additional details. <u>All documentation must be submitted at the time of enrollment.</u> If you miss your 31-day window, you may not be able to enroll in coverage or add new dependents until the next Open Enrollment.</p> <p><u>“Eligible Qualifying Events” are:</u></p> <ul style="list-style-type: none"> ● Gaining a new dependent - marriage, birth, or adoption ● Loss of dependent eligibility, divorce, annulment, legal separation, death ● Spouse or children losing eligibility for other coverage ● Involuntary loss of public assistance coverage (Medicaid, ARKids) ● Court order mandating you to cover your children <p><u>Adding children under age 3 to your dental plan:</u> You can add children to your dental plan from birth to the date they attain age three. <u>If you are paying dental premiums pretax, you may not add your child during the calendar year without a qualifying event.</u> Therefore, adding your children to your dental plan during the Open Enrollment period prior to their third birthdays will ensure that they will be covered.</p>
<p>Use Banner Self Service for Benefits Information</p>	<p>You can view your current benefits enrollment and per pay period premiums at any time in Banner Self Service, but enrollments and changes you make during Open Enrollment will not be effective until 1/1/2017. Log into the Banner Self Service Link: http://uaex.edu/links and click on Banner Self Service (SSB). Use your Banner User ID and password to login. Click Employee Services, then Benefits and Deductions, then Benefit Statement, then My Benefit Summary and Select, Select.</p> <p>Note: Enrollment and change forms for open enrollment will not be reflected in Banner Self Service until 1/13/2017.</p>
<p>Beneficiary Information in CEDAR</p>	<p>Did you know you can view your designated life insurance beneficiary at any time in CEDAR? Go to the CEDAR Link and log in: http://cedar.uaex.edu and then click on HR: Your Personnel Records and then Display Matches by Name. Review form(s) Group Benefits Enrollment Form or Group Benefits Change Form for the most recently named beneficiary.</p> <p>Your retirement plan beneficiaries are maintained by your plan sponsor. If you are enrolled in the UA Retirement Plan, simply log into your TIAA-CREF and/or Fidelity account to update your beneficiary on-line, or call TIAA-CREF, www.tiaa-cref.org 1-800-842-2776 / Fidelity, www.fidelity.com 1-800-343-0860. If you participate in the state retirement plan, APERS, beneficiary forms are available at www.apers.org or call 1-501-682-7800.</p>
<p>Catastrophic Leave Bank Program</p> <p>Fax Forms to Financial Services: 1-501-671-2209</p>	<p>The Catastrophic Leave Bank Program annual donation drive runs from December 1 through December 31, 2016. A detailed explanation of the Catastrophic Leave Bank Program is available at: http://www.uaex.edu/extension-policies/employee-benefits/leave-holidays/cesp7-8.aspx.</p> <p>Earned unused annual leave over 240 hours and sick leave over 960 hours may not be carried over into the new calendar year. Excess time will be lost if not used or donated to the Catastrophic Leave Bank Program before December 31. All full time employees may voluntarily donate part of their sick or annual leave to the Catastrophic Leave Bank. The minimum donation is one hour. A donation cannot be accepted if it would reduce the combined sick and annual leave balance of the donor to less than 80 hours.</p> <p>The donation form, EBEN 103 Catastrophic Leave Bank Program Application must be submitted to <u>Financial Services</u> prior to the Winter Break or no later than December 22, 2016.</p>

How do I enroll/make changes in my UA benefits?

TIP: Refer to the “Your Enrollment Information” section (page 1) to review your current elections, or review them in Banner Self Service

Contact Benefits at YourBenefits@uaex.edu for questions.

Your Benefits Staff:

Del Johnson
YourBenefits@uaex.edu
1-501-671-2219

Sandra Baker
YourBenefits@uaex.edu
1-501-671-2219

Nytalya Salter
YourBenefits@uaex.edu
1-501-671-2219

Fax Forms to:
1-501-671-2251

During Open Enrollment, you can:

- Enroll in Flexible Spending Accounts (Health Care Reimbursement and Dependent Care Reimbursement). **Annual enrollment is required.**
- Enroll in health, dental or vision coverage **with documentation to verify eligibility for all new dependent enrollments, such as a marriage license and/or birth certificate. (If you do not want to make any changes to your existing elections, you are not required to do anything – no re-enrollment is required).**
- Add (with documentation to verify eligibility) or delete dependents from your health, dental, or vision plans.
- Change your health care elections between the Classic and Point of Service Plans.
- Change your vision insurance elections between the Basic and the Enhanced Plans.
- Cancel your health, dental, or vision plans.
- Change the status of health, dental, and vision premiums from after-tax to pre-tax or pre-tax to after-tax.
- Enroll, increase, decrease or cancel Optional Life Insurance and Optional Dependent Life Insurance (evidence of insurability required to enroll or increase coverage).
- Enroll or cancel Optional Long Term Disability Insurance (evidence of insurability required to enroll or increase coverage).
- Enroll or cancel Auto and Homeowners through Liberty Mutual.
- Enroll or cancel Critical Illness Insurance through MetLife.
- Enroll or cancel Accidental Death & Dismemberment Insurance.

All completed enrollment/change forms must be received in Human Resources by November 30, 2016, via Fax: 1-501-671-2251, email, mail, or in person. By Fax is the desired method.

Be sure to make a copy of your forms before sending them to Human Resources. **Human Resources will return a date-stamped copy of all completed enrollment change forms received.** You must complete any open enrollment changes by **11/20/2016** to ensure you will receive any new ID cards by **1/1/2017**.

Log on to <http://www.uaex.edu/extension-policies/templates/> and click on **EBEN** OR visit the Open Enrollment section of Human Resources website, www.uaex.edu/OpenEnrollment, to download the required enrollment/change forms for all enrollments, cancellations, deletions and changes listed above.

Forms:

- [EBEN-106](#) – Health Insurance Enrollment Application (enroll/add/drop/change/terminate/coverage election)
 - UA Medical Coverage Change of Election (change premium(s) tax exemption status)
 - UA Medical Coverage Change of Election (change plan from/to Classic/Point of Service)
- [EBEN-105](#) – UA Dental Insurance Enrollment Application (enroll/add/drop/change/terminate/coverage election)
 - UA Dental Insurance Enrollment Application (change premium(s) tax exemption status)
- [EBEN-108](#) – UA Vision Plan Enrollment Application (enroll/add/change/coverage election)
- [EBEN-112](#) – UA Flexible Spending Account Form (enroll in Medical and/or Dependent FSA)
- [EBEN-226](#) – UA Group Benefits Change Form (enroll/change: AD&D/Opt Life/Dependent Life/Opt LTD)
 - UA Group Benefits Change Form (designate/change life insurance beneficiary information)
- [EBEN-103](#) – UA Catastrophic Leave Bank Donor Application (donate earned annual or sick leave)
- [MetLife](#) – Critical Illness Insurance Plan (enroll/change/coverage election)
- Standard – UA Optional Employee & Dependent Life Insurance Evidence of Insurability Medical History Statement link: https://www.standard.com/eforms/16119_750976.pdf

For Summary Plan Descriptions and/or additional policy information visit: <http://www.uaex.edu/extension-policies/employee-benefits/>.

Remember:

- **Your enrollment deadline is 11/30/2016.**
- **You must provide documentation to verify dependent eligibility at the time of enrollment.**
- **For dental coverage, dependent children turning age 3 in 2017 may be enrolled during open enrollment.**
- **In order to receive new ID Cards by January 1, you must provide all enrollment documents by 11/20/16.**
- **Keep a copy of submitted enrollment/change forms and fax confirmation for your records.**
- **A date-stamped copy of all enrollment/change forms will be returned by mail to your attention in early January, 2017.**
- **Flexible Spending Accounts (FSAs) require Annual Enrollment.**
- **Contact Human Resources at 1-501-671-2219 or YourBenefits@uaex.edu if you have questions.**

****Federally Benefited Employees ONLY****

Federal Employees' Health Benefits (FEHB) Program Open Season runs from 11/14/2016 through 12/12/2016.

During open season, you may enroll in, change, or cancel an existing enrollment in a health plan. Changes will be effective January 1, 2017. Please note that the **2016 Federal Open Season information will be posted on the OPM website, www.opm.gov/insure.**

To change your enrollment, download and complete SF 2809 and return it to Human Resources by fax 1-501-671-2251, email, mail, or in person by 12/12/2016 to allow processing time. Be sure to make copies of any enrollment forms before sending them to Human Resources. **Human Resources will return a date-stamped copy of all completed enrollment change forms received.**

As a result of the Affordable Care Act, FEHB plans have been providing a summary document on their websites which details information about health plan benefits and coverage. The Summary of Benefits and Coverage (SBC) document includes information on the following and will continue to have a disclaimer indicating that the plan brochure remains the official statement of benefits:

- Cost – deductibles, copayments, coinsurance, and out-of-pocket limits
- Coverage – covered services, examples of covered services, and excluded services
- Rights – rights to continue coverage as well as grievance and appeal rights
- A statement that coverage under the plan qualifies as “minimum essential coverage”
- A statement that the health coverage of the plan meets the minimum value standard for the benefits the plan provides

The SBC is available at www.opm.gov/healthcare-insurance/healthcare/plan-information/summary-of-benefits.

Copies of all FEHB plan brochures can be viewed at www.opm.gov/FEHBbrochures. You are encouraged to visit the OPM website for FEHB notifications and rate sheets. Your FEHB health plan will contact you to offer the option of obtaining your 2017 benefit brochure online or obtaining a paper copy of the benefit brochure. If you did not previously request a paper copy of your health plan brochure, you will not automatically receive one.

[Federal Healthcare Open Season](#)

[FEHB Summary of Benefits](#)

[Insurance Fast Facts](#)

[Federal Healthcare Plan Comparison](#)

[2017 Federal Health Benefits \(FEHB\) Premium Rates](#)

[Federal Health Benefits Election Form SF 2809 – enroll/change/cancel FEHB coverage](#)

Federal Employees' Group Life Insurance Program (FEGLI): You may cancel life insurance at any time; open season closed for the FEGLI Program September 30, 2016.

A copy of the following materials has been mailed to your home address:

- FEGLI 2016 Rate Sheet
- FEHB 2017 Rate Sheet
- Helpful Resources for Open Season - FEHB

Federal employees electing dental and/or Flexible Spending Account(s) enrollment must enroll under the UA System Programs. See the Dental Coverage Plan Section and/or the enclosed Flexible Benefit Plan Summary for additional information.

Federal Benefits

Notice:

Federally benefited employees electing to participate in a Dental and/or Flexible Spending Account are required to do so under the UA System Programs.

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

UNIVERSITY OF ARKANSAS
Medical Plans Comparison
UMR

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

FOOTNOTES:

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

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

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

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

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

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

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

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

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

Delta Dental PPO Plus Premier National Coverage
Schedule of Benefits for University of Arkansas

- a) **Group Number:** 9304 (effective 1-1-2005)
- b) **Deductible:** \$50 for benefits received in Coverage B and Coverage C with a maximum of \$100 per family, per benefit period. There is no deductible on Coverage A.
- c) **Annual Maximum Payment:** \$1,500 Per Person Per Calendar Year.
- d) **Benefit Period:** A benefit period for each eligible participant shall mean a calendar year, the period from January 1 to December 31 of each year.

Schedule of Benefits	<i>In-Network PPO or Premier</i>	<i>Out-of- Network</i>
Coverage A – Diagnostic and Preventative Services <ul style="list-style-type: none"> ● Routine periodic examinations not more than twice in any benefit period, inclusive of an initial oral examination. ● Bitewing and periapical X-rays as required. ● Full-mouth X-rays once in any three (3) year period. ● Prophylaxis (cleaning). ● Topical application of fluoride once per benefit period for dependent children to age nineteen (19). ● Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface, for dependent children to age nineteen (19). 	100%	90%
Coverage B – Basic Restorative Services <ul style="list-style-type: none"> ● Minor emergency treatment for the relief of pain as needed by the participant. ● Amalgam (silver) and composite/resin (white) fillings. ● Endodontics, including pulpal therapy and root canal filling. ● Simple and surgical extractions. ● Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery. ● Space maintainers for prematurely lost teeth of eligible dependent children to age sixteen (16). ● Stainless steel crowns used as a restoration to natural teeth for dependent children to age sixteen (16) when the teeth cannot be restored with a filling material. ● Surgical periodontics. ● Non-surgical periodontics. ● Periodontal maintenance; two (2) per benefit period following active periodontal treatment. ● Antibiotic injections when given by the dentist. ● Repairs and recementing of crowns, inlays, bridgework or dentures. 	80%	72%
Coverage C – Major Restorative Services <ul style="list-style-type: none"> ● Crowns, inlays, onlays, and veneers are benefits for the treatment of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations. ● Prosthodontics, including procedures for construction of fixed bridges, partial or complete dentures, and repair of fixed bridges. ● Complete or partial denture relines, including chair side or laboratory procedures to improve the fit of the appliance to the tissue. ● Complete or partial denture rebase, including laboratory replacement of the acrylic base of the appliance. ● Implants 	50%	45%
Carryover Benefit Rider <ul style="list-style-type: none"> ● Carryover Benefit: \$375 ● Claims Threshold: Less than \$750 ● Carryover Benefit Maximum: \$1,500 ● Must have received at least one covered service during calendar year to qualify 		

You have the freedom to choose any licensed dentist for covered services. However, it works to your advantage to choose a dentist from one of the two different Delta Dental networks available to you. Both the PPO and the Premier option provide plan savings through negotiated plan discounts. In many cases, the PPO discounts are greater than the DeltaPremier Discounts, but the PPO option has fewer participating providers. Payments to non-Delta providers will be based on the Delta Maximum Plan Allowance (MPA) and not billed charges. Non-Delta providers can balance bill for amounts excess of the MPA. You can find a list of the Delta Dental Participating providers from Delta Dental's website at <https://www.deltadental.com/>

This is not a legal document. Consult your Summary Plan Description or contact the Human Resources Office for more information.

SUPERIOR VISION - Vision Plan Benefits for the University of Arkansas

You may choose from two plans: Basic Plan and Enhanced Plan		
Basic Plan		Enhanced Plan
Co-payments		Co-payments
Exam	\$10	Exam \$10
Materials ¹	\$20	Materials ¹ \$20
Contact Lens Fitting	\$25	Contact Lens Fitting \$25
Monthly Premiums		Monthly Premiums
Emp. Only	\$5.76	Emp. Only \$11.62
Emp. & spouse	\$11.43	Emp. & spouse \$22.97
Emp. & child(ren)	\$11.19	Emp. & child(ren) \$22.52
Emp. & family	\$17.01	Emp. & family \$34.22
Services/Frequency		Services/Frequency
Exam	1 per calendar year	Exam 1 per calendar year
Frames	1 per 2 calendar years	Frames 1 per calendar year
Contact Lens Fitting	1 per calendar year	Contact Lens Fitting 1 per calendar year
Contact Lens	1 allowance per calendar year	Contact Lens 1 allowance per calendar year
Benefits		Benefits
	In-Network	Out-of-Network
Exam (MD)	Covered in full	Up to \$42
Exam (OD)	Covered in full	Up to \$36
Frames	\$125 retail allowance	Up to \$70
Contact Lens Fitting (standard ²)	Covered in full	Not Covered
Contact Lens Fitting (specialty ²)	\$50 retail allowance	Not Covered
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$28
Bifocal	Covered in full	Up to \$42
Trifocal	Covered in full	Up to \$56
Progressive	See Descripton ³	Not Covered
Scratch coating	See discount features	Not Covered
UV coating	See discount features	Not Covered
Contact Lenses ³	\$120 retail allowance	Up to \$100

Superior Vision Services
P.O. Box 967
Rancho Cordova, CA 95741

1-800-507-3800
www.superiorvision.com

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

¹Materials co-pay applies to lenses and frames only, not contact lenses.

²See your benefits materials for definitions of standard and specialty contact lens fittings.

³Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus copay.

⁴If premium progressive lenses are selected, members receive an allowance based on the provider's charge for standard progressive lenses.

³Contact lenses are in lieu of eyeglass lenses and frames benefit.

DISCOUNT FEATURES

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

Discounts on Covered Materials

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

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

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

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

Discounts on Non-Covered Exam and Materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, other prescription materials:	20% off retail
Disposable contact lenses	10% off retail

Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 15%-50%, and are the best possible discounts available to Superior Vision.

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.

2017 Flexible Benefit Plan Summary

Enrollment Period for 2017 Participation: 11/1/2016-11/30/2016

Flexible Spending Accounts

TIP: FSA's automatically end Dec 31 of each year. You must re-enroll by 11/30/2016 if you want to participate in 2017.

Flexible Spending Accounts (FSAs) – Annual Enrollment Required

FSAs let you set aside tax-exempt dollars for eligible out-of-pocket healthcare and dependent daycare or adult/elder care expenses. FSAs lower your taxable income, resulting in tax savings. FSA claims are administered by UMR.

Important FSA Information:

- Under the Carry-over Option, expenses must be incurred from January 1 through December 31 or your termination date, whichever is earlier. There is no grace period.
- Up to \$500 of unused FSA as of 12/31/2017 will transfer to the next year (2018). Unused amounts **over** \$500 will be forfeited. **The minimum amount of unused FSA transferrable is \$50.00. Less than \$50.00 will be forfeited.**
- You have until 3/31/17, to file for reimbursement for expenses incurred through 12/31/2016.
- Enroll using annual election amount, not monthly deduction amount.
- You cannot transfer money between accounts (Health Care Reimbursement & Dependent Care Reimbursement).
- Make sure you enroll in the correct account.
- Do not include your UA insurance premiums in your FSA election.
- **Always keep your receipts on FSA expenditures; UMR may request documentation to substantiate charges as required by IRS regulations. If you fail to send in requested documentation, the charges are considered “invalid” FSA purchases and the expense will be deducted from your paycheck and/or added to your W-2 as taxable income.**
- Keep your FSA Benny Card – Your 2017 amount will be loaded onto your current FSA benny card (MasterCard). If you need a replacement card, call UMR at 1-888-438-6105. There is no benny card for daycare expenses. You must pay for these expenses up front and then file a claim for reimbursement.

There are two types of FSAs:

- **Healthcare Account – Minimum \$120, Maximum \$2,550 (annual limit).** Eligible expenses include medical, vision or dental expenses not reimbursed by an insurance plan, such as co-pays, deductibles and coinsurance for the employee, eligible spouse (if filing a joint tax return) and eligible dependents.
- **Dependent Care Acct - Minimum \$120; Maximum \$5,000 (annual limit or \$2,500 if you are married and file separate returns).** Eligible expenses include daycare or elder care expenses for a child under age 13 or an elderly person or a person with disabilities as long as they are claimed as a dependent for federal tax purposes. Expenses must be work related and both spouses must be employed.

How do FSAs Work?

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

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

IMPORTANT BENEFITS INFORMATION FOR 2017 – PLEASE REVIEW CAREFULLY

MANAGING YOUR HEALTH

\$0 Preventive Health Services

Use your annual \$0 wellness visit. Your PCP can assist you in identifying the screenings & preventive services appropriate to your condition. Establishing a relationship with a PCP you like & trust will assist you in managing your health & wellness.

\$0 Preventive Dental Services

The dental plan provides for two annual exams & cleanings each year with \$0 copays. If you are diabetic or have heart or renal disease, additional cleanings & exams are available at \$0. Using your dental preventive services will also trigger the plan carry-over which will credit you with additional dental plan dollars to be used in a future year.

Nutritional Counseling & Weight Management Services

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 and above. Prior authorization is required. Call UMR 1-888-438-6105.

Disease Management

Actively participate in the disease management & coaching programs offered through UMR & OnLife. The University's health plan provides for \$0 generic medications for diabetes & hypertension for individuals enrolled in the DM program. Call 1-866-575-2540 for details & assistance.

Maternity Management

If you are pregnant or become pregnant, enroll in the health plan pregnancy assistance & education program. UAMS offers a \$500 waiver of out-of-pocket expenses for deliveries at its hospital. (This includes deductible & inpatient copayment/coinsurance.)

Stop Using Tobacco Products

If you currently use or have recently quit using tobacco or nicotine products, enroll in the cessation or maintain tobacco-free programs with OnLife. The program provides free PCP visits and zero copay for Chantix, a medication for nicotine addiction through the health plan.

What's the difference between Preventive and Routine Claims?

Preventive:

Preventive Services are defined as "The act of preventing an illness or condition from happening"

The federal Affordable Care Act (ACA) determines which preventive services must be covered and your health plan complies with these ACA guidelines on preventive care and immunizations. When the ACA determines a service is preventive, it is covered at 100% by the plan and without you paying a copayment, coinsurance, or deductible for these services when delivered by a network provider.

Common examples of preventative care include well visits for babies, children, and adults and certain labs, x-rays and immunizations as determined by the ACA. Certain screening test done in order to catch a disease early such as yearly Pap tests for women or prostate exams for men, colorectal cancer screenings, and mammograms are also examples of preventative care and services.

Plan benefits are paid based on the coding your doctor assigns to the claim. If your doctor visit begins as preventive but the doctor identifies a condition and submits the claim with a diagnosis of a condition or as treatment of a condition, UMR cannot pay the claim as a preventive visit.

Routine/Diagnostic:

Routine services are defined as services provided in response to a complaint or condition identified by you or your doctor. Routine or diagnostic services include identifying or evaluating a new condition or illness, routinely monitoring an already known condition, or providing treatment for a condition or illness.

The health plan applies the copayment, coinsurance, or deductible for routine or diagnostic services.

Periodic visits to your doctor to monitor a diagnosed condition such as diabetes or hypertension are considered routine or diagnostic visits that monitor or treat a known condition. These visits are subject to copayments, coinsurance, or deductibles.

The claim from the doctor's office will indicate the type of service performed. If your doctor submits a claim as routine or diagnostic, UMR will apply the appropriate benefit level.

Helpful Hint: When seeing a doctor for your annual wellness exam, make sure you remind your physician that you are there for a wellness exam. You want to be billed for a wellness exam, as the labs and services associated with a wellness exam are paid at a higher benefit level.

This is not a legal document. Complete benefits descriptions and exclusions are contained in the Summary Plan Description which is available at <http://www.uaex.edu/extension-policies/employee-benefits/>.

Remember:

Your enrollment deadline is 11/30/2016.

You must provide documentation to verify dependent eligibility at the time of enrollment. For dental coverage, dependent children turning age 3 in 2017 may be enrolled during open enrollment.

To receive new ID Cards in December, you must provide all enrollment documents by 11/20/16.

Keep a copy of submitted enrollment/change forms and fax confirmation for your records. A date-stamped copy of all enrollment/change forms will be returned to you in January, 2017. Flexible Spending Accounts (FSAs) require an Annual Enrollment election. Contact Human Resources at 501-671-2219 or YourBenefits@uaex.edu if you have questions.

Verification of Eligibility for Dependent Enrollment – PLEASE REVIEW CAREFULLY

Verification of Eligibility for Dependent Enrollment

(dependent verification grid)

	Marriage License	AND	Birth Certificate	AND	Additional Documentation
<u>Spouse Enrollment</u>	Yes	AND	NA	AND	NA
<u>Child Enrollment for the Child of an Employee</u>					
Biological Child (to age 26)	NA	AND	Yes	AND	NA
Adoptive Child (to age 26)	NA	AND	NA	AND	Petition for adoption which has been filed with the court for cases in process or the final court issued order of adoption, Document must include the child's DOB
Legal Ward/Guardian Child (under age 18)	NA	AND	Yes	AND	Court or agency documentation of current ward or guardian status
Adult Totally Disabled Child (age 26 and older)	NA	AND	Yes	AND	Medical certification of qualifying disability* prior to age 26
<u>Child Enrollment for the Child of the Spouse of an Employee</u>					
Biological Child (to age 26)	Yes	AND	Yes	AND	NA
Adoptive Child (to age 26)	Yes	AND	NA	AND	Petition for adoption which has been filed with the court for cases in process or the final court issued order of adoption, Document must include the child's DOB
Legal Ward/Guardian Child (under age 18)	Yes	AND	Yes	AND	Court or agency documentation of current ward or guardian status
Adult Totally Disabled Child (age 26 and older)	Yes	AND	Yes	AND	Medical certification of disability* prior to age 26

*Please refer to the Health SPD for definition of disability.

Marriage License is a government-issued marriage license signed by the appropriate representative of the issuing governmental entity and carrying the seal of that office.

Birth certificate is a government-issued certificate of birth. Hospital-issued birth records are acceptable ONLY when enrolling a newborn child age 31 days or less.

Fully legible copies of original documents which display the official signature and seal are acceptable. Commemorative certificates and un-recorded licenses are not acceptable.

Health, dental or vision enrollments are not entered into the payroll system or submitted to the plan vendors without the approved documentation.

Required documentation must be provided within the open enrollment period or within 31 days following the eligible event.

Other than the enrollment of a newborn within 31 days of the event, enrollment is effective with the next available coverage-start date and is not retroactive to a prior date.

Be sure to drop ineligible dependents

Did you get a divorce and forgot to drop your ex-spouse and your step-children?

Through November 30, employees may update and correct any enrollment errors or oversights without risk of financial penalty. Simply complete a new form during the open enrollment period and the changes will be made.

Check your dependents

What family members can you cover?

The following applies to these insurance plans: Medical, Dental, Vision, Dependent Life and AD&D

YES, you can cover:	NO, you cannot cover:
<ul style="list-style-type: none">✓ Lawful spouse✓ Your biological children who are younger than age 26✓ Children younger than age 26 whom you have legally adopted or for whom you are the legal guardian (court document required)✓ Stepchildren younger than age 26; you must be married to the child's parent	<ul style="list-style-type: none">✗ Divorced ex-spouse, common law spouse, domestic partner, boyfriend, girlfriend or fiancée✗ Children age 26 or older (unless disabled; pre-approval required)✗ Grandchildren, nieces or nephews✗ Parents✗ Anyone who is already covered under a UA policy (you can't double cover them as your dependent)

Please Note:

If both you and your spouse work for the University of Arkansas (at any campus) in benefits-eligible positions, you need to make sure you coordinate your benefits enrollment with each other. You cannot be covered as both an employee and the spouse of an employee. Children can only be covered under one employee's plan.

UMR HEALTH INSURANCE PREMIUMS
Semi-Monthly Rates Effective July 1, 2016

Appointment Percentage	CLASSIC			POINT OF SERVICE		
75% - 100%	Employee	Employer	Total	Employee	Employer	Total
Employee only	\$38.80	\$167.43	\$206.23	\$54.97	\$173.44	\$228.41
Employee & Spouse	\$87.20	\$381.07	\$468.27	\$123.54	\$395.10	\$518.64
Employee & Child(ren)	\$68.52	\$317.78	\$386.30	\$97.10	\$329.59	\$426.69
Employee, Spouse, & Child(ren)	\$116.93	\$536.04	\$652.97	\$165.68	\$557.56	\$723.24
50%-74%						
Employee only	\$66.25	\$139.98	\$206.23	\$82.42	\$145.99	\$228.41
Employee & Spouse	\$148.96	\$319.31	\$468.27	\$185.28	\$333.36	\$518.64
Employee & Child(ren)	\$117.08	\$269.22	\$386.30	\$145.65	\$281.04	\$426.69
Employee, Spouse, & Child(ren)	\$199.80	\$453.17	\$652.97	\$248.54	\$474.70	\$723.24

DELTA DENTAL INSURANCE PREMIUMS
Semi-Monthly Rates Effective *January 1, 2015

75% - 100% Appointment	Employee	Employer	Total
Employee only	\$8.00	\$8.00	\$16.00
Employee & Spouse	\$16.53	\$16.47	\$33.00
Employee & Child(ren)	\$13.93	\$13.92	\$27.85
Employee, Spouse, & Child(ren)	\$22.45	\$22.40	\$44.85
50%-74% Appointment			
Employee only	\$10.57	\$5.43	\$16.00
Employee & Spouse	\$21.85	\$11.18	\$33.00
Employee & Child(ren)	\$18.39	\$9.46	\$27.85
Employee, Spouse, & Child(ren)	\$29.63	\$15.22	\$44.85

Consult your Summary Plan Description or contact the Human Resources Office for more information. 7/2016 Revised.

*Delta Dental Insurance Premiums no rate change since January 1, 2015

Optional and AD&D Life Insurance Rate Sheet:

Optional Life Insurance

You have the option of buying additional term life insurance as a new hire or upon proof of insurability. You may choose additional coverage of one, two, three, or four times your annual salary rounded up to the next thousand. Maximum coverage is \$500,000. You pay the cost of this coverage. The cost is based on your age:

Present Age	Rate per \$1,000	Present Age	Rate per \$1,000
Under age 25	.040	50 through 54	.184
25 through 29	.040	55 through 59	.344
30 through 34	.056	60 through 64	.528
35 through 39	.064	65 through 69	1.016
40 through 44	.080	70 and older	1.640
45 through 49	.120		<i>Updated as of 1/1/2015</i>

To figure your cost, do the following:

1. Take your annual salary
2. Multiply by one, two, three, or four, depending on the level of coverage you choose
3. Round that amount up to the nearest \$1,000.00
4. Divide by \$1,000.00
5. Multiply by the rate in the chart above based on your age
6. The result is your monthly cost

Optional Accidental Death and Dismemberment Insurance

You have the option of enrolling yourself and your family in this program. You pay the cost of coverage according to the following schedule:

Amount of Employee's Coverage	Monthly Cost Employee Only	Amount of Spouse's Coverage	Amount of Child's Coverage	Monthly Cost Employee & Family
\$25,000	\$.38	\$15,000	\$ 5,000	\$.75
50,000	.75	30,000	10,000	1.50
75,000	1.13	45,000	15,000	2.25
100,000	1.50	60,000	20,000	3.00
125,000	1.88	75,000	25,000	3.75
150,000	2.25	90,000	30,000	4.50
*175,000	2.63	105,000	35,000	5.25
*200,000	3.00	120,000	40,000	6.00
*225,000	3.38	135,000	45,000	6.75
*250,000	3.75	150,000	50,000	7.50
*275,000	4.13	165,000	55,000	8.25
*300,000	4.50	180,000	60,000	9.00
				<i>Updated as of 1/1/2015</i>

***You are limited to 15 times your annual salary (rounded up to the next level) for all coverage amounts in excess of \$150,000. Maximum coverage is \$300,000.**

Consult your Summary Plan Description or contact the Human Resources Office for more information.