Office of Human Resources

4301 West Markham # 564
Little Rock, AR 72205-7199
501-686-5650

www.hr.uams.edu

UAMS
University of Arkansas for Medical Sciences

Dear Prospective Retiree,

As you approach retirement from UAMS, we want to inform you about your eligibility to continue your medical, dental, and vision coverage.

To qualify as a "retiree" for insurance purposes, you must meet the following criteria at the time you leave the University's employment or drop to a non-benefits eligible position:

1. You have been covered under the insurance plan for the past ten consecutive years.
2. You have worked for the University of Arkansas for ten consecutive years.
3. Your combined age and continuous years of service with the University equal 70 or more.

For example, if you are 48 years old and have worked at UAMS for 25 years while being covered under the benefits plans for at least the last ten years, you would be eligible to continue your coverage as a retiree.

Please note that effective January 1, 2017, the criteria changed for those aged 65 and older. If you retire at age 65 or older with five consecutive years in a benefits-eligible status, you may qualify for retiree medical, dental or vision coverage, provided you maintained coverage throughout that period.

Attached is the current retiree insurance rate sheet. Please be aware that these rates are subject to change and may differ at your time of retirement. Currently, if you work full-time, your department covers a portion of your premiums. As a retiree, you would be responsible for 100% of the total premiums to maintain coverage. If you are under 65 and not yet eligible for Medicare, the Classic plan will be your only option as a retiree.

You can choose from the available plans to cover you and any family members that are a part of your policies on your date of retirement. For instance, you may opt for medical coverage but decline dental and vision, or vice versa. You might elect to keep medical for yourself only but keep your whole family on the dental plan. You have 31 days from your retirement date (or the date you are no longer in a benefits-eligible position) to elect the plan(s) you wish to continue. It's best to enroll before this date. The attached enrollment form must be completed to elect retiree coverage. Please understand that if you do not elect coverage within 31 days, you will lose eligibility to apply, and any coverage not maintained cannot be added later. If you do not wish to elect any coverage, please select "no coverage" and return the form to our office.

If you are eligible for Medicare upon retirement, you can enroll in the UA UnitedHealthcare Medicare Advantage plan if you qualify, which differs from the UA self-insured plan for employees. Enclosed are materials explaining Medicare Parts A, B, and D, how to enroll, and how your UA medical coverage coordinates with Medicare. You can find additional details on the UA UnitedHealthcare Medicare Advantage plan on our benefits website.

If you do not meet the retiree criteria, you may continue your medical, dental, and vision coverage for up to 18 months under COBRA. Further information is provided in the attached document titled “What Happens When I Become Ineligible for Benefits” along with the Cobra rates. Also attached is a "Medical at a Glance" chart outlining the coverage differences between the Classic, Premier, and Health Savings plans.

As you near your retirement date, we recommend setting up an appointment with one of our Human Resources Senior Consultants to assist with your retiree benefit elections. Additionally, we suggest scheduling a meeting with a TIAA or Fidelity representative at least three months before withdrawing from your retirement plan. Please know that you cannot make your withdrawal request with your retirement vendor until you have been retired for 30 days from UAMS. For assistance, please contact our office at 686-5650.

Wishing you a happy and fulfilling retirement!

Best regards,

Office of Human Resources
(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.

DW 07/03/25

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. No additions are allowed upon Retirement. 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	
Email	*Home or cell phone*

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 Part 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. Enhanced Vision Insurance ❑No ❑Yes

If yes, elect a coverage level:

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

6. Retiree Signature _____ Date: _____

Please return form to Human Resources:

Email: AskHR@uams.edu
Fax: 501-686-5386
Office: Central Building 4C

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2027 Monthly Insurance Rates –Retiree/Survivor

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, Dental Insurance and Vision plans. 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 *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.*	$299.00 per individual

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.

1 Member in UA Classic Health Plan *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.*	$ 559.00
2 Adult Members in UA Classic Health Plan *Retiree is the primary member, spouse is the dependent member, and both are not eligible for Medicare.*	$ 1,269.00
1 Adult + Child(ren) in UA Classic Health Plan *Adult can be a retiree, a retiree's spouse, or a surviving spouse; plus one or more children. All are not eligible for Medicare.*	$ 1,040.00
Family: 2 Adults + Child(ren) in UA Classic Health Plan *Retiree is the primary member. Spouse and one or more children are the dependent members. All are not eligible for Medicare.*	$ 1,761.00
2 or more Children in UA Classic Health Plan *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.*	$ 1,040.00

Dental Coverage

Premium will be billed by and payable to UMR.

1 Primary Adult *Adult can be either a retiree or a surviving spouse*	$ 35.00
Retiree + Spouse *Retiree is the primary member; plus spouse*	$ 70.00
1 Primary Adult + Child(ren) *The primary adult can be either a retiree or a surviving spouse; plus one or more children*	$ 59.00
Retiree + Spouse + Child(ren) *Retiree is the primary member; plus spouse; plus one or more children*	$ 94.00

Vision Coverage

Premium will be billed by and payable to UMR.

1 Primary Adult *Adult can be either a retiree or a surviving spouse*	$ 9.48
Retiree + Spouse *Retiree is the primary member; plus spouse*	$ 18.74
1 Primary Adult + Child(ren) *The primary adult can be either a retiree or a surviving spouse; plus one or more children*	$ 18.37
Retiree + Spouse + Child(ren) *Retiree is the primary member; plus spouse; plus one or more children*	$ 27.92

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What happens to my benefits when I leave UAMS

or otherwise become ineligible for benefits?

Updated 10/10/24 dw

This 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 contact UAMS Office of Human Resources to ensure the correct business process is initiated in Workday for continuation of your benefits.

We are happy to talk to you 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
hr.uams.edu

Medical and Dental Insurance

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

Your medical and dental coverage will automatically end when you leave UAMS' employment. Medical and Dental Coverage ends on your last day to be an active employee in Workday in a benefits eligible position. 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.

Vision Insurance

Your coverage will end at 11:59 p.m. on the last day of the month in which your employment terminates with UAMS.

Your vision coverage will automatically end when you leave UAMS' employment. Vision Coverage ends on the last day of the month in which your employment ends in Workday

Cobra

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.

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

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 found at hr.uams.edu. You will need to sign up for Medicare Parts A and 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, dental and vision coverage as a "UA retiree" instead of enrolling in 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 UMR 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 (Basic, Optional & Dependent)

Your coverage will end on your last day to be employed by UAMS or the final day you are in a benefits eligible position.

Your group life insurance coverage -- Basic Life, Dependent Life, and Optional Life--automatically ends when you leave UAMS or transfer to a non-benefits eligible position.

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.

You should receive a letter from Standard Insurance Company within a week or two after your last day that offers this opportunity. If you fail to receive this letter in the mail, contact our office and we can provide links to the applications.

Critical Illness, Hospital Indemnity & Accident Insurance

Your coverage will end on at 11:59 p.m. on the last day of the month in which your employment terminates with UAMS or you are no longer in a benefits eligible position.

Your Critical Illness, Indemnity Plan and Accident insurance policies automatically end when you leave UAMS or transfer to a non-benefits eligible position.

You have a 31-day window to continue or "port" these policies to a private policy.

The forms to apply are available on the UA System Benefits website. 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 or the final day you are in a benefits eligible position.

Your Short Term Disability and AD&D insurance coverage automatically ends when you leave UAMS or transfer to a non-benefits eligible position.

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 or the final day you are in a benefits eligible position.

Your LTD coverage automatically ends when you leave UAMS or transfer to a non-benefits eligible position. 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. You have a 31-day window to convert to an individual policy. You should receive a letter from Standard Insurance Company within a week or two after your last day that offers this opportunity. If not, contact our office and we can provide a link to the application.

Flexible Spending Accounts

If you participate in an FSA, your deductions end on your last regular paycheck from UAMS. You may incur expenses through your termination date. You have until 3/31 the following plan year to file claims for reimbursement.

Members who are eligible for the Flex Cobra will have the carryover funds available as well as their election amount to utilize on eligible expenses they incur while active on Cobra. If a member terminates employment after the new plan year starts. They are eligible to spend down the carryover funds for expenses incurred while still active in the plan. Please be aware that the $550 rollover benefit does not apply to your health care flexible spending account once your employment ends.

H S A Account

Contributions automatically stop with your last regular paycheck.

If you were a participant of the HSP medical plan, your H S A spending account will remain active and open as long as you do not request for it to be closed.

The account can be tied to a future employer or you can use or save funds in the account.

UA Retirement Account

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 office 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. Of course, any money you personally contributed to your retirement plan is always 100% vested and available to you.

You are vested in UAMS's employer contributions if you 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	1-800-642-7131

You generally have three options if you are not retiring:

1: You may **leave your money in your account**(s) if the balance is over $5000. 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. By leaving the money in your account, you preserve it for its intent – retirement income.

If your account balance is less than $5000, you will be given the opportunity to take a distribution. If you do not elect this, your vested account will be transferred from the UA plan to an IRA at an appointed time by the Systems Office.

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 also 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" or getting a distribution from your retirement plan, we recommend you first contact 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 the DPC Office which is on the 4th floor, Wing C in the Central Building;
- 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 times the UAMS Human Resources office can approve your distribution requests online via the plan sponsor's online portal.

Important: Withdrawals will not be processed by the retirement vendors until you have been gone from the University for 31 days. To avoid delays and cancellation of your request for funds, please delay making your request with the vendor until you have been gone from UAMS for 31 days.

Leave Benefits, Optional Benefits, Misc.

Legal Shield

This policy ends at the end of the month in which you terminate from UAMS or transfer to a non-benefits eligible position. Please reach out to Legal Shield directly at 1.800.654.7757 if you wish to extend your policy.

ID Watchdog

This policy ends at the end of the month in which you terminate from UAMS or transfer to a non-benefits eligible position. Please reach out to ID Watchdog directly at 1.866.513.1518 if you wish to extend your policy.

Auto and Home Insurance

Please reach out to Farmers directly if you have questions about your policy. They can be reached at 800.974.6755.

Vacation/Holidays

When you terminate employment, and the clearance process is finalized you will be paid for your vacation, birthday and holiday hours up to a maximum of 240 hours (30 days). This process takes about two weeks once the clearance process is finalized. This check will be directly deposited to your bank account.

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 vacation/annual leave compensation has expired. Employees rehired or transferring to another State agency or institution may transfer all accrued annual leave. Please refer to UAMS Administrative Guide 4.6.04.

Sick

There is no provision for payment of sick leave upon separation of UAMS employment.

COBRA* Monthly Rates

Continuation of Medical, Dental or Vision

Effective January 2027

These rates include the 2% administrative fee.

* 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:

UMR COBRA ADMINISTRATION
P.O. Box 1206
Wausau, WI 54402-1206
PHONE (toll-free): 1-800-207-1824
EMAIL: MyCOBRA@UMR.com
WEB PORTAL: https://mycobra.tpa.com

MEDICAL	**Classic Plan**	**Premier Plan**	**Health Savings Plan**
Single coverage for Employee Only, Spouse Only, or Child Only	$543.76	$824.00	$471.92
Employee and Spouse	$1,272.45	$1,950.36	$1,076.34
Employee and Child(ren), or Spouse and Child(ren), or Children only	$1,018.10	$1,540.69	$885.42
Employee, Spouse and Child(ren)	$1,757.44	$2,689.19	$1,501.95

DENTAL

Single coverage for Employee Only, or Spouse Only, or Child Only	$33.29
Employee and Spouse	$68.67
Employee and Child(ren), or Spouse and Child(ren), or Children only	$57.96
Employee, Spouse and Child(ren)	$93.33

VISION	**Basic**	**Enhanced**
Single coverage for Employee Only, or Spouse Only, or Child Only	$ 4.79	$ 9.67
Employee and Spouse	$ 9.51	$ 19.11
Employee and Child(ren), or Spouse and Child(ren), or Children only	$ 9.30	$ 18.75
Employee, Spouse and Child(ren)	$ 14.14	$ 28.48

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Medicare & Your UA Medical Benefits

The 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.



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.

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 ends at 11:59 PM on your last day to be in a benefits eligible position (vision coverage ends on the last day of the month in which you are enrolled). 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 and (3) you have been employed by the University for 10 consecutive years in a benefits eligible position. This rule also applies to your dental coverage. However, employees with 5 years of service/coverage and are age 65 or older may also be eligible to keep the medical, dental and vision 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 each month.

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, you must reach out to United Healthcare at 800-533-2743 and enroll over the phone. You are enrolling in group number 13555. If your

spouse is also eligible you must enroll your spouse separately, enrolling yourself does not enroll your spouse too.

You will pay your premiums directly to United Healthcare.

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 UMR, the University's COBRA plan administrator. You would pay your insurance premiums directly to UMR. 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 UMR 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 or 501-371-2782 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 www.ssa.gov , 1-800-772-1213.
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) and you have been employed by the University for 10 consecutive years in a benefits eligible position.
Within 63 days after you retire	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 6 months after your 65th birthday	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.
	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.

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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 and have insurance through your employer.

- 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 $91,000 (based on your IRS tax return from 2 years ago). It could be as low as $170.10 or as high as $578.30. 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 Part B 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

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 enrolled in 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

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UNIVERSITY OF ARKANSAS SYSTEM

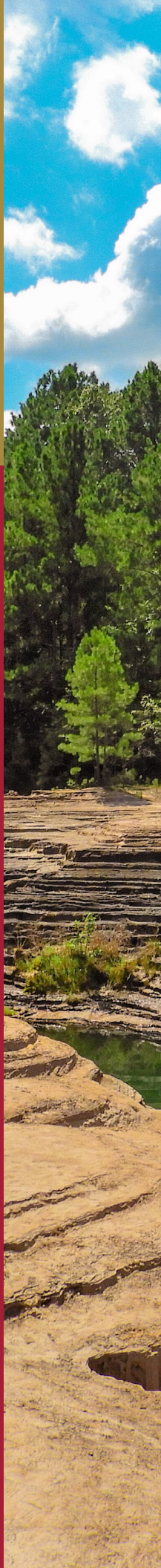
University of Arkansas System Medical Plans Comparison Summary

Find complete, current benefit descriptions and exclusions in the Summary Plan Descriptions (SPDs), available through your campus Human Resources office or on the benefits website at **uasys.edu/benefits**. SmartCare is available at UAMS, UA Fayetteville and UALR facilities only.

Beginning January 1, 2027, here's what you'll pay under each medical plan.

		Classic Plan		Premier Plan		Health Savings Plan	
		SmartCare	**Non-SmartCare**	**SmartCare**	**Non-SmartCare**	**SmartCare**	**Non-SmartCare**
Deductible	Individual	$850	$1,400	$550	$850	$3,400	
	Family	$1,700	$2,800	$1,100	$1,700	$6,000	
Coinsurance		20%	25%	15%	20%	5%	10%
Out-of-Pocket Maximum	Individual	$4,800 Wellness: $3,500	$5,300 Wellness: $4,050	$2,750 Wellness: $2,400	$3,250 Wellness: $2,750	$6,250	$6,750
	Family	$9,600 Wellness: $7,000	$10,600 Wellness: $8,100	$5,500 Wellness: $4,800	$6,500 Wellness: $5,500	$12,300	$13,300
Primary Care Office Visit		$25	$40	$15	$30	5% after deductible	10% after deductible
Specialist Office Visit		$45	$60	$35	$50	5% after deductible	10% after deductible
Preventive Care** ACA- and ACIP-compliant wellness and well-baby visits, immunizations and screenings		Plan covers 100% of ACA- and ACIP-qualified preventive care		Plan covers 100% of ACA- and ACIP-qualified preventive care		Plan covers 100% of ACA- and ACIP-qualified preventive care	
Disposable Medical Supplies Test strips, oxygen filters, lancets, etc.		Plan covers 100%, up to $800 in disposable supplies		Plan covers 100%, up to $800 in disposable supplies		10% after deductible	
Hospital Inpatient Services		$150 copay, then 20% after deductible	$300 copay, then 25% after deductible	$150 copay, then 15% after deductible	$300 copay, then 20% after deductible	5% after deductible	10% after deductible
Emergency Room Visit		$350 copay, then 25% after deductible (waived if admitted)		$350 copay, then 20% after deductible (waived if admitted)		10% after deductible	
Therapy Services Speech, physical, occupational (copay on initial evaluation visit only)		$40 evaluation copay, then 20% after deductible	$55 evaluation copay, then 25% after deductible	$30 evaluation copay, then 15% after deductible	$45 evaluation copay, then 20% after deductible	5% after deductible	10% after deductible
Outpatient Diagnostic Lab Services		20%	25%	15%	20%	5% after deductible	10% after deductible
Outpatient Diagnostic Testing and Surgical Services		20% after deductible	$160 copay, then 25% after deductible	15% after deductible	$80 copay, then 20% after deductible	5% after deductible	10% after deductible
Advanced Imaging CT, PET, MRI (prior authorization required)		$75 copay, then 20% after deductible	$150 copay, then 25% after deductible	$50 copay, then 15% after deductible	$100 copay, then 20% after deductible	5% after deductible	10% after deductible
Urgent Care Visit		$55		$50		10% after deductible	
Prescription Drugs							
Out-of-Pocket Maximum	Individual	$1,900		$1,900		Combined medical and prescription drug out-of-pocket maximum	
	Family	$3,800		$3,800			
Tier 1		$18 copay		$14 copay		10% after deductible	
Tier 2		$62 copay		$57 copay			
Tier 3		$97 copay		$92 copay			

*Preventive services that are covered with no cost share are those services described in the United States Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the CDC, and HRSA guidelines for women, as well as children, including the American Academy of Pediatrics Bright Futures periodicity guidelines.



Definitions and Other Information

Coinsurance: The percentage you pay toward the cost of covered services after you pay the deductible.

Copayment (copay): The fixed dollar amount you pay each time you receive a covered service or supply.

Deductible: The fixed dollar amount you pay each year before the plan pays for covered services. In-network and out-of-network deductibles accumulate separately and do not cross-apply.

EBRx: A UAMS service that provides prior authorization, appeal and exception support for the health plan pharmacy program. Contact EBRx at 501-214-2156 or toll-free at 833-650-0475.

Emergency Room Visit: The emergency room visit copayment is waived if you're admitted to the hospital.

MedImpact: Provides pharmacy network access, customer service and formulary support for the health plan pharmacy program. Contact MedImpact Pharmacy Services at 800-788-2949 or **mp.medimpact.com/uas**.

Out-of-Network Care: Not available to those enrolled in the Classic Plan (other than emergency services and services with prior authorization). The health plan has an extensive network of local and national providers, facilities and centers of excellence. Additional out-of-pocket expenses apply to non-network providers and services.

Out-of-Pocket Maximum: The most you pay toward your deductible, coinsurance and copayments (combined) in any calendar year. The out-of-pocket maximum does not include the prescription drug out-of-pocket maximum (Classic and Premier plans) or 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.

Prior Authorization (PA): Required for many complex or inpatient services and procedures. Check the plan document or contact UMR for information on PA. These are some examples of services requiring PA:

- Admission to inpatient facilities or partial hospitalization units
- Referral to out-of-network care
- Prenatal/maternity care
- Home health services
- Infusion services
- Hospice
- Transplants
- All advanced imaging (e.g., MRI, CT, stress test)

SmartCare: If you are enrolled in a university medical plan, you can save on health care costs by visiting a SmartCare provider at a University of Arkansas for Medical Sciences (UAMS) facility, the University of Arkansas Fayetteville Pat Walker Health Center, or the University of Arkansas Little Rock Health Center. Not all covered services and supplies are available through SmartCare; the SmartCare benefit does not transfer to other non-university providers or facilities.

- **UAMS:** 501-686-8749
- **University of Arkansas Fayetteville:** 479-575-4451
- **University of Arkansas at Little Rock:** 501-569-3188

UMR: Provides customer services, prior authorization, network access and appeals reviews for the health plan. Contact UMR Health Plan Customer Service at 888-438-6105 or **umr.com**.

Wellness, UMR Live Well Reward$: Benefits-eligible employees must opt in to the UMR Live Well Reward$ wellness program on **umr.com** during the enrollment period to receive plan out-of-pocket discounts and incentives.



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The information provided in this document is of a general nature only and does not replace or alter the official rules and policies contained in the official plan documents that legally govern the terms and operation of the University of Arkansas System benefit plans. If this publication differs in any way from the official plan documents, the official plan documents always govern. Receipt of this publication does not guarantee eligibility for benefits. The University of Arkansas System has the right to modify benefits at any time.

UNIVERSITY OF ARKANSAS SYSTEM

October 2026



2027 University of Arkansas Retiree Benefits

You are receiving this letter because you elected to participate in one or more retiree benefits programs. The information provided here addresses all retiree benefits options. Not all benefits described may apply to you.



What Do I Need To Do?

Annual enrollments or re-enrollments are NOT required. If you do not need to drop or change your current coverage, no action is needed. Your current enrollments will continue in 2027.

Review your spouse enrollment, coverage levels, bank auto-pay account and mailing address for any updates that are needed.

If you have questions, contacts are provided in each benefit section and at the end of this letter. Those representatives are available to assist you with information and with any changes and updates needed.

Please note: There are no open enrollment opportunities for 2027. If you are not currently enrolled in a retiree benefit, no new enrollment options are available.

For the Pre-65 Retiree Classic Plan

The Classic Plan is available for retirees and their eligible spouses and dependents who are not eligible for Medicare.* If you are a Classic Plan participant and you become eligible for Medicare, you will receive an enrollment offer for the Medicare Advantage plan.

Due to the rising cost of health care, you will see some minor increases to the Classic Plan premiums. There are no changes to plan benefits, including deductibles and out-of-pocket maximums.

For questions about the Classic Plan, contact UMR at 888-438-6105.

	2026 Premium	2027 Premium
Retiree Only	$545 per month	$559 per month
Retiree Plus Spouse	$1,238 per month	$1,269 per month
Retiree Plus Children	$1,014 per month	$1,040 per month
Retiree Plus Family	$1,718 per month	$1,761 per month

**If you are not currently enrolled in the pre-65 Classic Plan, there are no new enrollment opportunities for January 2027.*



For the University Retiree Dental Plan

You will see a $1 per month increase in the dental plan premiums for 2027. There are no plan changes. If you are currently enrolled in the dental plan, your current premiums and plan coverage will continue without interruption.* There is no age-out limitation for your participation in the dental plan. For retiree dental questions, contact Arkansas Blue Cross at 844-662-2281.

	2026 Premium	2027 Premium
Retiree Only	$34 per month	$35 per month
Retiree Plus Spouse	$69 per month	$70 per month
Retiree Plus Children	$58 per month	$59 per month
Retiree Plus Family	$93 per month	$94 per month

**If you are not currently enrolled in the dental plan, there are no new enrollment opportunities for January 2027.*

For the Medicare-Eligible UnitedHealthcare Medicare Advantage Plan

Across the country, Medicare Advantage plans are facing significant cost pressures due to rising health care utilization, higher medical costs, increased prescription drug spending, and changes in federal Medicare funding. As a result, many Medicare Advantage plans are experiencing higher premiums for 2027.

For 2027, the Medicare Advantage plan monthly premium will increase to $299 per participant (compared to $234.16 per participant in 2026). Medicare Advantage premiums are charged on a per-participant basis, so there are no retiree-plus-spouse or family premium tiers.

We recognize that the cost of health coverage is an important consideration for many retirees, and we are committed to evaluating all available options to help manage premiums in the future. While no specific changes have been determined, the University of Arkansas System will continue to assess opportunities that balance affordability with the quality of coverage offered. Retirees who find that premium costs are becoming difficult to manage may also wish to explore coverage available through the Health Insurance Marketplace, which may provide alternative plans and pricing options that better meet their individual needs and financial circumstances.

For questions, contact UnitedHealthcare Medicare Advantage at 800-533-2743.

For the EyeMed Vision Insurance Plan

There are no changes in the vision plan premiums or in plan coverage for 2027. If you are currently enrolled in the vision plan, your current premiums and plan coverage will continue without interruption.* There is no age-out limitation for your participation in the vision insurance plan. For retiree vision insurance questions, contact EyeMed at **eyemed.com**.

	2027 Premium
Retiree Only	$9.48 per month
Retiree Plus Spouse	$18.74 per month
Retiree Plus Children	$18.37 per month
Retiree Plus Family	$27.92 per month

**If you are not currently enrolled in vision insurance, there are no new enrollment opportunities for January 2027.*

More information on the back cover →

For the Closed-Group Retiree Life Insurance Program

The life insurance plan premium is increasing to $20.50 per month in 2027. If you are currently enrolled in retiree basic life insurance, your current premiums and plan coverage will continue without interruption.*

**Retiree life insurance is a closed group; there are no new enrollment opportunities.*

Coverage or Billing Questions

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

- **University Classic Health Plan:** UMR at 888-438-6105
- **UnitedHealthcare Medicare Advantage Plan:** UnitedHealthcare at 800-533-2743 (TTY: 711)
- **University Dental Plan:** Arkansas Blue Cross and Blue Shield at 844-662-2281
- **Vision Insurance:** EyeMed at **eyemed.com**
- **Retiree Life Insurance:** Standard Insurance at 855-839-9885

We hope you find this information helpful, and we wish you the very best for 2027.

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

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UAMS Retiree "TO-DO" Checklist

- ❑ Meet with Retirement Vendor
- ❑ Determine Retirement date
- ❑ Meet with Supervisor
- ❑ Meet with Benefits Counselor – 3 months in advance
- ❑ Resign in Workday
- ❑ Complete UAMS retiree benefits election form (even if you decline coverage).
- ❑ If age 65+, enroll in Medicare Parts A and B, then call UnitedHealthcare at 800-533-2743 and enroll in the Medicare Advantage Plan. You are enrolling in Group #13555. We recommend you start this process two months ahead of your scheduled retirement date.
- ❑ Complete UAMS clearance process.
- ❑ Sign up for Social Security.
- ❑ 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 UMR unless you want to keep FSA or are not eligible to retain the retiree policies.
- ❑ Either keep current insurance cards or expect new ones.
- ❑ Look for communication from UMR on how to set up your bank draft to pay retiree premiums to UMR monthly via bank draft on the 10th of each month.
- ❑ Look for communication from UHC on how to set up your bank draft to pay retiree medical premiums to UHC monthly via bank draft on the 5th of each month.

- ❑ Provide your address to your benefit vendors and Human Resources if you move.

- ❑ _____

- ❑ _____

- ❑ _____

DW 10-10-24