

Office of Human Resources

4301 West Markham # 564
Little Rock, AR 72205-7199
501-686-5650
www.hr.uams.edu



Dear Prospective Retiree:

Did you know that when you retire from UAMS, you may be eligible to continue your medical and dental coverage?

The definition of a "retiree" for insurance purposes is someone who at the time they leave the University's employment: 1) has been covered under the insurance plan for the past ten consecutive years, (2) has worked for the University of Arkansas for ten consecutive years; and (3) has a combined age and continuous years of U of A service equal to 70 or more. For example, if you are age 48 and have worked at UAMS for 25 years, and have been covered under the benefits plans for at least the last ten years prior to retirement, you would be able to continue those three plans as a "retiree".

Effective January 1, 2017, the criteria is modified for those age 65+. Those who retire at age 65 or older with 5 consecutive years may be eligible for retiree medical or retiree dental coverage. The 5 years must be in a benefits-eligible status, with medical and/or dental coverage for the entire 5 year period.

Attached is the current retiree insurance rate sheet. Please be aware that these rates are subject to change and may be different when you retire. If you currently work full-time, your department is paying a portion of your medical and dental premiums. As a retiree you would pay 100% of the total premiums to maintain coverage.

You can pick and choose from the two plans that may be available to you. For example, if you want to elect medical but not dental, or vice versa, you may do so. You have 31 days from your retirement date to elect the plan(s) you'd like to continue. But it is best to enroll before your last day. Attached is the enrollment form you would need to fill out to elect retiree coverage.

If you do not meet the "retiree" criteria, you may still be eligible to continue your medical, dental and vision coverage for up to 18 months under COBRA. You'll find information about this and other benefits in the attached What happens to my benefits if I leave UAMS.

If you are eligible for Medicare at the time you retire, you may enroll in the UA UnitedHealthcare Medicare Advantage plan. This is a different plan than the UA self-insured plan for employees. We've enclosed information to help you understand how Medicare works, if you need to sign up for Parts A, B or D, how

your U of A medical coverage coordinates with Medicare, and how to apply for Social Security. These are entitled Medicare & Your UA Medical Benefits and Important Notice from the UA About Your Prescription Drug Coverage and Medicare (creditable coverage letter). You'll find detailed information about the UA UnitedHealthcare Medicare Advantage plan on our benefits website, <https://hr.uams.edu/benefits/>.

Attached is a Medical at a Glance chart that describes the coverage differences between the Classic, Premier and Health Savings plans. However, if you are under age 65 and not yet eligible for Medicare, the only plan available to you as a retiree would be the Classic plan.

As you get closer to your retirement date, we recommend you set up an appointment with one of our Human Resources Senior Consultants. They will assist you with your retiree benefit elections. We also recommend you schedule an individual appointment with a TIAA or Fidelity representative at least three months prior to making withdrawals from your retirement plan. Please contact our office at 686-5650 for assistance.

Happy Retirement!

**UAMS Office of Human Resources
Employee Services
(501) 686-5650**

Attachments

For access to detailed benefits information 24 hours a day, 7 days a week, please visit our website, www.hr.uams.edu.

BG 10-16-2020

Monthly Insurance Rates – Retiree/Survivor

Effective January 2021 (updated 12-4-2020)

Insurance Benefits for Eligible Retirees of the University of Arkansas

“Eligible Retiree” means an employee who retires while covered under the Plan and on the date of retirement has age and continuous years of service with the University of Arkansas System equal to at least a total of 70 and immediately prior to retirement has completed 10 or more consecutive years of continuous coverage under the Plan. (Service/coverage requirement may be reduced to 5 years for those age 65+). Employees who meet this criteria are eligible to participate in the University’s Retiree Health and Dental Insurances. The retiring employee must enroll in order to enroll family members.

Age 65+ Medical Coverage – United Healthcare Medicare Advantage

Eligible retirees, surviving spouses and their dependent children who are eligible for Medicare A + B (for example, age 65+ or disabled) may enroll in the University of Arkansas System United Healthcare Group Medicare Advantage (PPO) plan. Premiums will be billed by and payable to United Healthcare.

1 Member in Medicare Advantage <i>Each member is individually enrolled. For example, retiree and spouse may both enroll, but each will be billed the premium separately and each will receive their own member ID card.</i>	\$ 175.70 per individual
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Under Age 65 Medical Coverage – University of Arkansas Classic Health Plan

Eligible retirees, surviving spouses and their dependent children who are not eligible for Medicare may elect the UA group Classic health plan administered by UMR. Premiums will be billed by and payable to UMR.

	Classic Plan
1 Member in UA Classic Health Plan <i>Only one member of the family is not eligible for Medicare. The member may be a retiree, a retiree’s spouse, a surviving spouse, or a child.</i>	\$ 494.00
2 Adult Members in UA Classic Health Plan <i>Retiree is the primary member, spouse is the dependent member, and both are not eligible for Medicare.</i>	\$ 1,122.00
1 Adult + Child(ren) in UA Classic Health Plan <i>Adult can be a retiree, a retiree’s spouse, or a surviving spouse; plus one or more children. All are not eligible for Medicare.</i>	\$ 924.00
Family: 2 Adults + Child(ren) in UA Classic Health Plan <i>Retiree is the primary member. Spouse and one or more children are the dependent members. All are not eligible for Medicare.</i>	\$ 1,564.00
2 or more Children in UA Classic Health Plan <i>Either the parent(s) of the children are enrolled in the UHC Medicare Advantage plan, or the children are the only covered survivors of a deceased employee.</i>	\$ 924.00

Dental Coverage

Premium will be billed by and payable to UMR.

1 Primary Adult <i>Adult can be either a retiree or a surviving spouse</i>	\$ 32.00
Retiree + Spouse <i>Retiree is the primary member; plus spouse</i>	\$ 66.00
1 Primary Adult + Child(ren) <i>The primary adult can be either a retiree or a surviving spouse; plus one or more children</i>	\$ 55.70
Retiree + Spouse + Child(ren) <i>Retiree is the primary member; plus spouse; plus one or more children</i>	\$ 89.70

University of Arkansas for Medical Sciences (UAMS)

Retiree Benefits Election Form

1. Basic Information

Retirement Date _____

List yourself and family members who will continue coverage. You must elect coverage for yourself in order to cover your family.

	First and Last Name (please print)	Soc. Sec. No.	Date of Birth	Gender (M or F)	Medicare # (if eligible)
Retiree					
Spouse					
Child					
Child					

Retiree Home Address

Home or cell phone

Email

2. Medical Insurance < age 65

☐ No

☐ Yes *

- ___ 1 adult (retiree or spouse)
- ___ 2 adults (retiree + spouse)
- ___ 1 adult + child(ren)
- ___ 2 adults + child(ren)
- ___ child(ren) only

* The Classic Plan is the only UA medical insurance plan option available to retired employees and family members who are under age 65 and not yet eligible for Medicare.

3. Medical Insurance for age 65+, Medicare-eligible

Initial if this applies

___ I understand that my campus will request UnitedHealthcare to send me an enrollment kit, but that it is MY RESPONSIBILITY to enroll directly with UnitedHealthcare. I also understand that I must be enrolled in Medicare Parts A and B in order to be eligible.

4. Dental Insurance

☐ No

☐ Yes

If yes, elect a coverage level:

Retiree only	
Retiree and Spouse	
Retiree and Child(ren)	
Retiree, Spouse & Child(ren)	

5. Retiree Signature

Date: _____

OFFICE USE:

UMR: Effective _____, move non-Medicare individuals to Retiree group. Notify BCBS Dental to bill retiree _____.

What happens to my benefits when I leave UAMS

or otherwise become ineligible for benefits?

Effective January 2021

The attached information was developed to assist you in making decisions about your benefits when your benefits-eligible employment ends. Perhaps you are leaving UAMS to work for another employer. Perhaps you do not have a new job lined up at this time. Perhaps you are retiring or reducing your hours to less than half-time.

If you are ending your UAMS employment for medical reasons, contact our office immediately (phone number below) about possible eligibility for disability, retirement, and other benefits.

If you are retiring, contact our office to make an appointment with a benefits counselor to discuss your benefit options.

If you are going to work for another University of Arkansas campus, be sure to visit your new Human Resources Office to arrange for continuation of your benefits.

We would be very happy to talk about your individual circumstances. This information is provided as general information only and is not intended to replace the summary plan descriptions (insurance booklets) for any of the UAMS benefit plans. This information is subject to change. Again, we encourage you to contact our office if you have questions. You'll also find information on our website.

UAMS Office of Human Resources
Employee Services (501) 686-5650
www.hr.uams.edu

Medical, Dental and Vision Insurance

Your coverage will end at 11:59 p.m. on your last day to be employed by UAMS.

Your medical, dental and vision coverage will automatically end when you leave UAMS' employment. Coverage ends on your last day to be an active employee in SAP. It does not extend until the end of the pay period or month.

If you don't work through the end of the pay period, your last premium will be a reduced, prorated amount. For example, if you are paid monthly and your last day is June 15, the deduction from your June check should be half the normal amount. If your department keys your termination status after payroll runs, the full premium will be deducted as normal. But you will receive a refund of overpaid premiums on the next regular payroll cycle.

Under a federal law called "COBRA" you and/or your eligible family members may be eligible to continue coverage for up to 18 months.

Your cost for COBRA coverage is 102% of the premium. That includes the amount you were paying by payroll deduction, plus the portion UAMS was paying, plus a 2% administrative fee. COBRA rates are listed on the last page.

There is no option to convert your UAMS medical or dental plan to an individual plan. COBRA may be your only opportunity to continue coverage.

Superior Vision does offer individual policies. Additional information is available at www.visionplans.com "find your plan." If you want to continue your vision coverage, you can either elect up to 18 months coverage under COBRA or enroll in an individual policy directly through Superior Vision.

After your last day we will notify HealthEquity, our COBRA administrator, to send you a letter advising you of your COBRA continuation rights. You will have 60 days from the date of HealthEquity's letter to elect coverage. Then you have 45 days to make your first payment and 30 days to pay subsequent premiums to HealthEquity.

Once you make your first COBRA payment, your coverage will be reinstated retroactively so that there is no gap in your coverage.

If you are age 65 or older, contact our office to find out how your COBRA medical coverage would coordinate with Medicare. Detailed information is also posted on our Benefits web site at www.hr.uams.edu. You will need to sign up for Medicare Part B if you haven't done so already, as Medicare would become your primary coverage.

If you are retiring from UAMS, you may be eligible to continue medical and dental (not vision) coverage as a "UA retiree" instead of COBRA. If at the time of your retirement your age plus years of continuous UA service equal 70 or more, and you have been continuously employed and covered by the UA plans for the last 10 consecutive years, you may be eligible for retiree benefits. You would also be eligible if you are age 65 or older, have at least 5 years of UA service, and have been covered under the UA plans for the last 5 consecutive years. Please contact our office at (501) 686-5650 to schedule an appointment so that we may discuss your benefit options with you.

If you elect coverage at your new job, be mindful of the effective date. Most employers have a waiting period before coverage takes effect. For that reason, you may need to elect COBRA coverage to cover the gap between the time you leave UAMS and your new coverage begins.

If you have a pre-existing health condition, ask your new employer or their medical insurance carrier how expenses will be covered. It is likely they will be covered, as this is a requirement of the Affordable Care Act, but still a good idea to ask.

The COBRA notice you will receive from HealthEquity will provide dates you were covered under medical. You should keep this in case your new employer requests verification. Should you need additional verification, your employer may contact our office at (501) 686-5650.

Life Insurance

Your coverage will end on your last day to be employed by UAMS.

Your group life insurance coverage -- Basic Life, Dependent Life, and Optional Life -- automatically ends when you leave UAMS.

You have a 31-day window to continue this coverage as a private policy. There are two options. One is "portability" coverage if you and your dependents do not have a medical condition that has a material effect on life expectancy -- in other words, you are in good health. The second

is "conversion" coverage. Conversion premiums are higher because you don't have to provide evidence of good health.

Forms and rates for both options are available in our office, and are also posted on our web site at www.hr.uams.edu. When you change coverage to a private policy, you would pay premiums directly to Standard Insurance Company.

Critical Illness Insurance

Your coverage will end on your last day to be employed by UAMS.

Your Critical Illness insurance automatically ends when you leave UAMS.

You have a 31-day window to continue or "port" this coverage as a private policy.

The form for this option is available on our web site at www.hr.uams.edu. UnitedHealthcare, the carrier, must receive this form and your first premium payment in the mail within one month of your last day.

Short Term Disability Insurance (STD) Accidental Death and Dismemberment Insurance (AD&D)

Your coverage will end on your last day to be employed by UAMS.

Your Short Term Disability and AD&D insurance coverage automatically ends when you leave UAMS.

There is no option to continue coverage under a private policy.

Long Term Disability (LTD)

Your coverage will end on your last day to be employed by UAMS.

Your LTD coverage automatically ends when you leave UAMS. At that time you may be eligible to convert to an individual policy. Your eligibility to do so would be based upon several factors which are described in the summary plan description which is posted on the UA System website, www.benefits.uasys.edu.

You have a 31-day window to convert to an individual policy. Conversion forms are available on our website under Forms. When you convert coverage, you pay premiums directly to Standard Insurance Company.

Flexible Spending Accounts

If you participate in a dependent care flexible spending account, your deduction ends on your last regular paycheck from UAMS. You can file reimbursement claims for dependent care (daycare)

expenses that you incurred through your last day of work. Any funds remaining in your dependent flexible spending account after March 31 the following year will be forfeited.

If you participate in a health care flexible spending account at UAMS, you have three options:

1. Do nothing. Your participation will automatically end on your last day. You will have until March 31 of the following year to submit a request for reimbursement for health care expenses that you incurred through your last day of work; you cannot file any claims for new expenses after your last day. Any remaining funds in your account after March 31 will be forfeited.
2. Elect to have your remaining annual election – which is the amount that would have been deducted had you remained on UAMS's payroll through December – taken out in a pre-tax lump sum from your last regular paycheck. This would allow you to submit requests for reimbursement for health care expenses that you incur through the end of the

calendar year instead of just through your last day.

If you choose this option, you must notify our office at least two weeks in advance of your last day, so that we have time to process this before payroll runs.

3. Elect to continue making after-tax contributions on a month-to-month basis. Details about this option will be in your COBRA letter that HealthEquity will send you. For each month you continue making a contribution to your account, you extend the time you can incur an expense and file a reimbursement claim.

Please be aware that the \$550 rollover benefit (after the 2021 plan year ends) does not apply to your health care flexible spending account once your employment ends.

UA Retirement Plan

Contributions automatically stop with your last regular paycheck.

Options for University of Arkansas Retirement Plan benefits are outlined below. If you are a member of an alternative State retirement plan (APERS or ARTRS), you will need to contact that plan vendor for information. We can provide those phone numbers if you need them.

You are entitled to UA retirement benefits if you are “vested” and UAMS made retirement contributions on your behalf (therefore not applicable to Residents). Of course, any monies you contributed to your retirement plan are vested and available to you.

You are vested in UAMS's contributions if you have completed 24 full months of continuous, benefits-eligible employment.

If you are **retiring** and are vested, you have several payout options. Because these options can be complex and your retirement plan is in your name, you will need to contact your fund sponsor to discuss your individual circumstances.

TIAA	1-800-842-2252
Fidelity	1-800-343-0860

TIAA and Fidelity counselors regularly visit our campus to meet individually with employees, particularly those who are close to retirement. Please contact our office at (501) 686-5650 for a schedule of these visits. You can also see a schedule at www.hr.uams.edu.

If you are vested in the UA retirement plan and are **not retiring**, you generally have three options:

1: You may **leave your money in your account(s)**. You don't forfeit any of the vested benefits that have already been set aside for you by UAMS. You will still benefit from continuing growth of these funds based on dividends, interest rates, and market experience. You may even be able to continue contributing to your TIAA or Fidelity accounts, although you would no longer be able to tax-defer those contributions. By leaving the money in your account, you preserve it for its intent – retirement income.

2: You may be eligible to “rollover” all or a portion of your UA retirement account into your new employer's 403(b) or 401(k) plan, or into an IRA. If the rollover is direct to another plan -- in other words, you don't touch the money -- there is no IRS penalty. However, if you have the distribution paid to you -- in other words, “cash out” your plan-- then there will be a mandatory 20% IRS tax withholding and possible penalties. If you are considering rolling over your UA accumulations to another retirement plan, we encourage you to carefully compare the return rates of both plans.

3: You may choose to receive a “distribution” under any of the available options available through TIAA or Fidelity. It is important to contact your fund sponsor, TIAA or Fidelity, before cashing out your retirement plan. Depending on your personal

situation – for example, your age, work status and your spouse's work – taxation could seriously diminish the value of your benefits. There will be a mandatory 20% IRS tax withholding from cash payouts. You may be subject to an additional 10% penalty if you are less than age 59½. There may be limitations depending on where you invested your money. For example, amounts over \$2000 in some TIAA accounts cannot be pulled out all at once, but instead over a 7 to 10-year period.

Before “cashing out” your retirement plan, we recommend you first contact your fund sponsor, TIAA or Fidelity, and ask for a projection of what your account balance might be if you left the money there until age 65, or any other age you anticipate retiring. You may be surprised at how much your account can grow, simply through the magic of compounded interest.

Withdrawal requests to cash out any money from your retirement plan may require Employer Authorization through our office. After you complete your portion of the forms, you may:

- Mail them to UAMS Human Resources at 4301 W. Markham, Box #564, Little Rock, AR 72205;
- Deliver them to our office, Monday through Friday from 7:30 a.m. until 4:30 p.m. Call (501) 686-5650 for directions to our office;

- Email to AskHR@uams.edu; or
- Fax to our office at (501) 686-5386. However, please note that some forms require original signature and cannot be faxed.

Several individuals in our office are authorized to sign-off on TIAA and Fidelity forms. Forms will be processed on a first-come, first served basis. We will be happy to return the completed forms to you, forward them to the fund sponsor, or call you when they are ready to be picked up. Often we are able to sign-off online.

Important: If you cash out all or a portion of your retirement when you leave UAMS, you cannot be rehired at UAMS or any other University of Arkansas campus within 32 days. You may be required to sign a form acknowledging this. If your vacation payout exceeds that time period, the waiting period could be longer.

If it has been less than 32 days since your last day, you will be required to sign a release form in our office. This form is available on our website. Or you may contact our office at (501) 686-5650.

Leave Benefits, Misc.

Vacation/Holidays

You will be paid for your vacation and holiday leave balance on a separate check after you leave UAMS. The maximum payout is 240 hours (30 days).

Once you complete the required clearance process, Payroll will process the check on the next payroll cycle. The check will be mailed to your home.

If your vacation/annual leave is paid out, you will not be able to return to University employment until the number of days for which you received additional compensation has expired. Employees rehired or transferring to another State agency or institution may transfer all accrued annual leave. Please refer to Administrative Guide 4.6.04.

Sick

There is no provision for payment of sick leave upon separation of UAMS employment unless all of the following apply: you were in a classified position, worked more than 10 years, had more than 50 days saved up, and you are retiring.

W-2

Your W-2 form will be mailed to your home address next January. If you move, please call our office at (501) 686-5650 to provide your new address.

Credit Union

Deductions stop with your last paycheck. However, you retain your membership in the UARK Federal Credit Union even though you may no longer work for the University of Arkansas.

COBRA* Monthly Rates

Continuation of UAMS Medical, Dental or Vision

Effective January 2021

* The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) is a federal law which mandates continuation of group health care insurance plans, at workers' expenses, after a worker leaves an employer. The University of Arkansas outsources COBRA benefits administration to:

HealthEquity (former name WageWorks)
P.O. Box 226101
Dallas, TX 75222-6101
PHONE (toll-free): 1-877-722-2667
INTERNET: mybenefits.wageworks.com

MEDICAL	Classic Plan	Premier Plan	Health Savings Plan
Single coverage for Employee Only, Spouse Only, or Child Only	\$ 476.41	\$ 611.53	\$ 413.56
Employee and Spouse	\$ 1,112.59	\$ 1,392.99	\$ 941.18
Employee and Child(ren), or Spouse and Child(ren), or Children only	\$ 891.29	\$ 1,141.90	\$ 775.18
Employee, Spouse and Child(ren)	\$ 1,536.73	\$ 1,921.48	\$ 1,313.29

DENTAL

Single coverage for Employee Only, or Spouse Only, or Child Only	\$ 32.64
Employee and Spouse	\$ 67.32
Employee and Child(ren), or Spouse and Child(ren), or Children only	\$ 56.81
Employee, Spouse and Child(ren)	\$ 91.49

VISION	Basic	Enhanced
Single coverage for Employee Only, or Spouse Only, or Child Only	\$ 5.58	\$ 11.26
Employee and Spouse	\$ 11.08	\$ 22.26
Employee and Child(ren), or Spouse and Child(ren), or Children only	\$ 10.84	\$ 21.82
Employee, Spouse and Child(ren)	\$ 16.48	\$ 33.16

Medicare & Your UA Medical Benefits

The UAMS Office of Human Resources has prepared this information to assist you and your spouse in making decisions about your medical insurance when **you or your spouse become eligible for Medicare**. Please contact our office if you have any questions about your UAMS benefits, particularly if you are planning to retire in the next six months. Please be aware that the following information is subject to change, due to changes in federal Social Security and Medicare programs, as well as changes that may occur within the University of Arkansas benefit plans.

Updated 11-9-2020 bg



What happens to my coverage if I'm still working when I turn 65 and become eligible for Medicare?

No change to your UA medical benefits

As long as you work at UAMS and have the medical insurance as an employee, regardless of your age, there is no change to your coverage. Your UA health plan will pay primary; Medicare will pay secondary. That means if the UA health plan covers less than 100% of your medical expenses, Medicare may pick up part of the balance.

Sign up for Medicare Part A

You become eligible for Medicare Part A as soon as you reach age 65. You should enroll in Part A. There is no premium cost to you and it may pay a portion of your hospital bills after the UA plan pays.

You won't automatically be enrolled in Part A unless you're already receiving Social Security benefits. Apply for Part A online at www.socialsecurity.gov/retirement, through your local Social Security office, or by calling 1-800-772-1213. You should apply three months before your 65th birthday.

Delay signing up for Part B

You are also eligible to buy Medicare Part B at age 65. Part B helps pay for doctor's office visits and some outpatient services. The cost varies based upon your income and whether or not the premium is deducted from your Social Security benefits. The standard premium is \$148.50 per month in 2021 for those with incomes that don't exceed \$88,000.

We generally recommend you wait to sign up for Part B until right before you retire or otherwise become ineligible to have health insurance coverage as an active employee. It's not likely that you would gain enough secondary Part B benefits to make the premium worthwhile.

Remember that your UA medical plan is primary and Medicare pays last while you're still working.

If your Medicare card shows Part B and you don't want Part B, follow the instructions on the card and send the card back.

Sign up for Part B a month before you retire

You must have Part B in place in order to be eligible for your full Medicare benefits when you retire.

Once you retire and no longer have coverage as an employee, you can sign up for Part B without paying a penalty. You have 8 months to do this; Medicare calls this your "special enrollment period." But don't wait that long, as this may cause a gap in your health care coverage. You need to have Part B already in place on the first day of the month in which you retire or otherwise no longer have active employee coverage.

You may enroll in Medicare Part B online at www.socialsecurity.gov/retirement, through your local Social Security office, or by calling the Social Security Administration at 1-800-772-1213.

Do NOT sign up for Medicare Part D while you're still covered as an employee

Once you enroll in Medicare Part A, you are eligible to buy a Medicare Part D prescription drug plan. You will likely get many Part D offers in the mail. But do not enroll in a Part D plan if you are enrolled in the UA health plan.

Your current UA prescription drug coverage is, on average, expected to pay out as much as or more than the standard Medicare prescription drug plan. The government refers to this as "creditable coverage." Therefore, you will not be subject to penalties or restrictions if you decide to enroll in a Part D plan when you retire.

There is no coordination between an employer plan like the UA health plan and Medicare Part D. This means if you sign up for Part D, you would lose your prescription benefits under your UA medical plan. Medicare Part D is generally intended for those who have no other prescription benefits or very limited prescription benefits.

Drop UA coverage and just use Medicare?

Please be very cautious if you are considering dropping your UA medical coverage when you become eligible for Medicare. If you decide later that this was a bad idea, you may not be able to change your mind and return to the UA plan.



Can I keep my UA medical coverage when I retire?

Your medical coverage as an employee automatically ends on your last day. But you may be eligible to continue coverage under two circumstances.

The length of time you can continue your UA health plan coverage depends on whether you meet the eligibility as a **retiree** or as a **COBRA participant**.

Continuing medical as a UA retiree

You may remain covered by a UA health plan the rest of your life if you meet the following criteria: (1) at the time you retire, your age + continuous years of UA service = 70 or higher; and (2) you've been covered by the UA medical plan for the last 10 consecutive years. This rule also applies to your dental coverage. However, effective 1-1-2017, employees with 5 years of service/coverage and are age 65 or older may also be eligible to keep the medical and dental coverage as a retiree.

The specific UA retiree health plan you would enroll in would depend on your eligibility for Medicare. You become eligible for Medicare the first of the month in which you turn 65. Or if you're under 65 and disabled, you may become eligible for Medicare after receiving Social Security disability benefits for 24 months (sooner under certain conditions).

UA retiree medical insurance coverage is not automatic. You must make positive election through our office before you leave UAMS. The plan you'd be eligible for depends on whether or not you're eligible for Medicare.

If you are NOT eligible for Medicare

If you are not yet eligible for Medicare, you would stay on or change to the UA Classic medical insurance plan as a retiree. [If you are currently enrolled in the Premier or Health Savings Plan as an employee, you cannot remain in that plan as a retiree.] You and your eligible family members can remain on the Classic plan until the time you and each of your family members become eligible for Medicare.

You would be responsible for paying the total premium. For example, the cost is \$467.07 per month for single individual retiree coverage under the Classic plan.

You would pay your premiums directly to UMR, the administrator of our group employee health plan. New insurance cards will be issued that show your new retiree group number.

If you ARE eligible for Medicare

If you are eligible for Medicare when you retire, you have the option to enroll in a special Medicare Part C plan offered by the University. The plan is called "The University of Arkansas System UnitedHealthcare Group Medicare Advantage (PPO) Plan," but we'll refer to it as the UA Medicare Advantage plan for short. It is a fully insured plan and not the same as the UA group health plan for employees. Nor is it the same as many individual, non-UA UnitedHealthcare plans that are available to the general public.

Enrollment in the UA Medicare Advantage plan is not automatic. Once you tell us you are retiring and we establish you as an eligible UA retiree, we will notify UnitedHealthcare to send you an enrollment kit. You will need to complete the enrollment form in this kit and return it to

UnitedHealthcare to complete your enrollment. Or better, call United (number is in the kit) to enroll so you can be assured of your benefits and have the opportunity to speak with an agent who will review your providers and prescriptions. You will pay your premiums directly to them as well.

You'll find details of the UA Medicare Advantage plan on our website and also at the UA System website, www.uasys.edu.

Future age-in to Medicare

If you age-in to Medicare after you retire, your UA Classic health coverage will automatically end. But you will be given the same opportunity beforehand to enroll in the UA Medicare Advantage plan.

Continuing medical under COBRA

If you do not qualify for benefits as a UA retiree, you would still be eligible to continue your UA employee health plan coverage for up to 18 months under COBRA provisions. All employees are eligible to continue their medical, dental and vision coverage under COBRA when they leave UAMS.

COBRA coverage is not automatic. You must make positive election with HealthEquity, the University's COBRA plan administrator. You would pay your insurance premiums directly to HealthEquity. The cost for coverage is 102% of the current total premium, including the portion paid by UAMS while you were working. COBRA premiums can be paid via check, credit card, or automatic bank draft. You will receive your COBRA offer from HealthEquity within a couple of weeks after your last day and you will contact them to elect coverage.

If you elect UA retiree health coverage, you will still be offered COBRA -- by federal law, you have to receive written notification of your COBRA rights. But ignore the COBRA letter if you elect retiree coverage. Basically, retiree coverage is "life long" COBRA.

Retiree and COBRA rates are posted at www.hr.uams.edu, under Benefits.



I'm retiring and I already have Medicare. What do I do?

Make sure you have Part B

Look at your Medicare card. If it does not show that you have Part B coverage, contact Social Security a month before you retire and enroll in Part B.

Once you are no longer working, Medicare becomes primary. You must have "original Medicare" Parts A and B in order to enroll in the UA Medicare Advantage plan or any other supplemental plan.



What Medicare benefits should I sign up for if I retire after age 65?

Make sure you have Part A

You should already have Medicare Part A. However, Medicare will not automatically know you are no longer covered as an employee and that they should become primary. Call Medicare at 1-800-633-4227 (1-800-MEDICARE) to let them know this. Otherwise your medical claims won't process correctly.

If you don't have Part A yet, you can apply online at www.socialsecurity.gov. Or call Social Security at 1-800-772-1213.

Make sure you have Part B

You should enroll before you retire so that you have Part B coverage on your first day as a retiree. Contact the Social Security Administration one month before you leave UAMS to do this.

You can also enroll in Part B any year between January 1 and March 31, for coverage to take effect in July. But if you enroll later than 8 months after you leave UAMS, a penalty fee will be added to your Part B premium.

Remember -- once you leave UAMS' employment after age 65, Medicare becomes primary.

Part D?

Should you sign up for prescription benefits under Medicare Part D? It depends.

If you enroll in the UA Medicare Advantage plan as a retiree, or if you continue your coverage under COBRA, do **not** enroll in a Part D plan. These two plans already have prescription benefits with no "donut hole" coverage gap; therefore you do not need a Part D plan.

If you are not enrolling in the UA Medicare Advantage plan, the answer may be yes on enrolling in Part D. It depends if you're signing up for other coverage – perhaps a Medigap or supplemental plan – and if that plan has prescription benefits. Otherwise you would have no prescription drug coverage. You would not have to pay a Medicare Part D late premium penalty because you had "creditable coverage" through your UA medical plan as an employee. Contact our office if you need a letter showing proof of this.

Medigap Plans?

If you choose to drop your UA medical plan when you retire and don't enroll in the UA Medicare Advantage plan or other Medicare Advantage plan, you may purchase a private supplemental "Medigap" policy. These plans are also called "Medicare Supplement Insurance" and provide coverage for medical expenses not covered or only partially covered by Medicare Parts A and B.

The best time to buy a Medigap policy is during your Medigap open enrollment period. This period lasts for 6 months and begins the month you are age 65 or older and first enroll in Medicare Part B.



Whom can I contact if I have questions?

If you have access to a computer with a web browser, we recommend you check out these two sites:

www.medicare.gov (Medicare)

www.ssa.gov (Social Security)

The toll-free phone number for the Social Security Administration is 1-800-772-1213.

The toll-free phone number for the Social Security Administration in Little Rock is 1-866-593-0933.

The toll-free phone number for Medicare is 1-800-MEDICARE (1-800-633-4227).

If you are interested in purchasing a private Medigap policy, you can search on-line for insurance carriers in your area. Or call Medicare at the number above.

Another resource that we highly recommend is the **Arkansas Senior Health Insurance Information Program, SHIIP**. Their number is 1-800-224-6330 and website is <https://insurance.arkansas.gov/pages/consumer-services/senior-health/>.



Time Lines

3 months before your 65th birthday

Enroll in Medicare Part A through the Social Security Administration at www.ssa.gov, 1-800-772-1213.

1 month before you retire from UAMS

If you're age 65 or older, enroll in Medicare Part B through the Social Security Administration at 1-800-772-1213. At this time you cannot apply for Part B online www.ssa.gov, but rather would need call to request the paper application or visit your local office.

At least 2 weeks before you retire from UAMS (earlier is best-as soon as you know what your last day will be)

Contact Human Resources at 686-5650 to apply for "retiree" benefits. Eligibility requirement is that your age and continuous years of UA services = 70 or higher, and you've been covered by the UA medical plan for the last 10 consecutive years (or age 65+5 years' coverage).

If you're 65 or older, call Medicare at 1-800-633-4227 to provide your retirement date so they can change your Medicare coverage to primary.

Within 63 days after you retire

If you're 65 or older and will not be keeping your UA medical coverage and need prescription benefits, enroll in Medicare Part D. There are many Part D plans to choose from. For assistance in picking a plan, visit www.medicare.gov or call 1-800-633-4227.

Within 6 months after your 65th birthday

If you are not continuing health insurance under the University (either the employee plan or the UA UnitedHealthcare Medicare Advantage plan), apply for an individual Medigap policy through an insurance carrier.

Applying for Social Security & Medicare

Social Security is a federally mandated insurance program that provides retirement, disability, family and survivor benefits. Medicare is a separate program run by the Centers for Medicare & Medicaid Services that helps pay for inpatient hospital care, nursing care, doctors' fees, drugs and other medical services and supplies to people age 65 and older, as well as to people who have been receiving Social Security disability benefits for two years or more.

- Generally, you should apply for Social Security retirement benefits three months before you want your benefits to begin. Even if you don't plan to receive benefits right away, you should still sign up for Medicare Part A three months before you reach age 65.
- You are eligible for Social Security retirement benefits when you reach your "full retirement age." The full retirement age is 65 for persons born before 1938. The age generally rises until it reaches 67 for persons born in the year 1960 or later.
- Social Security benefits are payable at full retirement age for anyone with enough Social Security credits. As you work and pay taxes, you earn "credits" that count towards eligibility for future Social Security benefits. You can earn a maximum of four credits each year. Most people need 40 credits (10 years of work) to qualify for benefits. People who delay retirement beyond full retirement age get special credit for each month they don't receive a benefit, until they reach age 70.
- You can also receive benefits early beginning with the first full month you are age 62. However, if you choose to begin receiving benefits before your full retirement age, your benefits will be permanently reduced to account for the longer period over which you will be paid.
- To find out what your full retirement age is, use the Social Security Retirement Age Chart at www.ssa.gov. You can file for your Social Security benefits online.
- Consider speaking with a Social Security representative in the year before you plan to retire. It may be to your advantage to start receiving your retirement benefits before you actually stop working. There are also useful calculators and information online at www.ssa.gov.
- If you don't have access to a computer to file for Social Security benefits on-line, call the toll-free number 1-800-772-1213. Or you can call the Little Rock Social Security office at 1-866-593-0933. You can also visit your local Social Security office, although in-person appointments may not be available during the COVID-10 pandemic. Phone lines are busiest early in the week and early in the month, so if your business can wait, it's best to call at other times.

A Quick Look at Medicare

- Medicare is the federal government's health insurance program. Medicare benefits can be received even if Social Security is not. Most people become eligible for Medicare:
 - At age 65, or;
 - Before age 65, after receiving Social Security disability benefits for 24 months.
 - People of any age with End-Stage Renal Disease
- Medicare provides limited insurance benefits that may not cover all medical expenses. Medicare is primary coverage if you are not working and secondary if you are working.
- Generally, you should apply for retirement benefits **three** months before you want your benefits to begin. Even if you don't plan to receive benefits right away, you still should sign-up for Medicare (at least Part A) three months before you reach age 65.
- For more information, see *Medicare & You*, the national Medicare handbook, available from your local Social Security Administration office. Or visit their website at www.medicare.gov.

Medicare Has Three Parts

Medicare Part A (Hospital Insurance)

- Part A helps cover:
 - Inpatient care in hospitals
 - Skilled nursing facility (following a hospital stay)
 - Some home health care and hospice care
- COST: Most people are eligible to get Part A when they turn 65. They do not have to pay a monthly premium payment for Part A because either they or a spouse paid Medicare taxes while they were working. Part A is usually an entitlement.

Medicare Part B (Medical Insurance)

- Part B helps cover:
 - Doctors' services
 - Outpatient care
 - Some other medical services that Part A does not cover, such as the services of physical and occupational services and supplies/durable medical equipment when they are medically necessary.
 - Many preventive services (like screenings, shots and yearly "wellness" visits)

- **COST:** You pay the Medicare Part B premium per month. Your cost will vary, depending on when you retire and if your income is over \$88,000 (based on your IRS tax return from 2 years ago). It could be as low as \$148.50 or as high as \$504.90. And in some cases, the premium may be higher if you did not choose Part B when you first became eligible. The cost of Part B may go up 10% for each 12-month period that you could have had Part B but did not sign up for it, except for Special Enrollment Period. See below for more information about Special Enrollment Periods.

Enrolling in Part B is your choice.

- You can sign up for Part B anytime during the 7-month period that begins 3 months before you turn 65. Visit your local Social Security office, call the Social Security Administration at 1-800-772-1213 to request the paper application, or enroll online at www.medicare.gov. If you choose to have Part B, the premium is usually taken out of your monthly Social Security benefit payment.
- If you did not take Part B when you were first eligible for Medicare at age 65, you may sign up within 8 months of when you retire with no penalty -- see Special Enrollment Periods below. You can also enroll during a General Enrollment Period. The General Enrollment Period runs from January 1 through March 31 of each year, for coverage to take effect July 1 of that year. **You would pay a higher premium if you wait more than 8 months after you retire before enrolling.** In other words, Social Security Administration will add a surcharge to the Part B premium if you do not enroll in Part B when first eligible or during a Special Enrollment Period.

The Special Enrollment Periods when you can sign up for Part B are:

1. Anytime you are still covered by an employer group health plan, through your or your spouse's current or active employment.
2. During the 8 months following the month when your insurance coverage as an employee ends.
3. If you are disabled and working (or you have coverage from a working family member), the Special Enrollment Period rules also apply.

Most people who sign up for Part B during a Special Enrollment Period do not pay higher premiums. However, if you are eligible but do not sign up during the Special Enrollment Period, the cost of Part B may go up.

NOTE: There is a fourth part of Medicare called **Part C, Medicare Advantage**. This is another way to get your Medicare coverage, as an "all in one" plan. These plans are offered by Medicare-approved private companies that must follow rules set by Medicare. Plans may not be available in all areas. People with Medicare Parts A & B can choose to receive all of their health care services through one of the provider organizations under Part C. The UA

UnitedHealthcare Medicare Advantage plan for retirees is a Part C plan. In the UA Medicare Advantage plan, you can use any provider that accepts Medicare.

Medicare Part D (Outpatient Prescription Drug Coverage)

- On January 1, 2006, Medicare beneficiaries became eligible for a prescription drug benefit called Part D. Medicare has contracted with private companies to offer these drug plans. There are many plans available in Arkansas. Enrollment is voluntary, but you must have Medicare Part A or B to be eligible. Enrollment is held the end of each year (specific dates as determined by Medicare). If you enroll late, you may have to pay a higher premium. If you have a certificate of creditable coverage from your employer plan or other plan, you will not pay the higher premium.
- Medicare Part D plans vary. Some have a coverage gap, which is sometimes called the “donut hole.” A coverage gap means that after you and your plan have spent a certain amount of money for covered drugs, you may have to pay more for your prescription drugs up to a certain limit. (Based upon recent legislation, you may get a 52.5% discount on brand name prescription drugs while you’re in the gap.) Once you get past the gap, you will have “catastrophic coverage.” This means that you only pay a coinsurance amount (like 5% of the drug cost) or a copayment (like \$6 for each prescription) for the rest of the calendar year. Low-income beneficiaries may be eligible for reduced cost sharing and more generous coverage by Medicare.
- Both the University of Arkansas Classic health plan (available to eligible retirees who are not yet on Medicare) and the UA UnitedHealthcare Medicare Advantage plan (available to eligible retirees who are eligible for Medicare) offer prescription drug coverage. If you enroll in Medicare Part D, it will have a negative effect because you would lose your prescription drug benefits.

THIS IS VERY IMPORTANT. If you enroll in a Medicare Part D plan, either intentionally or inadvertently, you will lose your prescription coverage through your UA retiree health plan.

The University strongly urges you NOT to enroll in the Medicare Part D program if you are enrolled in either the UA group health plan or the UA UnitedHealthcare Medicare Advantage plan.

Important Notice from University of Arkansas Medical Benefit Plan About Your Prescription Drug Coverage and Medicare

NOTICE:

This letter is provided for information purposes only.

You are receiving this letter because (1) you are a University Health Plan retiree participant not yet Medicare eligible or (2) you are a University Health Plan participant age 64 or older.

The letter provides general eligibility information for Medicare and Medicare enrollment. This letter does not require you to take any action or to enroll or change enrollment.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with University of Arkansas Medical Benefit Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
 - 2. University of Arkansas Medical Benefit Plan has determined that the prescription drug coverage offered by University of Arkansas Medical Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**
-

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current University of Arkansas Medical Benefit Plan coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current University of Arkansas Medical Benefit Plan coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with University of Arkansas Medical Benefit Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through University of Arkansas Medical Benefit Plan changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	09/17/2020
Name of Entity/Sender:	University of Arkansas Medical Benefit Plan
Contact--Position/Office:	Steve Wood
Address:	2404 North University Ave. Little Rock, Ar 72207
Phone Number:	501-686-2941



“At a Glance” Medical Plans Comparison

This is not a legal document. Complete benefit descriptions and exclusions are contained in the Summary Plan Description posted at benefits.uams.edu. Please note that all medical services (e.g., durable medical equipment and supplies, hospice, ambulance, some therapies, chiropractic) may not be available at UAMS.

Effective: January 1, 2021

For UAMS appointments, call the
SmartCare Concierge
(501) 686-8749

	CLASSIC under uams smartcare	CLASSIC under Other In-Network Providers	PREMIER under uams smartcare	PREMIER under Other In- Network Providers	HEALTH SAVINGS PLAN under uams smartcare	HEALTH SAVINGS PLAN under Other In-Network Providers
INDIVIDUAL DEDUCTIBLE	\$750	\$1,250	\$200	\$700	\$2,800	
FAMILY DEDUCTIBLE	\$1,500	\$2,500	\$400	\$1,400	\$5,400	
COINSURANCE	20%	25%	15%	20%	5%	10%
OUT OF POCKET MAXIMUM						
Individual (If complete wellness)	\$4,750 (\$3,350)	\$5,250 (\$3,850)	\$2,550 (\$2,050)	\$3,050 (\$2,550)	\$6,250	\$6,750
Family (If complete wellness)	\$9,500 (\$6,700)	\$10,500 (\$7,700)	\$5,100 (\$4,100)	\$6,100 (\$5,100)	\$12,300	\$13,300
PRIMARY CARE OFFICE VISIT	\$20 copay	\$35 copay	\$10 copay	\$25 copay	5% after deductible	10% after deductible
SPECIALIST OFFICE VISIT	\$40 copay	\$55 copay	\$30 copay	\$45 copay	5% after deductible	10% after deductible
ROUTINE ANNUAL EYE EXAM	\$10 copay	\$35 copay	\$10 copay	\$25 copay	5% after deductible	10% after deductible
PREVENTIVE CARE SERVICES ACA and ACIP compliant wellness and well-baby visits, immunizations and screenings	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
HOSPITAL INPATIENT SERVICES	\$150 copay + deductible + 20% coinsurance	\$300 copay + deductible + 25% coinsurance	\$150 copay + deductible + 15% coinsurance	\$300 copay + deductible + 20% coinsurance	5% after deductible	10% after deductible
EMERGENCY ROOM VISIT (Copay waived if admitted)	\$250 copay or \$350 copay if non-emergency		\$250 copay or \$350 copay if non-emergency		10% after deductible	
THERAPY Speech, PT, OT, (copay on 1 st evaluation visit only) Max (30 visits combined, pre-approval required for additional visits)	\$40 eval copay + deductible + 20% coinsurance	\$55 eval copay + deductible + 25% coinsurance	\$30 eval copay + deductible + 15% coinsurance	\$45 eval copay + deductible + 20% coinsurance	5% after deductible	10% after deductible
MATERNITY No member cost for covered prenatal care	Hospital Inpatient costs apply at delivery		Hospital Inpatient costs apply at delivery		ded + 5% for hospital admission and non-routine prenatal	ded + 10% for hospital admission and non-routine prenatal
ADVANCED IMAGING (CT, PET, MRI, & Nuclear Medicine) Prior authorization required	\$50 copay + deductible + coinsurance	\$100 copay + deductible + coinsurance	\$25 copay + deductible + coinsurance	\$50 copay + deductible + coinsurance	5% after deductible	10% after deductible
URGENT CARE VISIT	Not available	\$55 copay	Not available	\$50 copay	Not available	10% after deductible
DISPOSABLE MEDICAL SUPPLIES (test trips, oxygen filters, lancets, etc.)	Not available	Up to \$800 paid with no OOP	Not available	Up to \$800 paid with no OOP	Not available	10% after deductible
OUTPATIENT SERVICES						
a. Diagnostic Lab Services	a. 20% coins.	a. 25% coins.	a. 15% coins.	a. 20% coins.	5% after deductible	10% after deductible
b. Diagnostic Testing and Surgical Services	b. deductible + 20% coins.	b. \$150 copay + ded. + 25% coins.	b. deductible + 15% coins.	b. \$75 copay + ded. + 20% coins		
PRESCRIPTION MEDICATIONS (Separate from Medical OOP Max for Classic and Premier plans)	\$18 Tier1 \$62 Tier 2 \$97 Tier 3 (\$1700 ind/\$3400 fam OOP max)		\$14 Tier1 \$57 Tier 2 \$92 Tier 3 (\$1700 ind/\$3400 fam OOP max)		10% after deductible Prescription OOP is combined with medical OOP max	

Deductible ("ded") is the fixed dollar amount you pay each year before the health plan begins to pay for covered services. In-network deductibles and out-of-network deductibles accumulate separately and do not cross apply.

Coinsurance ("coins") is the fixed percentage of charges you must pay toward the costs of covered services after paying the annual deductible.

Copayment ("copay") is the fixed dollar amount you pay each time you receive a particular medical service or supply.

Medical Out-of-Pocket Maximum ("OOP") is the total combined deductibles, coinsurance and copayments you will pay in any calendar year. It does not include the separate pharmacy out-of-pocket and does not include non-covered services.

Preventive Care Services include well baby/child visits, annual wellness exams, screenings and immunizations as provided in the ACA and ACIP guidelines.

Out-of-Network Care is not available to those enrolled in the Classic Plan (other than emergency services and prior-authorized services). The health plan has access to an extensive in-network array of local and national providers, facilities and centers of excellence. Additional out-of-pocket expenses do apply to the use of non-network providers and services.

Emergency Room Visits and services apply a \$250 copay for serious, unexpected and often dangerous medical conditions that require immediate attention. Conditions not requiring immediate attention and which could be addressed in an urgent care or office visit appointment will apply a \$350 copayment. ER copayment is waived if admitted to hospital.

Prior-Authorizations ("PAs") are required for many complex or inpatient services and procedures. Check the plan document or contact UMR for information on required PAs. The following are some examples of services requiring PA: admission to inpatient facilities or partial hospitalization units, referral to out-of-network care pre-natal/maternity care, home health services infusion services hospice transplants all advanced imaging (such as MRI, CT, Stress Test).

SmartCare is an additional benefit provided for plan participants using the services available through University medical facilities at UAMS, UA Fayetteville and UA Little Rock. All plan covered services and supplies are not available through SmartCare and the benefit does not transfer to other non-University providers or facilities.

UAMS SmartCare (501) 686-8749

UA Fayetteville SmartCare (495) 575-4451

UA Little Rock SmartCare (501) 569-3188

Wellness incentive requirements will be announced to employees the prior year and may include one or more of the following: completion of annual biometric screening, on-line health risk assessment, selection of a Primary Care Physician, preventive care, tobacco free, and participation in disease management programs. Employees who enroll in the health plan after the annual wellness window will be subject to the lower OOP max in their first calendar year of coverage. Wellness incentives, including the reduced OOP max, do not apply to retiree, surviving family or COBRA members.

UMR provides customer services, prior authorization, network access and appeals review for the University Health Plan.

UMR Health Plan Customer Services 888-438-6105, www.UMR.com.

MedImpact provides pharmacy network access, customer service and formulary support for the University Health Plan pharmacy program.

MedImpact Pharmacy Services 800-788-2949, <http://MP.MedImpact.com/UAS>

EBRx is a service of UAMS providing prior authorization and appeals and exceptions support, and formulary support for the University Health Plan pharmacy program.

EBRx (501) 214-2156, toll-free 833-650-0475

UA System Benefits tab, UA website: <https://www.uasys.edu/>



To: New retirees who are age 65 and older or otherwise eligible for Medicare

In follow-up to your announcement that you intend to retire and are eligible for University retiree health insurance benefits, I want to make certain you are aware of your opportunity to enroll in the University of Arkansas System UnitedHealthcare Group Medicare Advantage Plan ("the Plan").

The Plan includes prescription drug benefits as well as comprehensive health care and preventive care services. A few of the Plan highlights include:

- 100% of the drugs covered by Medicare Part D are covered in the plan
- SilverSneakers Fitness program
- 24-Hour Nurse Line
- No referrals required for covered services
- Access to any In or Out-of-Network licensed provider as long as they accept Medicare and are willing to accept the Plan

We have forwarded your planned retirement date to UnitedHealthcare and you will soon receive plan details along with enrollment materials. Please watch for and carefully review the information from UnitedHealthcare. If you wish to enroll in the Plan, you must complete and return the enrollment form to UnitedHealthcare.

Your eligible spouse and dependents who currently participate in the University's health plan as your dependents may continue to participate in that plan as long as they are eligible and you participate in the Group Medicare Advantage Plan. Plan premium information is attached.

Next Steps

- Review the enclosed Frequently Asked Questions.
- Watch for the enrollment information from UnitedHealthcare or call UnitedHealthcare directly at 1-800-533-2743 to enroll.

- Complete and return the Plan application to UnitedHealthcare if you prefer to send in the paper application.
- If not already enrolled, complete your enrollment in Medicare Part A and Part B through the Social Security Administration at 1-800-533-2743 or at www.ssa.gov. You will need to do this before enrolling in UnitedHealthcare Medicare Advantage.
- Review the Life and Dental information and complete the enrollments if you wish to keep this coverage.

If you would like to preview the Plan benefits in more detail, visit our website www.hr.uams.edu. Do a search on "insurance retirees" and you'll find information about the University of Arkansas System UnitedHealthcare Medicare Advantage Plan.

Dawn Wieda
Sr. Benefits Consultant
UAMS Human Resources

Enclosure: Frequently Asked Questions

bg 1-27-2020

Frequently Asked Questions

What is a Group Medicare Advantage Plan?

A Group Medicare Advantage Plan is a fully insured plan which is sponsored by an employer and which has been reviewed and approved by the Centers for Medicare and Medicaid Services, the federal agency which oversees Medicare plans. The University of Arkansas System UnitedHealthcare Group Medicare Advantage (PPO) Plan includes Medicare Part A, Part B and Part D prescription drug coverage, plus other benefits including SilverSneakers, all in one plan.

What are the premiums for the Plan?

The premium cost per individual is **\$167.70** effective January 2020. Each member is individually enrolled. For example, a retiree and spouse may both be Medicare-eligible and on the Plan. But each will be billed the premium separately and each will receive their own member ID card. The premium cost for family members under age 65 that remain on the UA Classic Plan will be reduced accordingly. Please refer to the enclosed rate sheet.

What do I have to do to enroll in the Plan?

You will receive an enrollment kit from UnitedHealthcare. Complete and return the enrollment forms to UnitedHealthcare. Or as an alternative, we recommend you call UHC at 1-800-533-2743 and complete your enrollment by phone. It's quicker and the UHC enrollment rep will review your benefits with you. Have these group numbers on hand so they can correctly enroll you in the University of Arkansas plan:

UA master group # 103509

UAMS group # 23966

COSMOS group #: 13555

Do I still have to buy Part B coverage?

Yes. Just as you are required to separately purchase Part B today, the Group Medicare Advantage plan also requires that you pay for Part B coverage.

Will I be required to buy Part D prescription drug coverage?

No. Prescription drug coverage is included in the Plan.

What is the prescription drug coverage with this plan?

The copayments are \$15, \$45 and \$80 for a 30-day retail supply. The Plan offers a 90-day mail order supply for two copayments (a savings of one month's copay), it provides coverage for the traditional Medicare coverage gap (there is no donut hole), it provides reduced copayments for catastrophic coverage, and there are no reference based pricing restrictions.

Can I still see my doctor in the Plan?

In most cases the answer is yes. The Group Medicare Advantage Plan selected is an open-choice PPO. There are in-network providers but any provider who participates in Medicare and accepts the plan can participate in the PPO without joining the PPO. Your same copayment amount will apply with in- or out-of-network providers.

Will I get a separate drug card and a new Part B card?

No. All of your medical and prescription drug coverage, including Part B, will be covered on a single card.

What is the Plan design and copayment when I see my PCP or Specialist?

PCP office visit copayments are \$25 and Specialist copayments are \$40. Your wellness and preventive exams are still at \$0 copayment.

The Plan design is very similar to the University's active employee health plan. It includes a \$500 deductible and a \$1,000 out-of-pocket maximum and referrals are not needed to see a specialist. Additionally, you can see any provider who accepts Medicare and the Plan, even if that provider is not in the network.

What if I review all of the information and decide I don't want to leave the current retiree plan?

As of January 2014 the University does not continue to cover Medicare-eligible retirees or their Medicare-eligible family members in the current plan. If you determine that the Group Medicare Advantage plan is not for you, there are a number of individual Medicare plans available which you may want to consider.

If I don't elect to enroll in the group Medicare Advantage plan now, can I return and enroll at a later date?

No. Just as with the current retiree enrollment, there is a one-time option to enroll. You will not be able to leave the plan and return at some future date.

While I'm the UA retiree and will be Medicare-eligible, my spouse and/or dependents are covered through me and are not Medicare-eligible. What happens to their coverage?

If you enroll and continue in the Group Medicare Advantage Plan, your spouse may remain in or change to the UA Classic Medical Plan until reaching Medicare-eligibility, at which time your spouse will be offered the Group Medicare Advantage plan. If you do not elect the Group Medicare Advantage plan or if you discontinue your participation at a future date, the eligibility for your spouse to remain with the current plan will also end.

If you enroll and continue in the Group Medicare Advantage Plan your dependents may remain with the current plan until reaching age 26. If you do not elect the Group Medicare Advantage Plan or if you discontinue your participation at a future date, the eligibility for your dependents to remain with the current plan will also end.

How do I get more information about this Plan?

Watch for the mailings you will receive from UnitedHealthcare or call UnitedHealthcare Customer Service at 1-800-533-2743. You can also view the UHC Plan Guide on our website, www.hr.uams.edu. Search on "retiree insurance."

What Dental Plan will I have?

If you are eligible for and elect to continue in the plan, the Dental Plan for retirees is the same University Dental Plan administered by Ark. Blue Cross/Blue Shield that you have as an active employee. Billing for the dental plan is through UMR and you will have opportunity to pay premiums by check or direct debit.

Does the Group Medicare Advantage Plan influence participation in the Dental Plan?

No. Participation in the dental plan may continue regardless of your decision to enroll or not enroll in the Group Medicare Advantage Plan. As long as you continue in the dental plan, your spouse and eligible dependents may continue in the dental plan.

What Life Insurance options will I have?

As an eligible retiree (10 plus years of service and years plus age adds up to at least 70), you can continue to purchase \$10,000 in life insurance coverage. Refer to the rate sheet for the premium. Retiree Life Insurance is with Standard, the same company which the University uses for active employee life insurance, and billing for the insurance is also through Standard. But please note that this benefit will no longer be offered to those retiring after December 31, 2020.

Does the Group Medicare Advantage Plan influence my participation in the Life Insurance Plan?

No. Your participation may continue regardless of your decision to enroll or not enroll in the Group Medicare Advantage Plan.



To be signed by an employee who has presented a retirement distribution or rollover request to the UAMS Office of Human Resources for approval, and who is separated from UAMS employment for less than 32 calendar days.

PRINT YOUR NAME: _____
(and sign below)

SOCIAL SECURITY NUMBER (or SAP #): _____

I am requesting that I receive a distribution from my UA retirement plan due to my separation of employment from UAMS. I have or will present TIAA and/or Fidelity distribution requests to the UAMS Office of Human Resources for approval.

I understand that by requesting that UAMS's retirement contributions (all or partial) to be paid to me, that I cannot return to UAMS employment for at least 31 calendar days, nor can I transfer to another University of Arkansas campus within 31 calendar days. This is in accordance with University and State policy that returning to work within 31 days is a "reinstatement" and not a true separation of employment.

If I return to University of Arkansas employment after 31 calendar days, I understand:

- That my sick leave balance will not be restored (unless the reason for my separation of employment was due to budgetary reasons or curtailment of work activity); and
- That my break in service will affect my eligibility for retiree insurance benefits. [In order to be eligible for retiree insurance benefits, an employee generally must have 10 years consecutive years of covered service, and their age and years of service must equal at least 70.]; and
- That I must complete the onboarding process and re-enroll in the benefit plans as any other new employee; and
- That my hire date and merit increase eligibility dates will be adjusted to reflect my break in service.

I also understand that UAMS remits retirement contributions once a month. Therefore the contributions from my last paycheck may not yet be posted in my TIAA and/or Fidelity account. If I am cashing out or otherwise receiving a distribution from my UA retirement plan now, I may not be receiving all contributions and may have to reinitiate the distribution process. If I am not vested, I will only be eligible to receive a distribution on my personal contributions.

SIGNATURE: _____ DATE: _____

Fax Completed Form to: 501-686-5386 or scan and email to askhr@uams.edu or return to the Office of Human Resources, Central Building 4C.

UAMS Retiree “TO-DO” Checklist

- ☐ Before your last day to work, complete retiree benefits election form
- ☐ If age 65+, enroll in UnitedHealthcare Medicare Advantage. They will send you application package which you can fill out and mail. But we recommend you call them (phone number in package) to enroll.
- ☐ Complete UAMS clearance process, else won't be paid vacation balance
- ☐ Meet with TIAA and/or Fidelity
- ☐ Sign up for Social Security
- ☐ Sign up for Medicare Part A
- ☐ Sign up for Medicare Part B
- ☐ Sign up for Medicare Part D (prescriptions) and/or Medigap policies if not enrolling in the University's Medicare Advantage plan
- ☐ Ignore COBRA notice from HealthEquity unless you want to keep Vision and/or FSA
- ☐ Either keep current insurance cards or expect new ones
- ☐ Keep current LTD, life insurances? (31 days to port to individual plan)
- ☐ Pay premiums to UMR (medical if under age 65, dental)
- ☐ Pay premiums to UHC (medical if age 65+)
- ☐ Provide your address to your benefit vendors and Human Resources if you move
- ☐ _____
- ☐ _____
- ☐ _____

University of Arkansas Retiree Benefits for the 2021 Calendar Year

Dear University of Arkansas Retiree,

You are receiving this letter because as a University retiree (or as the spouse of a retiree) you currently participate in one or more benefits programs through the University. The information in this letter addresses **all** University System retiree benefits options. Not all of the benefits described below may apply to you.

Health Plan

One of the following three health plan situations applies to you:

- You are enrolled in the University's Classic Plan as a retiree under age 65.
- You are enrolled in UnitedHealthcare's Medicare Advantage Plan as a Medicare-eligible retiree.
- You are **not** participating in any University retiree health coverage.

If you are not enrolled in any health coverage through the University, please skip to the other benefits information in this letter—there are no new enrollment opportunities.

If you are enrolled in the Classic Plan as a retiree under age 65, your monthly premiums will increase, and prescription drug copayments will increase by \$1 for Tier 1 drugs and by \$2 for Tier 2 and Tier 3 drugs. Office visit copayments, deductibles, and out-of-pocket maximums will **not** increase for 2021.

To continue in the Classic Plan as a retiree, you do not need to re-enroll.

	2020 Monthly Premium	2021 Monthly Premium
Retiree Only	\$444.56	\$494.00
Retiree Plus Spouse	\$1,010.36	\$1,122.00
Retiree Plus Children	\$831.68	\$924.00
Retiree Plus Family	\$1,408.12	\$1,564.00

If you are enrolled in the University-sponsored UnitedHealthcare Medicare Advantage Plan, your current premium rates will increase to \$175.70 per month from \$167.70 per month, effective January 1, 2021.

The University-sponsored UnitedHealthcare Medicare Advantage Plan design remains essentially the same as it is today—that is, there are no changes in copayments, deductibles, coinsurance, or out-of-pocket maximums. In addition, coverage of prescriptions in the "catastrophic range" (the donut hole) will continue. You'll receive detailed plan information from UnitedHealthcare, including information about exclusive access to a UnitedHealthcare Hearing Provider Network and to a fitness vendor named Renew Active.

To continue in the UnitedHealthcare Medicare Advantage Plan, you do not need to re-enroll.

Dental Plan

You may or may not have elected to participate in the University's Dental Plan as a retiree.

If you are not currently enrolled in dental coverage through the University, please skip to the other benefits information in this letter—there are no new enrollment opportunities.

If you are enrolled in the University's Dental Plan with Arkansas Blue Cross and Blue Shield as the plan administrator, there are no changes in coverage or increases in premiums for 2021 and there is no Medicare-eligibility or other age-out limitation on your dental participation as a retiree.

To continue in the University's Dental Plan, you do not need to re-enroll.

Retiree Life Insurance

You may or may not have elected to enroll in Basic Retiree Life Insurance.

If you are not currently enrolled in retiree life insurance through the University, please skip to the other benefits information in this letter—there are no new enrollment opportunities.

If you are enrolled in Basic Retiree Life Insurance through Standard Insurance, there are no changes in coverage for 2021. However, rates will increase to \$12.50 per month from \$11.73 per month—an increase of \$0.77 per month. There is no change in the administrative fee. Standard will provide you with updated billing statements for 2021. There is no age-out limitation on your existing Basic retiree enrollment.

To continue in your current retiree life insurance, you do not need to re-enroll.

PLEASE NOTE: For employees who retire on and after January 1, 2021, Basic Group retiree life insurance enrollment will not be offered. This change does not affect your current or future life insurance coverage.

Vision Insurance

Superior Vision, the University's vision insurance provider, offers an individual vision insurance plan for retirees. The plan is available in Arkansas and in most surrounding states but may vary in pricing and availability by state. Enrollment and payment is through Superior. Additional information is available at visionplans.com under "find your plan."

If you have plan coverage or billing questions, please contact the following, as applicable:

- **University Classic Health Plan:** UMR, at 800-207-1824
- **UnitedHealthcare Medicare Advantage Plan:** UnitedHealthcare, at 800-533-2743 (TTY 711)
- **University Dental Plan:** Arkansas Blue Cross and Blue Shield, at 844-662-2281
- **Retiree Life Insurance:** Standard Insurance, at 855-839-9885
- **Vision Insurance:** Superior Vision, at visionplans.com

We hope you find this information helpful and wish you the very best for 2021.

University of Arkansas System, Employee Benefits
501-686-2941
501-686-2942

