



2023

Open Enrollment Decision Guide

University of Arkansas System

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What's New for 2023

Premiums

Good news! There will be **no increase** to your premiums in January 2023 for medical, dental, and vision coverage, or for life, disability and critical illness insurance. Information for 2023 is available through your campus Human Resources office or on the **Premiums** page under **Enrolling** at uasys.edu/benefits.

Medical Plans

Classic Plan

You will save \$1,250 (individual coverage) or \$2,500 (family coverage) on your non-SmartCare medical out-of-pocket maximum if you complete wellness program requirements (see page 6).

Prescription drug out-of-pocket limits will increase by \$100 for individual coverage and \$200 for family coverage.

Premier Plan

You will save \$500 (individual coverage) or \$1,000 (family coverage) on your non-SmartCare medical out-of-pocket maximum if you complete wellness program requirements (see page 6).

Prescription drug out-of-pocket limits will increase by \$100 for individual coverage and \$200 for family coverage.

Health Savings Plan

The IRS-mandated deductible will increase by \$200 for individual coverage and \$600 for family coverage.

Health Savings Account Contribution Increase

The University contribution toward your Health Savings Account (HSA) will increase! If you enroll in the Health Savings Plan, the University will contribute \$650 individual/\$1,200 family coverage. See page 4 for details.

Infertility Coverage

The lifetime maximum for infertility treatment and services is increasing to \$30,000 for medical expenses and pharmacy expenses (from \$25,000).

Navigating infertility treatment can be overwhelming, but if you are enrolled in University medical coverage, you can contact the UMR Maternity Management Program for assistance. Speak with a dedicated nurse, who can guide you through pre-approvals and inform you of your options. Call 844.604.6244 to get started.

Insulin Pumps

When you purchase an insulin pump, it will be covered under the medical plan—not under prescription drug coverage.

Continuous glucose monitors will only be covered under the pharmacy benefit. The preferred brands for continuous glucose monitors are **FreeStyle Libre** and **Dexcom G6**.

Diabetes supplies will continue to be covered under both the medical and pharmacy benefit.



2023 Open Enrollment is October 31 – November 14, 2022. If you want to make changes to your coverage, add or remove dependents, contribute to a Flexible Spending Account (FSA), or elect LegalShield coverage, you **must** enroll. Changes made during Open Enrollment will be effective January 1, 2023.

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.

Dental Eligibility

Dentists often recommend that dental exams and treatment begin at a young age. To provide you flexibility in when you start to cover your children under your dental benefit, you can add a child to your dental coverage when you are first hired by the University, when you have a qualifying event, including birth, and each year during Open Enrollment.

LegalShield Enhancement

We're expanding LegalShield coverage to include a buy-up option for home businesses—a great option if you own a home business, are a consultant, or need business legal advice.

Important! Due to plan changes, you must re-enroll in LegalShield coverage through Workday if you want to pay through payroll deductions.

If you want to pay through direct pay (paying LegalShield directly), enroll directly with LegalShield.

If you currently pay LegalShield directly (direct bill) and you want to pay through payroll deductions, you must enroll through Workday **AND** call LegalShield at 800.654.7757 to cancel your direct-pay coverage, or email sapphireelite@legalshieldcorp.com for instructions.

Remember, changes made during Open Enrollment are not effective until January 1, 2023.



Open Enrollment is a great time to review your beneficiaries for retirement benefits, and Life and AD&D insurance. Be sure to confirm your current beneficiary designations and make changes, if necessary.

Hospital Indemnity Insurance

Even when you have health insurance, paying for a hospital stay can mean a lot of money coming out of your pocket to pay for your care. The Hospital Indemnity Protection Plan helps take care of that burden. If you receive covered hospital care, such as hospital admission and confinement or staying in the ICU, you'll receive a cash benefit to use any way you choose. Plus, there's a yearly wellness benefit of up to \$50 per year. All you need to do is complete one preventive screening or test. See page 11 for more information.

Accident Insurance

Accidental injuries might put a stop to your plans, but the Accident Protection Plan can help with the expenses from an unexpected event. If you have a covered injury that requires medical attention, like a burn, concussion or fracture, you'll receive a cash benefit to use any way you choose. Plus, there's a yearly wellness benefit of up to \$50 per year. All you need to do is complete one preventive screening or test. See page 11 for more information.

COBRA Administration Change

On October 1, 2022, UMR took over administration of Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation coverage. If you have a qualifying life event that causes you or a dependent to lose coverage, you can continue your enrollment in medical, dental, and vision coverage for a specified period of time under COBRA. Current COBRA participants will automatically be moved to UMR administration; additional information will be provided. Visit the **COBRA** page under **Enrolling** at uasys.edu/benefits.

What You Need to Do

Review Your Options

- Attend the virtual benefits fair at uasys.edu/benefits.
 - 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 benefits needs for you and your family.
 - Carefully compare and contrast the three medical plans to ensure you make the best choice for your situation.
 - Complete the *Tobacco Pledge and Notice* during Open Enrollment to avoid the \$50 monthly tobacco surcharge (starting January 2023). **Remember, EVERYONE must complete the Pledge every year during Open Enrollment, even if you do not use tobacco products and even if you completed the Pledge last year.** See page 6 for details.
- To enroll, make changes to your benefits coverage, contribute to a Flexible Spending Account, or elect LegalShield coverage, visit the **2023 Open Enrollment** page under **Enrolling** at uasys.edu/benefits, or contact your campus Human Resources office for enrollment details.

Making Your 2023 Elections

Complete your enrollment—including the *Tobacco Pledge and Notice*—through Workday. The Workday team will provide you with more information closer to enrollment.

Important: You must re-enroll in LegalShield coverage for 2023, even if you don't want to make changes to your coverage election.

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

Find Helpful Information on Choosing Coverage!

It is important to think carefully about which plans will be best for you and your family for 2023. Visit the **Choosing Coverage** page under **Health & Wellness** 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 vs. 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.

Classic Plan

This plan has mid-range 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.
- 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. Find a list of local and national in-network providers at umr.com.

Premier Plan

This plan has the highest monthly premiums, but you'll pay the least out-of-pocket of all the medical options 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.
- 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 an out-of-network provider, 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 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 an out-of-network provider, but you will pay more for your care.
- **Important!** You cannot contribute to the HSA if you have other medical coverage, including Medicare and Tricare. Review eligibility rules on the **Health Savings Account** page under **Health & Wellness** on uasys.edu/benefits.

2023 HSA Contribution Maximum

Contribution maximums include University contributions (see top of right column) and your optional payroll-deducted pre-tax contributions.

- Individual: \$3,850 pre-tax
- Family: \$7,750 pre-tax
- \$1,000 additional catch-up contribution allowed if you will be age 55 or older by December 31, 2023



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 only available if you elect the Health Savings Plan. For more information, including an HSA/FSA comparison, visit the **Health Savings Account** page under **Health & Wellness** at uasys.edu/benefits.

Using the Health Savings Account

Once you're enrolled in the Health Savings Plan, you will be eligible to open a Health Savings Account with Optum Bank. 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

Increased for 2023! 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 pre-tax contributions deducted from your paycheck and deposited directly into your HSA. However, your contributions plus University contributions cannot exceed the Internal Revenue Service (IRS) annual contribution maximum (see 2023 HSA Contribution Maximum 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.

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 pre-tax (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 completing the wellness program steps and/or participating in SmartCare.** See page 6 for details. Changes for 2023 are shown in **red** below.

	Classic Plan	Premier Plan	Health Savings Plan
2023 Annual University HSA Contribution			
Individual	No contribution	No contribution	\$650
Family	No contribution	No contribution	\$1,200
Annual Deductible			
Individual	\$1,350	\$800	\$3,000
Family	\$2,700	\$1,600	\$6,000
Annual Out-of-Pocket Maximum			
Individual	\$5,250	\$3,200	\$6,750
Family	\$10,500	\$6,400	\$13,300
Medical Service			
Coinsurance	25%	20%	10%
PCP Visit	\$35	\$25	10% after deductible is met
Specialist Visit	\$55	\$45	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	\$100 (waived if admitted)	\$100 (waived if admitted)	10% after deductible is met
Advanced Imaging*	25% after deductible is met and \$150 copay	20% after deductible is met and \$100 copay	10% after deductible is met
Outpatient Surgery	25% after deductible is met and \$160 copay	20% after deductible is met and \$80 copay	10% after deductible is met
Inpatient Services**	25% after deductible is met and \$300 copay	20% after deductible is met and \$300 copay	10% after deductible is met
Infertility Treatment and Services***	25% after deductible is met	20% after deductible is met	10% after deductible is met
Speech, Occupational, and Physical Therapy (30-visit combined maximum)	25% after deductible is met and \$55 evaluation copay	20% after deductible is met and \$45 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	\$1,800	\$1,800	Combined with medical annual out-of-pocket maximum
Family	\$3,600	\$3,600	

* Prior authorization required.

** Includes semi-private room and board, intensive care room and board, ancillary charges, and maternity inpatient charges.

*** **\$20,000** medical services/**\$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 & Wellness** 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 & Wellness** at uasys.edu/benefits.

SmartCare

If you are enrolled in a University medical plan, you can save on health care costs by visiting a SmartCare provider at a University of Arkansas for Medical Sciences (UAMS) facility, the University of Arkansas Fayetteville Pat Walker Health Center, or the University of Arkansas Little Rock Health Center. What you save depends on the medical plan you select, but it ranges from lower coinsurance, deductibles, and out-of-pocket maximums to reduced copays.

No need to sign up for SmartCare—your savings are automatic when you use a SmartCare provider. When you need a service, just visit the **SmartCare Program** page under **Health & Wellness** 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.

Wellness Program

To qualify for the 2023 wellness incentive, you must complete the *Tobacco Pledge and Notice* during 2023 Open Enrollment:

- **If you do not use tobacco/nicotine products**, you must complete the *Pledge* during Open Enrollment and agree to continue being tobacco-free.
- **If you DO use tobacco/nicotine products**, you must complete the *Pledge* during Open Enrollment and commit to enrolling in and completing a recognized tobacco cessation program in 2023.

Only *you* need to complete the *Pledge*—your covered spouse and dependents do not need to complete it for you to receive wellness program incentives.

Tobacco Cessation Programs

Many recognized tobacco cessation programs that provide services or one-on-one counseling are available at no cost to you, including:

- 1-800-Quit Now
- Arkansas Stamp Out Smoking
- Pat Walker Health Center
- The American Cancer Society Quit for Life
- The National Cancer Institute Quitline
- UA Little Rock Health Services Center
- UMR's Tobacco-free 4 Life Program.

Wellness Program Incentives

We are committed to helping you achieve your best health. Rewards for participating in the wellness program are available to all benefits-eligible employees.

If you think that you are unable to participate in one of the above tobacco cessation programs due to your health status, you might qualify to earn the reward by a different means. Contact your campus Human Resources office if this applies to you.

Classic Plan	Premier Plan
Medical out-of-pocket maximum savings of \$1,250 individual/\$2,500 family	Medical out-of-pocket maximum savings of \$500 individual/\$1,000 family

Warning! If you do not complete the *Tobacco Pledge and Notice* during Open Enrollment, you will pay a \$50 monthly tobacco surcharge (starting January 2023)—that's \$600 a year! You must complete the *Pledge* **every year** during Open Enrollment, even if you do not use tobacco products and/or you completed the *Pledge* the previous year.

Completing Your Tobacco Pledge and Notice

Complete your *Tobacco Pledge and Notice* through Workday.



For more information, including details on no-cost tobacco cessation benefits, visit the **Wellness** page under **Health & Wellness** at uasys.edu/benefits.

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. They 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! Plus, Real Appeal sends you FREE stuff, like a recipe book, weight scale, and resistance bands.

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 & Wellness** at uasys.edu/benefits.



Dental Coverage

The University's dental plan, administered by Arkansas Blue Cross and Blue Shield, offers coverage for basic, restorative, and preventive dental services, plus orthodontia for children under age 18. If you don't meet your annual benefit maximum during the year, you can carry over up to \$1,500 of the unused maximum amount to the following year.

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 (dependent children under age 18)	
Deductible	None
Lifetime Maximum	\$2,000 per child
Coinsurance	50%



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




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. So you'll always save money by visiting an in-network dentist.

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 a provider in the EyeMed national network or an out-of-network provider; 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 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.



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.

	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

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, 2023. During the year, you will not be able to make changes to your contribution amount unless you have a qualifying life event.

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



	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*	\$2,850	\$5,000 (married and filing jointly or separately) \$2,500 (married and filing separately)
2023 Plan Year Rollover	<ul style="list-style-type: none"> • For the 2023 Plan Year, incur expenses by March 15, 2024 • Submit expenses for reimbursement by March 31, 2024 • After March 31, 2024, up to \$570 of unused 2023 funds will roll over to the following year; additional funds are forfeited 	<ul style="list-style-type: none"> • For the 2023 Plan Year, incur expenses by March 15, 2024 • Submit expenses for reimbursement by March 31, 2024 • After March 31, 2024, 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 them 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 2023. Given campus-level coding and publication deadlines, the University will apply 2022 maximums in 2023.

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 & Wellness** at uasys.edu/benefits.



If you are currently enrolled in the Healthcare FSA and plan to enroll in the Health Savings Account (HSA) for 2023, you must use the money in your Healthcare FSA by December 31, 2022. You will have the option of waiving the automatic rollover of any remaining FSA funds so that you can have an HSA in 2023.

Voluntary Benefits

The University provides the following optional voluntary benefits for you and your family. For more information, visit the **Financial Protection** section at uasys.edu/benefits, or contact your campus Human Resources office.

Short-Term Disability (STD) Insurance

Optional STD

- 60% salary replacement for up to \$216,000 of salary coverage
- STD benefits start when you have been out of work for 14 days and have used all accrued leave (use of accrued leave is not required for maternity leave)
- STD benefits end when you qualify for Long-Term Disability benefits

Eligibility: Benefits-eligible employees

When to Enroll: Enroll in Optional STD during your new hire eligibility period or during Open Enrollment; if you enroll outside of your new hire eligibility period, any disability attributed to a preexisting condition will be subject to a longer waiting period



Some campuses offer additional Short-Term Disability benefits. To learn more, visit the **Disability Insurance** page under **Financial Protection** at uasys.edu/benefits.

Long-Term Disability (LTD) Insurance

Payment starts after you are disabled for six months, and continues for as long as you are disabled, up until age 65.

Basic LTD

- You're enrolled automatically; the University pays the entire cost of coverage—there's no cost to you!
- 60% salary replacement for first \$20,000 of your annual base salary (up to \$1,000 benefit per month)

Optional LTD

- Combined with Basic LTD, 60% salary replacement for up to \$500,000 of salary coverage (up to \$25,000 benefit per month)
- Disability benefits start after 180-day waiting period

Eligibility: Benefits-eligible employees

When to Enroll: Enroll in Optional LTD during your new hire eligibility period or during Open Enrollment; 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

- 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

- Additional coverage of 1, 2, 3, or 4 times your annual base salary, up to \$750,000 (subject to evidence of insurability)

Dependent Life

- Coverage for your spouse and for your children under age 26 of \$10,000, \$15,000, or \$20,000

Eligibility: Benefits-eligible employees and covered dependents

When to Enroll: Enroll in Optional Life and Dependent Life during your new hire eligibility period; if you enroll outside of your new hire eligibility period, you must submit evidence of insurability on the entire amount of optional coverage

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
- 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: Anytime during the year

Critical Illness Insurance

- Financial support if you or a covered family member is diagnosed with a covered illness, including cancer, renal failure, heart attack, stroke, and a wide variety of other illnesses
- Use payments for bills, groceries, prescriptions, transportation, and more
- Earn additional financial incentives for completing health screenings

Eligibility: Benefits-eligible employees

When to Enroll: Enroll for Critical Illness Insurance during your new hire eligibility period or during Open Enrollment

Hospital Indemnity Insurance

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

Eligibility: Benefits-eligible employees

When to Enroll: Enroll for Hospital Indemnity Insurance during your new hire eligibility period or during Open Enrollment

Accident Insurance

- Offers financial compensation to use however you'd like if you have a covered injury that requires care, such as being admitted into the hospital, ambulance services, doctors visits, physical therapy, prescriptions, and more
- Earn \$50 per year for completing one preventive test, such as blood work, mammograms, and other screenings

Eligibility: Benefits-eligible employees

When to Enroll: Enroll for Accident Insurance during your new hire eligibility period or during Open Enrollment

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

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



Due to plan changes, you **must** re-enroll in LegalShield coverage through Workday if you want to pay through payroll deductions. To learn more about other payment options, see page 2.

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



Are You Contributing Enough to Your University Retirement Plan?

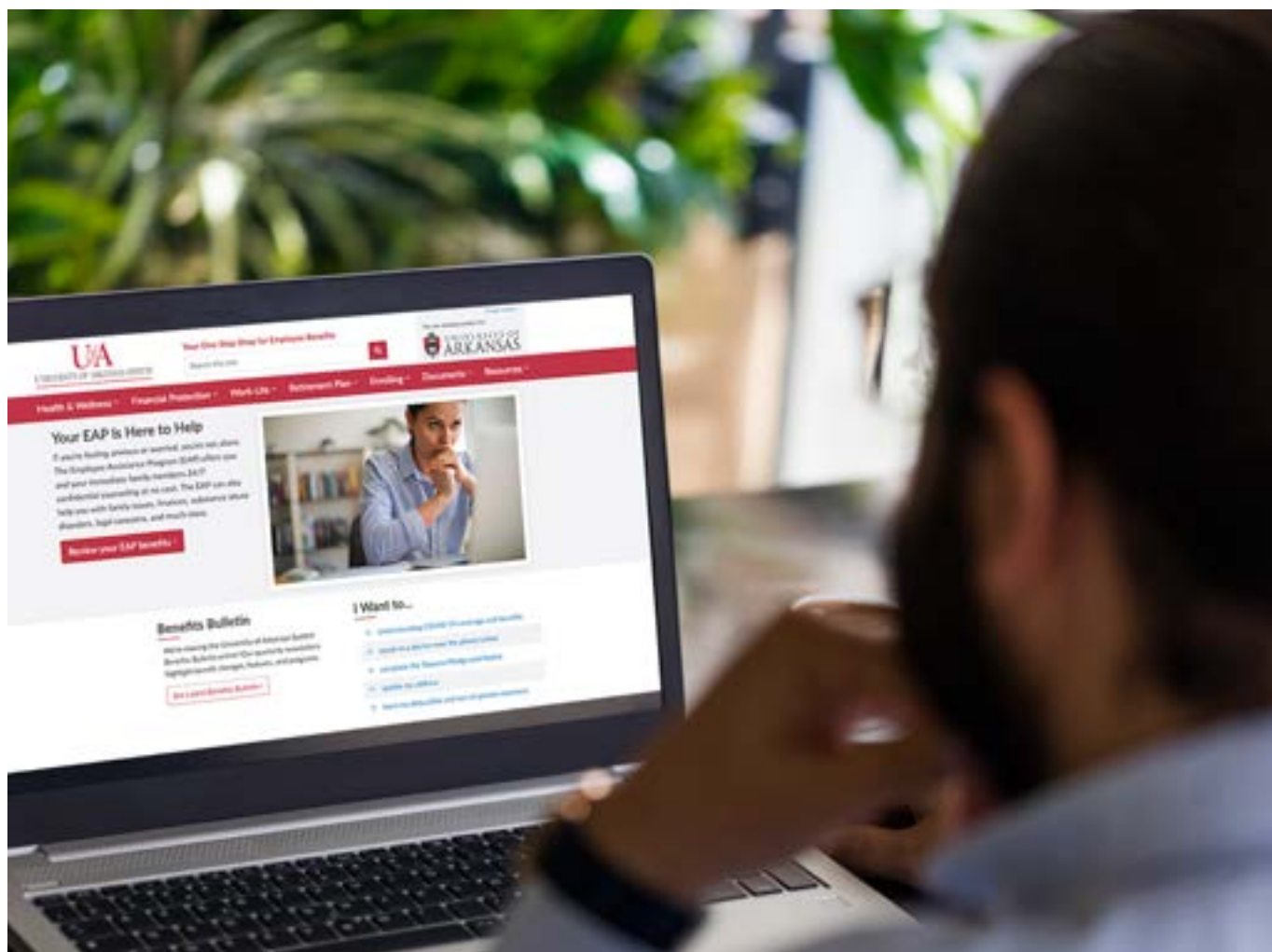
While you're reviewing your other coverage elections, take this time to consider increasing your contributions. It's also a good time to review your investment fund and beneficiary selections.

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.

And 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 the first of the following month after you make the change.

Please refer to the Universal Availability Notice (page 22) 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, Wellness	UMR (UnitedHealthcare)	888.438.6105	umr.com
Prescription Drugs	MedImpact Appeals and exceptions: EBRx	800.788.2949 833.650.0475 Fax: 877.540.9036	mp.medimpact.com/uas
Health Savings Account	Optum	866.234.8913 option 1	optumbank.com
Vision	EyeMed	866.800.5457	eyemed.com
Dental	Arkansas Blue Cross and Blue Shield	844.662.2281	blueadvantagearkansas.com/portal/uasdental
Life, Disability and AD&D Insurance	Standard Insurance	888.641.7194	standard.com
Critical Illness, Accident, and Hospital Indemnity Insurance	UMR (UnitedHealthcare)	800.444.5854 option 1	N/A
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

Required Notices

Summaries of Benefits and Coverage

You can find summaries of benefits and coverage on the **Plan Documents** page under **Documents** at uasys.edu/benefits.

Notice of Special Enrollment Rights

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

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

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

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

Women's Health and Cancer Rights Act

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

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

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

HIPAA Notice of Privacy Practices

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

Please Review It Carefully.

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

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

We are required to maintain the privacy of your protected health information and to provide you this notice about our legal duties and privacy practices. We must follow the privacy practices described in this notice while it is in effect. A version of this notice was originally provided in 2003 and was effective April 14, 2003. This updated notice is effective October 1, 2022 and reflects changes made by the Final Rule under the Health Insurance Portability and Accountability Act generally referred to as HIPAA.

Uses and Disclosures of Protected Health Information

Uses and Disclosures for Payment and Health Care Operations. The University of Arkansas Health and Dental Plans do not disclose Protected Health Information unless required by law. However, we do use Protected Health Information for payment and for health care operations.

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

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

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

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

Other Permitted or Required Uses and Disclosures of Protected Health Information.

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

Others Involved in Your Healthcare: Unless you request *Restriction or Confidential Communication*, we may disclose to your spouse (or your parent if you are a dependent child), the Protected Health Information directly related to payment for health care services. Otherwise, we will not disclose your Protected Health Information regarding health care to your spouse, your family (except for parents of dependents covered under the plan), a relative, a close friend, or any other person without your signed authorization explicitly directing us to do so. If you are present for such a disclosure (whether in person or on a telephone call), we will either seek your verbal agreement to the disclosure or provide you an opportunity to object to it. We may also make such disclosures to the persons described above in situations where you are not present or you are unable to agree or object to the disclosure, if we determine that the disclosure is in your best interest. We may also disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

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

If you would not like us to share any information in any of the foregoing manners with any particular individuals or organizations, please call the appropriate number listed on page 18.

Required by Law

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

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

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

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

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

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

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

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

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

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

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

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

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

Many members ask us to disclose their protected health information to third parties for reasons not described in this notice. For example, elderly members often ask us to make their records available to caregivers. The administrator of the group Health and Dental Plans maintains this information. To authorize us to disclose any of your protected health information to a person or organization for reasons other than those described in this notice, please call the appropriate number listed on page 18 and you will be provided the appropriate authorization and address to submit the form. You may revoke the authorization at any time by sending a letter to the same address. Please include your name, address, member identification number and a telephone number where we can reach you. A revocation is not effective until it is actually received by us.

Member Rights

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

Right to Request Restrictions: You have the right to ask us to place restrictions on the way we use or disclose your protected health information for treatment, payment or healthcare operations or as described in the section of this notice entitled "Others Involved in Your Healthcare." However, we are not required to agree to these restrictions. If we do agree to a restriction, we may not use or disclose your protected health information in violation of that restriction, unless it is needed for an emergency. All requests for restrictions should be submitted to the administrator of our group Health and/or Dental Plans.

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

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

You may be asked to request access to copies of your records in writing and to provide the specific information needed to fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies. More information on our fee structure is available by contacting our group Health and Dental Plan administrators at the addresses provided below.

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

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

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

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

Contact Information for Exercising Member Rights: You may exercise any of the rights described above by contacting, in writing, the Privacy Official at the following addresses.

University of Arkansas Group Health & Dental Plans

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

Group Health Plan Administrator

UMR
Customer Service Department
Phone: 800-826-9781

Group Dental Plan Administrator

Arkansas BlueCross BlueShield
Customer Service Department
Phone: 844-662-2281

Changes to Privacy Practices

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

Questions and Complaints

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

If you are concerned that your privacy rights may have been violated, please follow the complaint procedures described in your plan documents or on our website. You also have the right to complain to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint. If you have any questions about the complaint process, including the address of the Secretary of Health and Human Services, contact the University of Arkansas Health and/or Dental Plans Privacy Offices at the above numbers or your campus Human Resources/Personnel 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 their 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 **1-877-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 might 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 **1-866-444-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, 2022. Contact your state for more information on eligibility.

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102

INDIANA – Medicaid	MINNESOTA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	MONTANA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov
KENTUCKY – Medicaid	NEBRASKA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	NEVADA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	TEXAS – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493

NORTH CAROLINA – Medicaid		UTAH – Medicaid and CHIP	
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100		Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	
NORTH DAKOTA – Medicaid		VERMONT – Medicaid	
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825		Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	
OKLAHOMA – Medicaid and CHIP		VIRGINIA – Medicaid and CHIP	
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742		Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924	
OREGON – Medicaid		WASHINGTON – Medicaid	
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075		Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	
PENNSYLVANIA – Medicaid		WEST VIRGINIA – Medicaid and CHIP	
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462		Website: https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	
RHODE ISLAND – Medicaid and CHIP		WISCONSIN – Medicaid and CHIP	
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)		Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	
SOUTH CAROLINA – Medicaid		WYOMING – Medicaid	
Website: https://www.scdhhs.gov Phone: 1-888-549-0820		Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, 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.

Universal Availability Notice

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

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

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

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

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

For Benefits-Eligible Employees in the University Retirement Plan

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

Employees hired after January 31, 2020, who are neither residents nor citizens of the United States and who do not perform services in the United States are not eligible to make voluntary elective contributions.

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 2023, you make required contributions of \$9,000 to the University of Arkansas 403(b) Plan, and elective contributions of \$20,500 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 \$49,500. You are under age 50. You would like to contribute \$15,000 to SEP of your separate business for the 2023 year. Since the total contributions to the University 403(b) Plan are \$49,500, and the maximum total contribution is \$61,000 for 2022,* the maximum contribution you can make to the SEP is \$16,500, and any excess would be an excess annual addition attributable to the 403(b) plan.

For this reason, it is critical you provide any control or ownership information for other entities to the University.

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

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

* At press time, the 2023 maximum had not been released by the IRS.



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.