UofA
UNIVERSITY OF ARKANSAS SYSTEM



2027 Open Enrollment Decision Guide

University of Arkansas System

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What's New for 2027

Wellness Program

You must enroll by November 3, 2026, to participate in the Live Well Reward$ Wellness Program in 2027. Annual enrollment is required; your current enrollment will not roll forward into 2027. You must have an active UMR account to enroll in the Wellness Program — if you are adding medical coverage for the first time in 2027, you will need to wait until 2028 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 2026 points to gift cards by November 30, 2026, before you lose them!

Important tax information. Any wellness points redeemed for gift cards or merchandise are considered taxable income. UMR will report the value of redeemed rewards, and that amount will be included on your Form W-2. If you have questions about how this may affect you, we recommend consulting with your tax advisor.

Supplemental Insurance Plans

Enhancements are coming to our supplemental accident, hospital indemnity and critical illness insurance plans in 2027!

Starting January 1, these benefits will be administered by Securian Financial. Accident, critical illness, and hospital indemnity insurance through Securian will be available at a reduced cost and will include wellness screening benefits and coverage you can keep if you leave the university or retire. Securian also offers a simple digital claims process, fast payments for eligible claims, and additional family-building and loss-support services. For details, see page 10.

Important: If you are currently enrolled in a UnitedHealthcare supplemental insurance plan (accident, critical illness or hospital indemnity insurance), you will be automatically enrolled in the same plan(s) through Securian Financial. If you want to make changes to your coverage, you can do so during open enrollment through Workday.

2027 Open Enrollment Is October 19 – November 2, 2026

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, 2027.

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.
- Check beneficiary information in Workday. Your beneficiaries will receive benefits if you die, so it's important to regularly review your elections for accuracy. You can review your University of Arkansas Retirement Plan beneficiaries with your retirement plan vendor (TIAA or Fidelity).

Making Your 2027 Elections

Complete your enrollment through Workday. Your open enrollment event will be available to you in Workday on October 19, 2026.

- Opt into the UMR Live Well Reward$ wellness program on **umr.com** between October 1 and November 3, 2026, to avoid higher 2027 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 **2027 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 2027. 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**.

2027 HSA Contribution Maximums

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

- Individual: $4,500 pretax
- Family: $9,000 pretax
- $1,000 additional catch-up contribution allowed if you will be age 55 or older by December 31, 2027

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 "2027 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

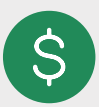
Your HSA will roll over each year, so any money you don't spend will accumulate for future use. If you leave the university or retire, you take your HSA with you. That means you can use it for health care expenses in retirement.

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.

	Classic Plan	Premier Plan	Health Savings Plan
2027 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[1]	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[2]	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[3]	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	

[1] Prior authorization required.
[2] Includes semiprivate room and board, intensive care room and board, ancillary charges and maternity inpatient charges.
[3] $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.

There's no need to sign up for SmartCare — your savings are included 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, 2026, you are not eligible to enroll in Live Well Reward$ for the 2027 plan year. You can enroll during 2028 open enrollment in the fall of 2027.

UMR Live Well Reward$ Wellness Program

To qualify for lower out-of-pocket limits and earn 2027 wellness rewards, you must log in to **umr.com** and opt into UMR's Live Well Reward$ wellness program by November 3, 2026. **If you don't opt in by November 3, 2026, you won't be eligible for wellness savings or rewards in 2027!**

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 2026 reward points by November 30, 2026, 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 have a lower medical out-of-pocket maximum for your university medical plan.

*Any wellness points you redeem for gift cards or merchandise are considered taxable income. UMR will report the value of your redeemed rewards, and that amount will be included on your W-2 at the end of the year.



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, 2027. 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** 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	$3,400*	$7,500 per household*
2027 Plan Year Rollover	• For the 2027 plan year, incur expenses by December 31, 2027 • Submit expenses for reimbursement by March 31, 2028 • After March 31, 2028, up to $680 of unused 2027 funds will roll over to the following year; additional funds are forfeited	• For the 2027 plan year, incur expenses by March 15, 2028 • Submit expenses for reimbursement by March 31, 2028 • After March 31, 2028, 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 2027. Given campus-level coding and publication deadlines, the university will apply 2026 maximums in 2027.

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 2027, you must use the money in your current Healthcare FSA by **December 31, 2026**. You will have the option of waiving the automatic rollover of any remaining FSA funds so that you can have an HSA in 2027.

Supplemental Insurance Plans

New for 2027! Enhanced Supplemental Coverage Through Securian

Beginning January 1, 2027, the supplemental insurance plans will be provided by Securian Financial. You'll still have access to accident, critical illness, and hospital indemnity insurance, but with several enhancements designed to provide more value and support when you need it most.

Highlights include:

- Lower premiums for all three supplemental plans
- Expanded accident, critical illness, and hospital indemnity coverage
- New critical illness covered conditions, including autism spectrum disorder and metastatic cancer
- Enhanced hospital indemnity benefits, including mental health and substance use disorder coverage
- Removal of the hospital indemnity pregnancy exclusion
- Faster, easier claims processing with online claims submission and proactive claim notifications
- New family support resources, including fertility, family-building, grief, and caregiving assistance
- Continued annual wellness benefits and portable coverage

Important: If you are currently enrolled in a UnitedHealthcare supplemental insurance plan (accident, critical illness or hospital indemnity insurance), you will be automatically enrolled in the same plan(s) through Securian Financial. If you want to make changes to your coverage, you can do so during open enrollment through Workday.

Critical Illness Insurance

- Provides financial support if you or a covered family member is diagnosed with a covered illness, including cancer, kidney failure, heart attack, stroke and a wide variety of other illnesses.
- Use to pay your bills or living expenses, like groceries, prescriptions, transportation and more.
- You and your covered children can earn financial incentives for completing health screenings.

Eligibility: Benefits-eligible employees

When To Enroll: Enroll for critical illness insurance during your new-hire eligibility period, during open enrollment, or if you have a qualifying event.

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, like groceries, prescriptions, transportation and more.
- Earn financial incentives by 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, during open enrollment, or if you have a qualifying event.

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.
- Use to pay your bills or living expenses, like groceries, prescriptions, transportation and more.
- You and your covered children can earn a financial incentive for completing health screenings.

Eligibility: Benefits-eligible employees

When To Enroll: Enroll for accident insurance during your new-hire eligibility period, during open enrollment, or if you have a qualifying event.



Supplemental plan benefit payments are not taxable. Accident, critical illness, and hospital indemnity insurance may be good options for you to consider if you choose a medical plan with a high deductible.

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.
- Covers 60% of your pre-disability salary, up to $20,000

Optional LTD

- Combined with basic LTD, covers 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 three 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	Securian Financial	855-750-1906	securian.com/uas-insurance
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

Section 1: Purpose of this notice and effective date

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

Effective Date: This Notice, originally effective April 14, 2003, was amended effective September 23, 2013, and has been updated to be effective as of February 16, 2026.

This Notice is required by a federal law called the Health Insurance Portability and Accountability Act, commonly known as HIPAA.

This Notice applies to all group health plans maintained by the University of Arkansas that are subject to HIPAA, collectively referred to herein as the "Plans."

This Notice of Privacy Practices describes how the University of Arkansas 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.

The Plans are required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. The Plans' uses and disclosures of PHI,
2. Your rights to privacy with respect to your PHI,
3. The Plans' duties with respect to your PHI,
4. Your right to file a complaint with the Plans and with the Secretary of the United States Department of Health and Human Services (HHS), and
5. The person or office you should contact for further information about the Plans' privacy practices.

This Notice applies to your PHI used or disclosed by the Plans as well as entities designated as "business associates" of the Plans.

Please share these Notices with your covered family members, as their PHI is also protected under federal law.

Section 2: Your protected health information

Protected Health Information (PHI) defined

The term "Protected Health Information" (PHI) includes all individually identifiable health information related to your past, present or future physical or mental health condition or to payment for health care. PHI includes information maintained by the Plans in oral, written, or electronic form.

Section 3: Use or disclosure for which your authorization or consent is not required

When the Plans may use or disclose your PHI

Under the law, the Plans may disclose your PHI without your consent or authorization, or the opportunity to agree or object, in the following cases:

- At your request. If you request it, the Plans are required to give you access to certain PHI in order to allow you to inspect and/or copy it.
- As required by HHS. The Secretary of the United States Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plans' compliance with the privacy regulations.
- For treatment, payment or health care operations. The Plans and their business associates will use PHI in order to carry out treatment, payment, or health care operations.

Treatment is the provision, coordination, or management of health care and related services. For example, the Plans may disclose PHI to a physician who is treating you.

Payment includes but is not limited to actions to make coverage determinations and payment. For example, the Plans may use PHI to pay claims from your health care provider. If we contract with third parties to help us with payment operations, such as a third-party claims administrator, we will also disclose information to them and they may conduct these activities on our behalf. These third parties are known as "business associates."

Health care operations includes but is not limited to quality assessment and improvement, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services, and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, the Plans or its third-party administrators may use information about your claims to refer you to a disease management program, a well-pregnancy program, project future benefit costs or audit the accuracy of its health care payments.

The Plans will not use your genetic information for underwriting purposes.

Disclosure to the Plan sponsor

The Plans will also disclose PHI to certain individuals who work for the Plan Sponsor for purposes related to treatment, payment, and health care operations, and the Plans have amended or had their delegates amend the Plan Documents to permit this use and disclosure as required by federal law.

For example, we may 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, the Plans may use or disclose "summary health information" for the purpose of obtaining premium bids or modifying, amending or terminating the group health Plan. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Plans have provided health benefits.

Other use or disclosure of your PHI for which consent, authorization or opportunity to object is not required

The Plans are allowed under federal law to use and disclose your PHI without your consent or authorization under the following circumstances:

1. When required by applicable law.
2. Public health purposes. To an authorized public health authority if required by law or for public health and safety purposes. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
3. Domestic violence or abuse situations. When authorized by law to report information about abuse, neglect or domestic violence to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm.
4. Health oversight activities. To a health oversight agency for oversight activities authorized by law. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against health care providers) and other activities necessary for appropriate oversight of benefit programs (for example, to the Department of Labor).
5. Legal proceedings. When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a court order.
6. Law enforcement health purposes. When required for law enforcement purposes (for example, to report certain types of wounds).
7. Law enforcement emergency purposes. For certain law enforcement purposes, including identifying or locating a suspect, fugitive, material witness or missing person, and disclosing information about an individual who is or is suspected to be a victim of a crime.
8. Determining cause of death and organ donation. When required to be given to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties. We may also disclose PHI for cadaveric organ, eye or tissue donation purposes.
9. Funeral purposes. When required to be given to funeral directors to carry out their duties with respect to the decedent.
10. Research. For research, subject to certain conditions.
11. Health or safety threats. When consistent with applicable law and standards of ethical conduct, the Plan in good faith believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person who is reasonably able to prevent or lessen the threat, including the target of the threat.
12. Workers' compensation programs. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
13. Specialized Government Functions. When required, to military authorities under certain circumstances, or to authorized federal officials for lawful intelligence, counterintelligence and other national security activities.
14. 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.

Except as otherwise indicated in this Notice, uses and disclosures will be made only with your written authorization, which you have the right to revoke.

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. If available, this also pertains to the claims information contained electronically and available via secured Internet access and corresponding telephonic claims sites.

Other uses or disclosures

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

Additional restrictions on use and disclosure

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain sensitive health information such as alcohol and substance use disorder, (including Part 2 Programs); biometric information; child or adult abuse or neglect, including sexual assault; communicable diseases; genetic information; HIV/AIDS; mental health; minors' information; prescriptions; reproductive health; and sexually transmitted diseases. In such case, the Plans will follow the more stringent or protective law, to the extent that it applies.

Note, information that is disclosed by the Plans in accordance with HIPAA's Privacy Rule is subject to redisclosure by the recipient and may no longer be protected by the Privacy Rule.

Section 4: Use or disclosure for which your authorization or consent is required

When the Plans obtain or receive a valid authorization for its use or disclosure of PHI, such use or disclosure will be consistent with such authorization. If you have authorized us to use or disclose your PHI for a purpose that requires authorization, you may revoke your authorization in writing at any time. If you revoke your authorization, the Plans will no longer be able to use or disclose PHI about you for the reasons covered by your written authorization. However, the Plans will be unable to take back any disclosures it has already made with your permission. Requests to revoke a prior authorization must be submitted in writing to the Privacy Official identified in Section 7. The following situations require your authorization:

Use of psychotherapy notes

The Plans do not routinely obtain psychotherapy notes. However, if it is necessary to use or disclose them, it must obtain your written authorization. The Plans may use and disclose such notes when needed by the Plans to defend itself against litigation filed by you. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.

Marketing of PHI

The Plans do not engage in the marketing of your PHI. In any event, before the Plans could market your PHI, it would have to obtain your authorization for any use or disclosure of PHI for marketing purposes and disclose whether remuneration will be received. Note face-to-face communications made by the Plans to you and promotional gifts of nominal value provided by the Plans are not considered as marketing.

Sale of PHI

The Plans do not sell your PHI. In any event, before the Plans could sell your PHI, it would have to obtain your authorization. For this purpose, sale of PHI generally means a disclosure of PHI by the Plans where the Plans directly or indirectly receive remuneration from or on behalf of the recipient of the PHI in exchange for the PHI, but does not include a disclosure of PHI otherwise permitted by HIPAA.

Substance use disorder treatment records

To the extent that the Plans have your substance use disorder patient records, subject to 42 CFR Part 2, the Plans will not share that information for investigations or legal proceedings against you without either your written consent or a court order and a subpoena.

Fundraising

The Plans will not use or disclose your PHI (including, but not limited to SUD Records) for any fundraising activities whether for the benefit of the Plans, or for or on behalf of others. In any event, before the Plans could use your PHI for fundraising, it would have to obtain your written authorization for such use or disclosure, and with respect to SUD Records, give you the opportunity to elect not to receive any fundraising communications.

Section 5: Your individual privacy rights

All requests under this section with respect to information about the Plans should be addressed to the Privacy Official identified in Section 7 below. If a form is required, it will be available from the Privacy Official.

You may request restrictions on PHI uses and disclosures

You may request the Plans to:

1. Restrict the uses and disclosures of your PHI to carry out treatment, payment or health care operations, or
2. Restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care.

The Plans, however, are not required to agree to your request if the Plans' Administrator or Privacy Official determines it to be unreasonable.

You may request confidential communications

You have the right to ask us to communicate with you using an alternative means or at an alternative location. The Plans will accommodate an individual's reasonable request to receive communications of PHI by alternative means or at alternative locations where the request includes a statement that disclosure could endanger the individual.

You or your personal representative will be required to complete a form to request restrictions on use and disclosures of your PHI.

You may inspect and copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Plans maintain the PHI.

The Plans must provide the requested information within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. A reasonable fee may be charged.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to the Plans and HHS.

Designated Record Set: includes enrollment, payment, claims adjudication and other information used to make decisions about payment for care. Information used for quality control or peer review analyses and not used to make decisions about you is not included.

You have the right to amend your PHI

You have the right to request that the Plans amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set subject to certain exceptions.

The Plans have 60 days after receiving your request to act on it. The Plans are allowed a single 30 day extension if the Plans are unable to comply with the 60-day deadline. If the Plans denied your request in whole or part, the Plans must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of that PHI.

You or your personal representative will be required to complete a form to request amendment of the PHI.

You have the right to receive an accounting of the Plan's PHI disclosures

At your request, the Plans will also provide you with an accounting of certain disclosures by the Plans of your PHI. We do not have to provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing. The Plans have 60 days to provide the accounting. The Plans are allowed an additional 30 days if the Plans give you a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Plans will charge a reasonable, cost-based fee for each subsequent accounting.

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 PHI 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 Plans retain discretion to deny access to your PHI 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, violence, or neglect.

Use or disclosure of your PHI to family members

Disclosure of your PHI to family members, other relatives, your close personal friends, and any other person you choose is allowed under federal law if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Section 6: The Plans' duties

The Plans are required by law to maintain the privacy of your PHI and to maintain the privacy of Protected Health Information, to provide individuals with notice of its legal duties and privacy practices, and to notify affected individuals following a breach of unsecured protected health information.

The Plans are required to abide by the terms of the Notice currently in effect.

The Plans reserve the right to change the terms of the Notice and to apply the changes to any PHI received or maintained by the Plan prior to that date. If this Notice is changed, a revised version of this Notice will be provided to you.

Section 7: Your right to file a complaint with the Plans or the HHS secretary

Complaint to the Plans

If you believe that your privacy rights have been violated, you may obtain additional information or file a complaint with the Plans, in care of 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

Complaint to HHS

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services ("HHS"). Please contact the nearest office of the Department of Health and Human Services, listed in your telephone directory, visit the HHS website at **www.hhs.gov**, or contact the Privacy Official for more information about how to file a complaint.

The Plan will not retaliate against you for filing a complaint.

Section 8: If you need more information

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Privacy Official listed in Section 7.

Section 9: Conclusion

PHI use and disclosure by the Plans is regulated by the federal Health Insurance Portability and Accountability Act, known as HIPAA. You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This Notice attempts to summarize the regulations. The regulations will supersede this Notice if there is any discrepancy between the information in this notice and the regulations.

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, 2026. 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/services/health-insurance-premium-payment-program-cost-avoidance/** 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)	KANSAS – Medicaid
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	Website: kancare.ks.gov Phone: 800-792-4884 HIPP Phone: 800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – 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	Website: ldh.la.gov/healthy-louisiana Phone: Medicaid Customer Service Line: 1-888-342-6207 (Medicaid hotline) or 855-618-5488 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
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	Website: mass.gov/masshealth/pa Phone: 800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: mn.gov/dhs/health-care-coverage Phone: 800-657-3672	Website: dss.mo.gov Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: ACCESSNebraska.ne.gov Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: dhcfp.nv.gov Medicaid Phone: 800-992-0900	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	**NEW YORK – Medicaid**
Medicaid Website: nj.gov/humanservices/dmahs/individuals-families/familycare 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)	Website: health.ny.gov/health_care/medicaid Phone: 800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: medicaid.ncdhhs.gov Phone: 919-855-4100	Website: hhs.nd.gov/healthcare Phone: 866-614-6005
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: insureoklahoma.org Phone: 888-365-3742	Website: healthcare.oregon.gov/Pages/index.aspx Phone: 800-699-9075

PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – 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)	Website: **eohhs.ri.gov** Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: **scdhhs.gov** Phone: 888-549-0820	Website: **dss.sd.gov** Phone: 605-773-3165
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: **mywvhipp.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, 2026, 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 2026 Annual 403(b) Notice

Universal Availability
Important Information Regarding Your Opportunity to Participate in the University's 403b 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 unmatched 403b employee contributions 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. Employee contributions may be made on a before-tax or a Roth basis. Please contact your campus HR Office for additional details, enrollment information and assistance.

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

All employees on the University payroll who are enrolled in the State of Arkansas APERS, ATRS or other retirement systems are eligible to participate in unmatched 403b employee contributions on a voluntary basis. Such 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. Employee contributions may be made on a before-tax or a Roth basis. 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 make employee contributions on a before-tax or a Roth basis, and will be matched in accordance with the University of Arkansas employer contribution schedule. Within IRS limits, employees may 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 a SEP. For 2026 you make required contributions of $10,000 to the University of Arkansas 403(b) Plan, and elective contributions of $24,500 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 $54,500. You are under age 50. You would like to contribute $20,000 to a SEP of your separate business for the 2026 year. Since the total contributions to the University 403(b) Plan are $54,500, and the maximum total contribution is $72,000 in 2026, the maximum contribution you can make to the SEP is $17,500, and any excess would be an excess annual addition attributable to the 403(b) plan. For this reason, it is critical you notify the University of any other contributions to the plan of a business controlled by you.

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 Annual 403(b) Notices

Where possible, the University intends to provide distribution of 403(b) Notices, including the Annual Notice, 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.

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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.

October 2026