Housestaff/Resident Benefits

B Goins 12-2-2015, effective 1-1-2016
Before we begin

Have you completed your payroll forms?
If not we can provide you with copies. Payroll forms must be completed and submitted to HR within 3 days of your appointment date.

Did you receive the MANDATORY Online Training Module handout?
The presenter will provide that information today and you are required to sign indicating that we have provided you with that information.

Do you need a UAMS ID Badge?
See handout.

Did you know that there is a required New Employee Medical Screening?
See handout.
## What insurances are offered?

<table>
<thead>
<tr>
<th>Core</th>
<th>Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic coverage every employee should have:</td>
<td>Additional coverage you should consider. You pay the premium but enjoy group rates.</td>
</tr>
<tr>
<td>• Medical</td>
<td>• Vision</td>
</tr>
<tr>
<td>• Dental</td>
<td>• ‘Buy Up’ Optional Life</td>
</tr>
<tr>
<td>• Basic Life</td>
<td>• Dependent Life</td>
</tr>
<tr>
<td>• Long Term Disability</td>
<td>• Accidental Death &amp; Dismemberment</td>
</tr>
<tr>
<td>(through James D. Foss &amp; Associates)</td>
<td>• Critical Illness</td>
</tr>
<tr>
<td></td>
<td>• Home/Auto</td>
</tr>
<tr>
<td></td>
<td>• Long Term Care</td>
</tr>
</tbody>
</table>
In your benefits package

- **Benefits for Housestaff**
  - Your best “one place” short description of your benefits
  - Detailed Summary Plan Descriptions (SPDs) for each group benefit plan are posted on our website so you can access them at any time. Help UAMS in its green initiative by accessing SPDs online. You can also visit our office to view the SPD or ask your manager to help you.

- **Rate sheet.**
Enrollment Window

- **One month (up to 31 days)** from your first day in a benefits-eligible position

- If start July 1, August 1 is the deadline

- During this time you may enroll in any of the group benefit plans, no health screenings
  Restrictions may apply to voluntary plans, more details later.

- Mark the one month date on your calendar so you don’t miss the deadline
Effective date of your coverage

- Medical takes effect the first day of your medical residency training program
- Other benefits take effect first of next month after you turn in forms.
- If you turn in insurance forms today, your coverage will take effect on ______________.
Waiting period

- It takes about 3 weeks to process enrollment, activate your coverage, and vendors to mail insurance cards.

- Your coverage may begin before you get your insurance cards, especially if you enroll late in the month.

- **If you access your benefits before you get your cards, you may have to pay out of pocket**
  (unless your provider can delay filing the claim)

- But you can file a manual claim after-the-fact to be reimbursed what insurance would have paid. Claim forms are on our website.
More on effective dates

- Make sure your benefits are in effect before you see a doctor or dentist or fill a prescription.

- You pay your premium after-the-fact, meaning the deduction from your paycheck will be for past coverage. For example, the deduction from the January 31 paycheck is to pay for Jan 1-31 coverage.

- Always look at your pay stub in Employee Self Service, every time!
**Who can I cover?**

<table>
<thead>
<tr>
<th>YES, you can cover...</th>
<th>NO, you cannot cover...</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Your spouse</td>
<td>x Divorced Ex-Spouse and their Children</td>
</tr>
<tr>
<td></td>
<td>x Common Law Spouse</td>
</tr>
<tr>
<td></td>
<td>x Parents</td>
</tr>
<tr>
<td>✓ Your children younger than age 26</td>
<td>x Boyfriends or Girlfriends</td>
</tr>
<tr>
<td></td>
<td>x Fiancées</td>
</tr>
<tr>
<td></td>
<td>x Grandchildren, Nieces and Nephews*</td>
</tr>
<tr>
<td></td>
<td>x Children age 26 or older (unless disabled, pre-approval required)</td>
</tr>
</tbody>
</table>

* not eligible for coverage unless you have full custody and have legally adopted them (court documentation is always required), and a parent of the child does not live with you.

Be sure to visit Human Resources ASAP, within a month, when you gain or lose a dependent (for example: marriage, new baby, divorce).
Heads up

You’ll receive two letters from Conexis, our benefit vendor who handles COBRA and HIPAA notifications. Neither letter requires any action on your part.

– HIPAA notice advises of your one-month period to elect benefits

– COBRA notice advises of option to temporarily continue certain benefits should you leave UAMS or otherwise become ineligible for benefits in the future
Medical Insurance
Everyone must be insured

You must be enrolled in a health insurance plan, per the Affordable Care Act “individual mandate.” Your options are:

• Enroll in the UA medical insurance plan

• Remain enrolled in your current plan
  (perhaps through your parent or spouse, Medicaid, or Medicare)

• Enroll in other coverage. Keep in mind that if you are eligible to be in the UAMS plan, you likely won’t be eligible for a government subsidy to pay the premiums through the Marketplace. Too, the Marketplace may not be having open enrollment at this time.
UA Medical Insurance

- Officially called the **University of Arkansas Health Plan** because we’re self-funded and self-insured
- By eliminating the profit margin, we keep premiums lower than if we were fully insured through an outside company
- We can tailor our plan to reward employees for healthy living and control healthcare costs
Who pays claims?

- The University contracts with these vendors to process claims according to our plan:
  - Medical benefits: UMR
  - Prescription benefits: MedImpact

- Refer to rate sheet for premiums

UAMS pays 75% of the Classic premium for you and your family if you work full-time.
You choose which medical plan

- **CLASSIC**  
  (Classic Managed Care Plan)

- **POS**  
  (Point of Service Plan)

- Refer to **UA Health Plan “At a Glance” - UAMS campus, Jan 2016** for details.

- FYI, most employees elect Classic
Classic vs. Point of Service

- Once you select one of the two plans, you’re not locked into that plan forever.
- Annual “Open Election” is held near the end of each year for you to change to the other plan effective January 1. But this only applies to employees who are already enrolled in Medical.
- We may NOT offer open enrollment every year.
What’s the difference between Classic and Point of Service?

**Classic**

You must go in-network, similar to an HMO. Only exception are true emergencies (or for medical services not available in-network and UMR has authorized, in advance, for you to go out-of-network)

**POS**

Same in-network benefits as Classic, but also some coverage if you go out-of-network
What does **in-network** mean?

A doctor, hospital or other health care provider listed in the UMR network for U of A members. The network is nation-wide.

<table>
<thead>
<tr>
<th>These are in-network:</th>
<th>These are NOT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ UAMS</td>
<td>✗ LR and NLR Baptist</td>
</tr>
<tr>
<td>✓ St. Vincent</td>
<td>✗ Heart Hospital</td>
</tr>
<tr>
<td>✓ Ark. Children’s Hospital</td>
<td></td>
</tr>
</tbody>
</table>
How to find an in-network provider

- Go to www.umr.com/oss/cms/UMR/UAS
  Or simply visit HR home page, hr.uams.edu, and click on quick link for Medical/UMR

Note the disclaimer that Baptist and Heart Hospital facilities are not in network. Regardless of them showing up when you do an actual provider search, THEY ARE NOT IN NETWORK.

- Next click “University of Arkansas System Provider Network” link.
What is SmartCare?

- Incentive for you to **come home to UAMS** for your healthcare
- You don’t have to sign-up for SmartCare. Savings are automatically applied simply by coming to UAMS.
- SmartCare is only available to UAMS employees and their family covered under our medical plan, and only for services available at and billed by UAMS.
- SmartCare benefits are the same whether you’re in Classic or POS.
SmartCare Concierge Service for Employees

How can I facilitate making your first appointment at UAMS?

Email your request to: smartcare@uams.edu
(“Smart Care Appointments” under Global)

Or call
(501) 686-8749

This is a dedicated number just for UAMS employees
More about

- All UAMS doctors and clinics are in-network under our health insurance
- Most, but not all, are also part of SmartCare. To be SmartCare the facility must be owned or leased by UAMS, staffed by UAMS, and billed by UAMS.
- **Looking for a PCP** (Primary Care Physician)? Check out the UAMS Family Medicine, Internal Medicine and Geriatric clinics. All are under SmartCare.
- “Find a Doc” at www.uamshealth.com
facilities include:

✓ UAMS Hospital & Clinics on the main campus
✓ UAMS Neighborhood Clinics (Chenal, Rahling, Maumelle)
✓ UAMS Regional Family Medical Centers
✓ UAMS Psychiatric Providers (including Child Study Center, NWA Outpatient & STRIVE)
✓ University Women’s Health Center (located at Freeway Medical)
✓ UAMS physicians who bill through UAMS MCPG but are located at Freeway Medical or Baptist Inpatient Rehab (which are not SmartCare facilities)

These are not SmartCare:

✗ Ark. Children’s Hospital (includes Dennis Development Center)
✗ UAMS pediatricians (unless they practice at a UAMS SmartCare facility)
✗ Baptist Rehab Institute for Outpatient Therapy
✗ Baptist Psychiatric Facility
✗ Freeway Dialysis Services
✗ VA and NLR VA Hospitals
✗ NW Ark Centers for Children (located in Lowell)
✗ UAMS physicians with privileges at other non-UAMS facilities
Back to how our medical insurance works
When you go **IN-NETWORK** for care...

| some things are **covered in full** by insurance | some things are subject to a **copay** | some things are subject to **deductible and coinsurance** |

Refer to **UA Health Plan “At a Glance” - UAMS Campus**
Preventive Care: You pay $0, covered in full by insurance when you go in-network for:

- Annual physical exam by PCP or gynecologist
- Well baby/child visits & immunizations through age 18
- Flu immunization
- Annual mammogram
- Annual pap smear
- Annual prostate antigen testing
- Colorectal cancer screenings
- Bone density screening (generally starting at age 65)
- Diabetic supplies (if you enroll in diabetes management program)
- Generic hypertension meds and blood pressure monitor (if you enroll in healthy heart program)
- Tobacco free 4-life 12-week smoking cessation program (Chantix prescription and 2 office visits if you enroll in UMR program)
- Nutritional counseling (one visit a year, more visits if BMI is 27+ and pre-authorized)
Rest of your covered medical care falls into two “what I pay” categories

**Copay**

A fixed amount ($20 for example) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

For example, you pay a copay for a doctor’s office visit. Labs, x-rays and other in-office procedures are subject to deductible and coinsurance unless in conjunction with a preventive care visit (e.g. annual physical). You also pay a copay for most prescription drugs.

**Deductible + Coinsurance**

**DEDUCTIBLE** = amount you pay up front, each year, on some (not all) medical services before insurance pays. 2 X single deductible if covering family.

**COINSURANCE** = % of the bill you pay after you satisfy your deductible. You pay a percent (30% in-network for example) and the insurance pays a percent (70%).
Annual out-of-pocket maximum (OOP max)

Gives you financial protection, a safety net

2016 Medical: $3,350 SmartCare, $3,850 In-Network

2016 Pharmacy: $1,600

Medical includes copays, annual deductible and coinsurance. Pharmacy includes prescriptions covered under our formulary. X 2 for family.

Medical OOP max listed above is the reduced “I did wellness” amount. Applies to new enrollees until you have an opportunity to participate in the next wellness incentive program.

Once you reach your out-of-pocket max, you stop paying for covered services for the rest of the year. You keep getting your covered medical and hospital services as usual and the plan will pay full cost.
You pay a COPAY for doctor’s office visit

<table>
<thead>
<tr>
<th>Service Description</th>
<th>If you go in-network</th>
<th>If you come to UAMS under SmartCare</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care physician (PCP)</td>
<td>$35</td>
<td>$20</td>
<td>$15</td>
</tr>
<tr>
<td>Specialist</td>
<td>$50</td>
<td>$35</td>
<td>$15</td>
</tr>
<tr>
<td>Annual eye exam (optometrist or ophthalmologist)</td>
<td>$35</td>
<td>$20</td>
<td>$15</td>
</tr>
<tr>
<td>Outpatient mental health office visit (pre-authorization required)</td>
<td>$35</td>
<td>$20</td>
<td>$15</td>
</tr>
</tbody>
</table>
Your cost for procedures in doctor office or outpatient

Examples: labs, x-rays (except within a preventive care visit), outpatient surgery, diagnostic testing, MRI and other advanced imaging procedures (prior authorization required), OT, PT, chiropractic

<table>
<thead>
<tr>
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<th>If you come to UAMS under SmartCare</th>
<th>savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$1,250 + $150 copay for outpatient surgery, $100 copay for MRI, $35 copay for therapy</td>
<td>$750 + $0 copay for outpatient surgery, $50 copay for MRI, $20 copay for therapy</td>
<td>$500 - $650</td>
</tr>
<tr>
<td>+ Coinsurance</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum Cost</td>
<td>$3,850</td>
<td>$3,350</td>
<td>$500</td>
</tr>
<tr>
<td></td>
<td>(excludes rx costs)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Your cost for hospital stay

<table>
<thead>
<tr>
<th></th>
<th>If you go in-network</th>
<th>If you come to UAMS under SmartCare</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$1,250</td>
<td>$750</td>
<td>$500</td>
</tr>
<tr>
<td><strong>+ Coinsurance</strong></td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>+ Hospital Admission Copay</strong></td>
<td>$300</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum Cost</strong></td>
<td>$3,850</td>
<td>$3,350</td>
<td>$500</td>
</tr>
</tbody>
</table>
Your cost to have a baby is same as hospital stay

Be sure to add newborn through Human Resources within 1 month of birth. Don’t wait for the SSN!

<table>
<thead>
<tr>
<th></th>
<th>If you go in-network</th>
<th>If you come to UAMS under SmartCare</th>
<th>savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-Pocket Maximum Cost</td>
<td>$3,850</td>
<td>$3,350</td>
<td>$500</td>
</tr>
</tbody>
</table>

TIP: Reduce your cost by $300 by enrolling in UMR Maternity Management program in your first trimester. Call 866-494-4502 or refer to brochure found on our website.
Emergency Benefit

Same under both plans. SmartCare savings do not apply.

While traveling, you are covered anywhere in the world for sudden onset of unforeseen illness or accident

But you can lower your costs by going to a provider in-network

You must notify UMR within 24 hours if you are admitted to any nonparticipating hospital

If possible, use network hospitals for emergency services. Let your family know in advance what hospitals are in network.

Emergency Room Copay is waived if admitted. If not admitted, pay $150 first visit, $200 second visit, $250 third and future visits in a calendar year. $100 Ambulance Copay is waived if admitted.
Q: Are there any differences between POS & Classic if I go to SmartCare or in-network providers for all my care?

A: No difference. As long as you are in-network, the benefits are exactly the same for the two plans.
The big difference between the 2 plans are **out-of-network** benefits

**Classic:** No out-of-network coverage other than a true emergency

**POS:** Yes, you have benefits if you go out-of-network.

But be aware the benefits are not as rich as in-network and your share of the cost will be higher.
If you’re in POS and go out-of-network

- You have a separate deductible of $2,000. This is an additional deductible, separate from the in-network deductible.

- Then insurance covers 50% based on Maximum Allowable Charges.

Your out-of-network doctor may “balance bill” you the amount over UMR’s fee schedule. Your actual cost may be 50% + difference between actual and allowable expenses. Your out-of-pocket max is $9,000 ($18,000 family). Similar to the deductible, this is an additional and separate out-of-pocket max than the one that applies to in-network services.

- Sorry, POS doesn’t cover any preventive care that is done out-of-network
Regardless of the plan you choose

- Make sure your current PCP (primary care physician) is in-network. Or if you don’t have a PCP, select one. Your PCP is the best place to start when you need any type of health care.

- OK for each family member to have a different PCP

- If your PCP refers you to another doctor in the network, no UMR referral approval is necessary

- When in doubt as to your coverage or plan benefits, contact UMR toll-free at 1-888-438-6105 or log in at www.umr.com
Check out these unique health management programs

They will save you money

Save $300 by making the right call to enroll in Maternity Management
• Free health and wellness program for employees and spouses insured under UA medical plan.
• Log into www.OnlifeHealth.com for education, motivation and fun.
• Participation will be required in order to receive enhanced medical insurance benefits next year. During the announced wellness window (usually a 2 month window starting in the summer) you will need to:
  – “Get your numbers” at a biometric screening
  – Log into Onlife and complete a health risk assessment
Prescription Drug Benefit

- Prescription benefits are the same whether you pick Classic or POS

- Please refer to the **UA Drug Formulary** that will be mailed to you along with your insurance card. This is the preferred drug list. You can also visit our website to view the most recent formulary; it is usually updated quarterly.

- Show the formulary to your physician when drugs are prescribed to see if a less expensive generic drug is available.

Please note that some drugs are subject to quantity limits, step therapy, prior authorization, or reference based pricing.
Prescription Drugs

- You pay a copay for a 30-day supply of most drugs
  - $15 tier 1 (most generics are tier 1)
  - $50 tier 2
  - $80 tier 3

- If you get a 90-day supply, you would pay 3 copays

- Mail order is available as a convenience for maintenance drugs. You would pay the same copay as if you went to a pharmacy. For example, you would pay $45/$150/$240 for a 90-day supply.

- Some drugs on the formulary are covered under “reference based pricing.” This means the plan pays the same for any drug in this category and you would pay the difference.
UAMS Outpatient Pharmacy

- While most pharmacies in Arkansas are included in the MedImpact network, **consider our very own pharmacy**
- Conveniently located on campus, 1st floor, UAMS Outpatient Center
- $4 medications for many generic prescriptions. $4 list posted on UAMS Intranet or call pharmacy at (501) 686-5530.
- Delivery service on campus. Get your refills without leaving the office.
- Payroll deduction
Insurance Card

- UMR will send you medical cards with your unique member ID number

- One card. Show it to both your doctor and your pharmacist.

- All covered family members will be listed on each card
Check out UMR’s website, www.umr.com

After registering as a Member you can...

- Check status of claims, print an EOB (explanation of benefits)
- Order new ID cards, print temporary cards
- View a description of your benefit plan
- Health resources
Dental Insurance
Dental Insurance

- **UA Dental Plan**
  Similar to our medical plan, our dental plan is self-funded and self insured

- UA contracts with a Third Party Administrator, Delta Dental of Arkansas, to pay claims

- Preventive plan – sorry, no orthodontia benefits

- See rate sheet for premium cost
  UAMS pays 25% of the premium for you and your family if you work full-time.
Dental Benefits

- **Covers 2 routine visits/cleanings per year**
  (Certain medical conditions qualify for up to 4 cleanings a year). Includes periodic exams, x-rays, cleanings, sealants for children. You pay zero.

- **Then $50 annual deductible is applied before additional benefits are paid.**
  - 80% coverage on restorative services (fillings, extractions)
  - 50% coverage on major services (dentures, bridges, crowns, implants)
  - $1,500 maximum annual benefit per individual. But “carry-over” benefit may allow you to reach a special $3,000 maximum annual benefit in the future (e.g. use less than $750 of benefits in one year, carry over $375 into next year)
Choosing a Dentist

You don’t have to pick a dentist. Insurance payment is based on the network your dentist is in.

- **PPO**: you get your best benefit by seeing a dentist in the [Delta Dental PPO network](https://www.deltadental.com). Best benefit for restorative or major services.
- **Premier**: next best benefit. No difference between PPO and Premier for routine services.
- **Non-participating dentist**: benefit is 90% UCR ("usual, customary and reasonable" fee schedule)
Adding Children to Your Dental Plan

- Our plan lets you add children at any time up through their 3rd birthday.

- But if you pre-tax your dental premiums (as most employees do), IRS rules don’t allow you to make a change in the middle of a tax year. You would have to add your child at the end of the year before they reach age 3. (Coverage would take effect Jan 1 of new calendar year).

- Easy rule of thumb: check with Human Resources when your child turns 2.
Delta Dental will send you an ID card with a unique ID number.

Show this card to your dentist so they may file a claim electronically through Delta’s website. Your dentist can also file a claim with your SSN.

Once your coverage begins, register as a Subscriber at www.deltadentalar.com to view benefits and claim status.
Campus Dental Services

UAMS Oral Health Clinic

- Full service dental clinic
- Delta Dental network preferred provider, other insurance also accepted
- 1st floor of the Shorey Building, near the UAMS Gift Shop
- Appointments (501) 526-7619
Vision Plan
Vision Plan

• **Superior Vision Plan** (fully insured through the carrier)

• See rate sheet for your premium cost. See Outline of Benefits for description of benefits.

• While open to all benefit-eligible employees, this plan is primarily for **those who wear corrective eyewear** because it lets you purchase glasses or contacts at a discount.
  
  – Since you will likely only use the benefit once a year (the plan year is the calendar year), be sure to go to a Superior Vision provider to get your best benefit
  
  – TIP: if you don’t wear glasses or contacts, you don’t need this plan. Your medical plan covers medical problems associated with your eyes, as well as a yearly routine vision exam.
Two Vision Plans to pick from

**Basic or Enhanced**

- Both cover an eye exam, you pay $10
  
  Or you can file it under your medical insurance and pay $35 copay if you go in-network, $20 if you go to UAMS eye clinic.

- Both allow you to purchase new eyeglass lenses for $20 copay (single vision, bifocal, trifocal or lenticular) or contact lenses, every year. You would pay for anything above the specified retail allowance for contact lenses.

- Both cover a contact lens fitting exam, you pay $25
### What’s different between the two vision plans?

<table>
<thead>
<tr>
<th>Basic</th>
<th>Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frame replacement every 2 years</td>
<td>Frame replacement every year</td>
</tr>
<tr>
<td>$125 frame or contact lens allowance</td>
<td>$150 frame or contact lens allowance</td>
</tr>
<tr>
<td>Progressive no-line not covered</td>
<td>Progressive no-line covered up to $120</td>
</tr>
<tr>
<td>UV and scratch coatings not covered except for a discount</td>
<td>UV and scratch coatings covered</td>
</tr>
<tr>
<td>Lower premium (see rate sheet)</td>
<td>Higher premium (see rate sheet)</td>
</tr>
</tbody>
</table>
Vision Plan Enrollment

- If you do not enroll now, you would have to wait for next Open Enrollment Period. Annual open enrollment is not guaranteed by the carrier.

- You are locked into the benefit for the calendar year. Can’t drop mid-year except to take off dependents who become ineligible.

- Can add new dependents within 1 month (e.g. marriage, birth, adoption)

- Notify Human Resources immediately if a dependent becomes ineligible (e.g. to drop spouse when divorced)
Superior Vision will send you one ID card with a unique ID number. You may request additional cards for covered family members or simply make photocopies.

Show this card to your network eye care provider so they may file a claim through Superior. They can also file a claim with your SSN or name.

Once your coverage begins, register as a Member at www.superiorvision.com to view benefits, print an ID card, and access forms.
Premium Conversion through Section 125 Flex Plan
What is Premium Conversion?

• Applies to your payroll-deducted Medical, Dental and Vision insurance premiums

• You may elect to pay these premiums on a pre-tax basis.
  • Decreases your taxable income reported on your W-2
  • Increases your take-home pay because less taxes are deducted

• Most employees elect this benefit to maximize their take-home pay. Great way to reduce your tax liability.
Premium Conversion – is there a risk?

- Yes, a minimal one. You can’t make a mid-year change to your medical or dental coverage, such as dropping coverage on yourself or family members. You would have to be within 1 month (31 days max) of a qualifying event or wait until the end of the calendar year.

- Vision plan doesn’t allow you to drop mid-year, regardless of if you pre-tax or post-tax the premium (except to drop dependents who become ineligible)

- Consider enrolling in Medical or Dental on an after-tax basis if you think you may need to drop coverage before the end of the year and you won’t have a qualifying event

- You may change your Premium Conversion election at the end of each year, to take effect January 1
OK to change your Medical or Dental coverage mid-year due to:

- **Gain or loss of dependent**
  - Marriage, divorce, legal separation or annulment
  - Death of spouse or dependent
  - Birth or adoption
  - Child ages out at 26

- **Loss of other coverage** (for example, your spouse loses their job and coverage through that job)

Your benefit change must be “on account of and consistent with” the qualifying change in status.

**Be sure to notify HR within 1 month!**

New coverage generally takes effect first of the following month.
This may be your only chance to enroll in Medical or Dental

The University does not guarantee annual open enrollment, nor do we have an “evidence of insurability” (EOI) application process.
Are you waiving our plans because you have other coverage?

- If you are declining coverage because you have other coverage, make absolutely sure you remain covered under the other plan. Best to get written verification.

- This is especially true if you are on Medicaid or ARKidsFirst. You must notify them within 10 days of starting a new job to confirm you are still eligible for those benefits.
Life Event Checklists

- Refer to **Life Events/Benefits Matrix** for changes you may make in the future. Remember, you have a **1-month window** (31 days max) to make changes.

- Also visit our website for checklists when you experience one of these events:
  - Marriage
  - Divorce
  - Birth of a child (or adoption)
  - Full-time to part-time
  - Leave of absence
  - Military leave
Life Insurance
How much life insurance do I need?

- What would happen to your family’s financial security if you were gone?
- Most experts recommend 3 to 5 times your salary in coverage
- But individual circumstances differ. If you are married or have children, you may need more coverage than someone who is single.
- Almost 40% of deaths occur to people between ages 25 and 64, which are the prime working years
Basic Life Insurance

- **FREE!** UAMS provides this coverage automatically for you.

- Coverage is 1 times your base annual salary, up to $50,000 (coverage reduces at ages 70 and 75)

- **Indicate your beneficiary(ies) on the UA Group Benefits Enrollment Form**

- Benefits are payable to your designated beneficiary in the event of your death. We recommend that you do not list minor children as your primary beneficiaries.

- Fully insured plan through The Standard Insurance Company
Optional Life Insurance

- You may increase your life insurance coverage by enrolling in **Optional Life** (also fully insured through The Standard)

- See rate sheet for your age-based premium

- Coverage is available up to four (4) times your base annual salary, up to $500,000 maximum
Optional Life Insurance

- Combined with Basic Life, you could possibly have 5 times your salary in life insurance

- **Indicate your beneficiary(ies) on the UA Group Benefits Enrollment Form**

- Your premium, as well as amount of your insurance benefit, will automatically update as your salary changes. Your rate will also automatically increase when you reach a new age bracket.
Calculating Optional Life Premium

Example: 27 year old employee earns $43,000 per year, is paid monthly

First, multiply salary by 1, 2, 3 or 4, then round up.
Then apply $0.04 cost per $1000 of coverage
($0.04 is rate for age bracket under 30).

- 1x coverage of $43,000 is $1.72 (0.04 x 43)
- 2x coverage of $86,000 is $3.44 (0.04 x 86)
- 3x coverage of $129,000 is $5.16 (0.04 x 129)
- 4x coverage of $172,000 is $6.88 (0.04 x 172)
Dependent Life Insurance

- Benefits would be payable to you in the event of death of your spouse or child (under age 26)
- See rate sheet for your premium
- Coverage available: $10,000, $15,000 or $20,000
- 100% benefit payable on spouse, 50% on each eligible child
- Insured through The Standard
More on Life Insurance

All three plans – Basic Life, Optional Life, and Dependent Life:

- Offer **Accelerated Death Benefits**, whereby partial benefits can be paid prior to death in event of terminal illness.

- Are **group term life policies**, meaning the “term” of your coverage is your UAMS employment. There are options to port or convert to private policies when you leave UAMS (30 day window).
Optional AD&D

- AD&D = Accidental Death and Dismemberment
- Insured through The Standard
- Benefits are payable in the event of accidental death or dismemberment
- Coverage is available for Employee Only or Employee & Family. See rate sheet for your premium.
Optional AD&D

- Coverage is available in increments of $25,000 up to a **maximum of $300,000**

- In event of accidental death, 100% benefit is payable on employee, 60% on spouse, 20% on each eligible child (Spouse benefits are reduced starting at age 70)

- Partial benefits are also payable for different types of dismemberment (e.g. loss of eye or limb)
Your Life Insurance Coverage

- Optional Life, Dependent Life and AD&D take effect the first day of the NEXT calendar month after you enroll.

- If you miss your 1-month window, you may apply for coverage through the carrier. Must pass an “evidence of insurability” health screening.

- However, you may sign up for or increase your AD&D coverage at any time, even beyond your 1-month enrollment window. Accidents are not predictable. TIP: Consider signing up for increased AD&D coverage the month before you plan to take a trip, as your “travel insurance.”
Long Term Disability Insurance
Think you will never suffer a long term disability?

- Odds are 3-in-10 that you will become disabled sometime before retiring
- The Social Security Administration estimates that just more than 1-in-4 of today’s 20-year-olds will become disabled before age 67
- The average disability lasts 2.5 years
- Can you afford to pay your bills if you can’t work?
- What happens when your sick leave and savings run out?
- You insure your life, your home, your car... you also need to protect your income
Long Term Disability

- You are automatically covered for a $1,000 monthly benefit should you become disabled. You sign up for this through your Housestaff (or AHEC) office.

- You are eligible to purchase additional coverage through James D. Foss & Associates, 501-221-3700.
Flexible Spending Accounts through Section 125 Flex Plan
What is an FSA?

- A Flexible Spending Account allows you to set aside pre-tax dollars to pay for eligible out-of-pocket health and dependent care expenses.
- Sometimes referred to as “Reimbursement Accounts” or “Cafeteria plan”.
- We have 2 separate FSA plans. You can enroll in one or both:
  - **Dependent Care (Daycare) Account**
  - **Healthcare (Medical) Account**
How do FSA’s work?

- Up front, you estimate how much you’re going to spend for healthcare and/or daycare for the plan year. Plan year starts first of next month once you enroll and ends December 31.

- Be conservative and include only predictable expenses and those that qualify for reimbursement under an FSA

- We will deduct that amount from your paycheck, spread out over the year. Your elected annual amount divided by number of paychecks (26 biweekly or 12 monthly) = deduction amount.

- Deduction is **pre-tax**. Deducted **before** federal, state and FICA taxes are calculated, so it reduces your wages that will be reported on your W-2.
How FSA’s work (cont)

- You then file a claim to our FSA administrator, UMR, to reimburse yourself from your own account for eligible expenses.

- **If you’re in a 30% tax bracket, it’s like saving 30% on eligible healthcare and daycare expenses.**

- Healthcare FSA’s are initially fully funded by UAMS -- you can “spend” it right away, then have rest of the year to pay in. Dependent Care FSA’s are different – you have to put in the money before getting reimbursed.

- **PLEASE!** Visit our web site to view a more detailed presentation on **how FSA’s work**, especially if you’ve never done one before.
Dependent Care FSA

- Current tax laws allow you to set aside up to $5,000 annually to pay for child daycare or adult dependent care ($2,500 if married and filing separately)

- Child must be age 12 or under

- Daycare expenses must be work-related. Expenses must relate to care that enables you and your spouse to work. Both spouses must be employed.

A Dependent Care FSA may save you more in taxes than using the Child Care Tax Credit when you file your tax returns. But if depends on your income. If your family income exceeds $24,000 and you are not in the 15% tax bracket, an FSA may generally benefit you more. But consult with your personal tax advisor.
Healthcare FSA

- Eligible expenses are **health care expenses** (incurred during the period of coverage) of the employee and eligible dependents which are **not reimbursed by insurance**. Expenses have to be your true out-of-pocket costs.

- Plan booklet and details are on our website

- Maximum contribution is **$2,550/year**
  Minimum contribution is **$120/year**

- Unless your itemized medical expenses exceed 10% of your adjusted gross income, you cannot claim them on your IRS Form 1040. But you can save taxes by paying for these medical expenses through a tax-free FSA.
FSA Eligible Healthcare Expenses
(partial list, visit our website for comprehensive list)

- Alcohol & drug rehab
- Chiropractor/physical therapy
- **Coinsurance & deductibles**
- **Copays**
- Dental visits (non-cosmetic)
- Fertility treatments
- Hospital services
- Ob/gyn
- Office visits
- Optometrist
- **Orthodontia/braces**
- Physical exams
- Psychiatrist
- Vaccines
- Vision – laser surgery
- X-rays
- **Most over-the-counter meds ONLY if you have a doctor’s prescription**
  - Antacids & acid reducers
  - Antihistamines, allergy meds
  - Aspirin & other pain relievers
- Over-the-counter health supplies
  - Condoms & contraceptive devices
  - Contact solution
  - First aid supplies
If you enroll in a health care FSA, you automatically will receive a Benny Card. Looks like a credit card but it’s really a prepaid FSA debit card.

You don’t have to use the card. You may opt instead to file manual reimbursement claims.

What is nice about the card? Better cash flow, as you don’t have to pay your copay or other eligible expense up front and then file a claim to be reimbursed. Payment is debited directly from your FSA. But keep your receipts – you may be required to send them in to fulfill IRS requirements.
Flexible Spending Accounts

- Your election to participate starts the first of the next month (after you sign up) and is only good for the tax year. Your FSA automatically ends each December 31.

- Open enrollment is held annually, usually in November, for you to re-enroll for the new year.

- Mid-year FSA changes and enrollments are very limited and allowed only within 1 month of a “qualified event”.

- **IMPORTANT:** **Use it or lose it.** Any funds left in your FSA at the end of the plan year (meaning money you put in but haven’t spent yet) will be forfeited - except for $500 in your healthcare FSA that you can rollover into the next year.
Once you enroll as a new employee, FSA’s take effect the first day of the NEXT month, same as insurance

You may use your FSA for expenses you incur on or after that date, and through end of your plan year

Check out our website for forms and link to UMR’s website where you can view your account
Voluntary Insurances
Voluntary Insurances

- Long term care insurance
- Home/auto insurance
- Critical illness insurance

- Discounted group rates
- Convenience of payroll deduction
- Please refer to information in your packet
- Contact the carrier to enroll or get a rate quote
Voluntary Insurances

- **Long term care insurance**
  Enroll in Long Term Care coverage through CNA by 1-31-2016 and your policy is guaranteed issue, no medical questions. *This benefit is going away 1-31-2016. But current participants can keep their coverage.*

- **Home/Auto insurance**
  You may apply for Home/Auto coverage through Liberty Mutual at any time

- **Critical Illness insurance**
  Enroll in Critical Illness coverage through MetLife within 60 days of hire; some medical questions will apply
Tax Deferred Annuities, Roth 403(b)

• You are eligible to make personal, unmatched contributions to the UA 403b/457b retirement plan, up to the IRS limits: $18,000 + $18,000 = $36,000

• Your contributions reduce your taxable income

• You may invest in TIAA-CREF and/or Fidelity

• You may begin or stop at any time

• Visit our office or website for forms & info
Forms to Turn In Today

- University of Arkansas Group Benefits Enrollment Form
- UMR University of Arkansas Enrollment Application (medical)
- Dental Insurance Enrollment Application
- Vision Plan Enrollment Application

If you wish to enroll in a Flexible Spending Account or Tax Deferred Annuity, ask for forms (not in your packet)

Remember, you may change your mind during your 1-month enrollment window
**UNIVERSITY OF ARKANSAS GROUP BENEFITS ENROLLMENT FORM**

Current Campus: [ ] UACCB [ ] UACES [ ] UAF [ ] UALR [ ] UAMS [ ] UAM [ ] UAPB [ ] OTHER

I am a Transfer from: [ ] UACCB [ ] UACES [ ] UAF [ ] UALR [ ] UAMS [ ] UAM [ ] UAPB [ ] OTHER

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**To be completed by Human Resources Department: Effective Date**

Please complete all sections of this form. Remember, if you elect pre-tax contributions, you may not change your medical, dental or vision elections until the next election period unless you have a change in family status. Return the completed form to your Human Resources Department.

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**Medical Plan**

- [ ] Enrolled (Complete QualChoice enrollment form)
- [ ] No coverage

- [ ] Decline - Currently, I have other medical coverage, therefore, I chose to decline coverage at the present time. If I or my dependent(s) should lose current coverage, I understand that I have 31 days to enroll in the UA Medical Plan. I understand that I do not have to be enrolled to my existing coverage.

- [ ] Medical
- [ ] Dental
- [ ] Vision

**Optional Accidental Death & Disenrangement**

- [ ] None

**Option Life Insurance**

- [ ] Family coverage

- [ ] Decline: 1 X annual salary
- [ ] X 2 X annual salary
- [ ] X 3 X annual salary
- [ ] X 4 X annual salary

**Dependent Life Insurance**

- [ ] No coverage

**Optional Long Term Disability**

- [ ] No coverage

**Beneficiaries**

- [ ] Face
- [ ] Other

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**Turn in this form**

Check each benefit... yes, you want coverage, or no, you don't.

Ignore Optional Long Term Disability, this doesn’t apply to you.

Does your spouse work for UAMS or another U of A campus? If so, each family member may only be covered under one insurance plan.
Required for all employees enrolling in the Medical plan

Social Security numbers are required by federal law.

List only the family members you want to cover.
Required for all employees enrolling in the Dental plan.
Required for all employees enrolling in the Vision plan
OPTIONAL

Ask for this form if you want to enroll in a Flexible Spending Account

These are the total amounts you want to contribute by the end of the year:

- Health Care Account: $1,000
- Dependent Care Account (Daycare): $3,000
Benefit Questions Later?

- Call HR/Employee Services at (501) 686-5650
- Visit the Office of Human Resources Monday-Friday, 7:30 - 4:30 located on 4th floor, wing C of Central Building
- Send an email to AskHR@uams.edu
- Visit our web site at www.hr.uams.edu