

Open Enrollment Decision Guide



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New Plans. New Opportunities.

This year, The University of Arkansas is excited to announce that two new medical plans will replace the Point of Service Plan starting January 1, 2018. The University will continue to offer the Classic Plan. This Open Enrollment Decision Guide will help you understand the new plans and how to enroll for 2018.

What's New for 2018

New Medical Options

You'll have two new medical options to choose from.

- Health Savings Plan
- Premier Plan

These options will continue to cover the same medical services and facilities as the Classic Plan, but differ in premiums and out-of-pocket costs.

Expanded Wellness Incentives

For all three medical plan options, you will receive a Wellness Incentive if you completed three simple steps by September 30, 2017.

1. Completed the Health Assessment, available at www.OnlifeHealth.com
2. Completed the Tobacco Pledge (included in the Health Assessment)
3. Completed a biometric screening.

For more information, see *Wellness Program* on page 7.

Prescription Drug Changes

There is a small increase to Tier 2 and Tier 3 prescription drugs under the Classic Plan. See page 6 for details.

Also, if you or a covered family member has diabetes, you can receive a FreeStyle meter and test strips for free by bringing a prescription to your local retail pharmacy, contacting Abbot Diabetes Care at 866.224.8892, or signing up at ChooseFreeStyle.com. Use Offer Code BQQ3WIQA.

Dental Plan Improvement

Your dental coverage will include a new orthodontia benefit for children under the age of 18. See page 13 for details.

New Voluntary Benefits

You don't have to wait for Open Enrollment to enroll for these new voluntary benefits:

- Identity Theft Protection
- Legal Protection.

For information on all voluntary benefit offerings, see *Voluntary Benefits* on page 16.

Open Enrollment is November 1–30, 2017.

Don't miss out on the new medical options. If you fail to enroll for 2018 and are currently enrolled in the Point of Service or Classic Plan, you will be automatically enrolled in the Classic Plan with the same family coverage election you had in 2017. Also, if you want to contribute to a Flexible Spending Account (FSA) for 2018, you must enroll even if you had one in 2017. Coverage elections will be effective January 1, 2018.

New UAS Benefits Website to Launch November 1.

The University of Arkansas System is excited to announce the launch of our new Benefits Website starting November 1. Be sure to visit www.uasys.edu for more information on Open Enrollment and your System benefits.

Classic Plan Improvements Will Continue.

On July 1, 2017, The University improved the Classic Plan by reducing your coinsurance from 30% to 25%, stopped applying deductibles to laboratory services, and added coverage for three-dimensional mammography. All of these improvements will continue in 2018.

What You Need to Do

Review Your Options

- Read this Decision Guide and other Open Enrollment information that may be available on your campus website.
- Contact campus HR with any questions.
- Review your current benefits, then consider any major life events and/or anticipated medical or dental expenses that might affect next year's benefits needs for you and your family.
- Compare and contrast the three medical plans carefully to ensure you make the best choice for your situation.
- To enroll in one of the new medical plans or change your other benefit choices, obtain an Enrollment Form from campus HR.

Medical and Prescription Drug Benefits

Starting January 1, 2018, you will have three medical plan options.

- Classic Plan
- Health Savings Plan
- Premier Plan.

The two new plans, the Health Savings Plan and the Premier Plan, cover the same medical services and facilities as the Classic Plan, including no cost preventive care. All three medical plans offer a nationwide network of providers and facilities. Note that the Health Savings Plan and Premier Plan offer coverage for out-of-network benefits.

All three medical plans include prescription drug coverage from MedImpact, which has a nationwide network of pharmacies including most chains. Coverage details are included in the chart on page 6.

To find an in-network provider visit www.umar.com/oss/cms/UMR/UAS and select "Search for a provider" or call UMR at 888.438.6105.



NEW! Health Savings Plan

This qualified high-deductible health plan has the lowest monthly premiums of all the medical plans. It includes a Health Savings Account (HSA)—a tax-advantaged account with contributions made by The University.

Here's how the plan works:

- Until you meet the deductible, you pay for all medical expenses, including prescription drugs, yourself or with money from your HSA. There are no copays.
- Once you meet the deductible, you and the Plan share the cost of covered medical and prescription drug expenses through coinsurance.
- If you reach the medical out-of-pocket maximum, the Plan pays 100% of all eligible expenses for the rest of the Plan Year.
- You have the option to see an out-of-network provider, but you will pay more for your care. See *Out-of-Network Benefits* on page 7 for details.

Health Savings Plan Highlights

	In-Network Benefits
University Contribution to Health Savings Account	\$420 individual/ \$840 family
Preventive Care	No cost
Deductibles	\$2,700 individual/ \$5,400 family
Annual Out-of-Pocket Maximums	\$6,650 individual/ \$13,300 family
Office Visits, Other Medical Services & Prescription Drugs	10% after deductible is met

Understanding the Health Savings Account

How an HSA Can Benefit You

Once you're enrolled in the Health Savings Plan, you will open a Health Savings Account with Optum Bank. You'll receive a debit card to pay for your eligible health care expenses, along with detailed information about your account. You must accept the terms of an HSA through Optum Bank.

University Contributions

The University will contribute up to \$420 (for individual coverage) or up to \$840 (for family coverage) to your HSA. Half of The University's contributions will be deposited into your HSA in January and half will be deposited in September. Contributions for new hires will be pro-rated based on your benefits start date.

Your Own Contributions

You can have pre-tax contributions deducted from your paycheck and deposited directly into your HSA. However, your contributions cannot exceed the Internal Revenue Service (IRS) annual contribution maximum.

Variety of Health Care Expenses

You can use your HSA to pay eligible medical, dental, vision and prescription expenses. For a full list of qualified expenses, visit [IRS.gov](https://www.irs.gov).

It's Your Money

Money in your HSA is always yours—if you don't use your entire account balance, it will roll over to the next year. Also, if you leave The University or retire, you can take the account with you.

Account Growth

Your HSA grows through:

- contributions made by The University,
- optional pre-tax (payroll deducted) and post-tax contributions made by you,
- transfers from any existing HSAs that you have, and
- interest and investment earnings once your account reaches a certain amount.

Important HSA Rules

HSA Yearly Contribution Maximum (including University contributions and your optional payroll deducted pre-tax contributions):

- Individual: \$3,450 (2018) pre-tax
- Family: \$6,900 (2018) pre-tax
- \$1,000 additional catch-up contribution allowed if you are 55 or older.

The IRS requires the following in order for you to enroll in an HSA:

- You **must be enrolled** in the new Health Savings Plan.
- You can't have other health coverage that pays for out-of-pocket health care expenses before you meet your plan deductible.
- You or your spouse can't have a Healthcare Flexible Spending Account (FSA) or Health Reimbursement Account in the same year that you have an HSA. If you are currently enrolled in The University of Arkansas Healthcare FSA, you must use your funds by December 31. You will have the option of waiving the automatic rollover of any remaining FSA funds, so that you can still have an HSA.
- You can't be eligible for or enrolled in Medicare, covered by TRICARE, or have received Veterans Administration (VA) health benefits in the previous three months.
- You can't be claimed as a dependent by someone else.

You may want to consult a tax advisor to discuss your unique circumstances.

What's Right for Me—FSA versus HSA

If you elect the Health Savings Plan with HSA, you will not be eligible to contribute to a Healthcare FSA. Consider which savings account is right for you and your family before making the switch.

	Healthcare Flexible Spending Account	Health Savings Account
2018 Contribution Maximum	\$2,600 pre-tax Elect contribution amount for the year at Open Enrollment; no changes allowed during the year except for a qualifying event	Individual: \$3,450 pre-tax Family: \$6,900 pre-tax (Includes University contributions) \$1,000 additional catch-up contribution allowed if you are 55 or older
Plan Year Rollover	Any amount over \$50 and up to \$500	Any amount
Account Ownership	Account is owned by The University. If you leave, you can continue to use it through COBRA; once COBRA ends account balance is forfeited	You own the account. You can take it with you if you leave The University or retire
Account Growth	<ul style="list-style-type: none"> • Your contributions 	<ul style="list-style-type: none"> • Your contributions • Contributions from The University • Transfers • Interest • Investment income
Access to Funds	Full yearly contribution at the beginning of the Plan Year	Only the funds already deposited in the account
Reimbursement	File eligible claims for the Plan Year by March 31 of the following year	Access HSA funds to pay for services incurred on January 1, 2018 or later
Eligible Expenses	Copays or deductibles, dental care, vision care Qualifying prescriptions, certain medical equipment For a full list of qualified medical expenses, visit IRS.gov	

Pay Nothing for Preventive Care. Under all three medical options, preventive care is covered in-network at no cost to you. This includes well baby visits, immunizations, mammograms, colorectal cancer screenings, nutritional counseling, physical exams and certain preventive drugs. Some preventive care is subject to yearly limitations. See your Summary Plan Description for details.

NEW! Premier Plan

This Plan works the same way as the Classic Plan. It has the highest monthly premiums, but you'll pay the least out-of-pocket of all the medical options when you receive care from in-network providers.

Here's how the Plan works:

- You pay copays for doctor and specialist visits, certain other expenses and prescription drugs.
- You pay all other expenses in full until you meet your deductible.
- Once you meet your deductible, you and The University share the cost of covered services.
- If you reach the medical out-of-pocket maximum, the Plan pays 100% of all eligible expenses for the rest of the Plan Year.
- You have the option to see an out-of-network provider, but you will pay more for your care.

Premier Plan Highlights

	In-Network Benefits
Preventive Care	No cost
Deductibles	\$650 individual/ \$1,300 family
Annual Out-of-Pocket Maximums	\$3,000 individual/ \$6,000 family
Office Visits	\$25 PCP/ \$45 specialist
Coinsurance for Medical Services	20%
Prescription Drugs	Tier 1: \$10 / Tier 2: \$50 / Tier 3: \$80

Classic Plan

This Plan has mid-range monthly premiums. It works the same way as it currently does, and will continue to include the benefit enhancements made in July 2017. Starting January 2018, there will be small increases to the copays for specialists and urgent care facility visits and Tier 2 and 3 prescription drugs.

Here's how the Plan works:

- You pay copays for doctor and specialist visits, certain other expenses and prescription drugs.
- You pay all other expenses in full until you meet your deductible.
- Once you meet your deductible, you and The University share the cost of covered services.
- If you reach the medical out-of-pocket maximum, the Plan pays 100% of all eligible expenses for the rest of the Plan Year.
- Benefits are not paid for services outside the network, except in emergencies.

Classic Plan Highlights

	In-Network Benefits
Preventive Care	No cost
Deductibles	\$1,250 individual/ \$2,500 family
Annual Out-of-Pocket Maximums	\$5,250 individual/ \$10,500 family
Office Visits	\$35 PCP/ \$55 specialist
Coinsurance for Medical Services	25%
Prescription Drugs	Tier 1: \$15/ Tier 2: \$55/ Tier 3: \$90

Medical Plan Comparison Chart

This chart shows what you pay for health care services under each medical plan, assuming you see network providers. Note that you can lower these costs by completing the Wellness Program steps and/or participating in SmartCare. See page 7 to 8 for details.

	Classic Plan	Health Savings Plan	Premier Plan
University HSA Contribution			
Individual	No contribution	\$420	No contribution
Family		\$840	
Deductibles			
Individual	\$1,250	\$2,700	\$650
Family	\$2,500	\$5,400	\$1,300
Annual Out-of-Pocket Maximums			
Individual	\$5,250	\$6,650	\$3,000
Family	\$10,500	\$13,300	\$6,000
Medical Services			
Coinsurance	25%	10%	20%
PCP Visit	\$35	10% after deductible is met	\$25
Specialist Visit	\$55	10% after deductible is met	\$45
Preventive Care	No cost	No cost	No cost
Diagnostic Testing (Lab) In Office	25%	10% after deductible is met	No cost
Urgent Care	\$55	10% after deductible is met	\$50
Emergency Room	1st visit—\$150 copay 2nd visit—\$200 copay 3rd + visit(s)—\$250 copay (waived if admitted)	10% after deductible is met	1st visit—\$150 copay 2nd visit—\$200 copay 3rd + visit(s)—\$250 copay (waived if admitted)
Ambulance	\$100 (waived if admitted)	10% after deductible is met	\$100 (waived if admitted)
Advanced Imaging*	25% after deductible is met and \$100 copay	10% after deductible is met	20% after deductible is met
Outpatient Surgery	25% after deductible is met and \$150 copay	10% after deductible is met	20% after deductible is met
Inpatient Services**	25% after deductible is met and \$300 copay	10% after deductible is met	\$300 copay
Speech, Occupational and Physical Therapy (30 visit combined maximum)	25% after deductible is met and \$35 copay	10% after deductible is met	20% after deductible is met and \$25 copay
Routine Vision Exam	\$35	10% after deductible is met	\$25
Prescription Drugs			
Tier 1	\$15	10% after deductible is met	\$10
Tier 2	\$55	10% after deductible is met	\$50
Tier 3	\$90	10% after deductible is met	\$80
Prescription Drug Out-of-Pocket Maximum			
Individual	\$1,600	Combined with Medical Annual Out-of-Pocket Maximum	\$1,600
Family	\$3,200		\$3,200

*Prior authorization required.

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

Out-of-Network Benefits

The Health Savings Plan and Premier Plan offer coverage for out-of-network providers, as shown below, but your out-of-pocket expenses will be higher. When you obtain health care through a **Non-UA-UMR Provider**, your benefit payments for covered services will be based on the Maximum Allowable Payment for out-of-network services, as determined by UMR. Charges in excess of the Maximum Allowable Payments do not count toward meeting the deductible or meeting the limitation on your coinsurance maximum. Non-UA-UMR Providers may bill you for amounts in excess of the Maximum Allowable Payment.

Limited Benefits for Out-of-Network Coverage

	Classic Plan	Health Savings Plan	Premier Plan
Deductibles			
Individual	No coverage	\$2,700	\$2,000
Family	out-of-network except for emergency room visits	\$5,400	\$4,000
Coinsurance		50%	50%
Annual Out-of-Pocket Maximums			
Individual	No coverage	\$9,700	\$9,000
Family	out-of-network except for emergency room visits	\$19,400	\$18,000

You pay additional amounts for certain out-of-network services. The amounts you pay for out-of-network deductibles and out-of-pocket maximums are in addition to what you pay for in-network providers. Your in-network deductibles and maximums do not count toward your out-of-network deductibles and maximums, and vice versa.

Two Ways to Cut Your Medical Costs



Wellness Program

Taking an active role in maintaining your health is not only good for you, but also for your wallet. Preventive measures, like annual physicals and biometric screenings, help your doctor find potential health issues before they become major problems. Starting a care regimen early for these potential issues will save you money on your health care expenses in the long run.

To reinforce The University's commitment to the health of our employees, we've expanded the OnLife Wellness Program. If you completed the wellness steps listed on page 1 by September 30, 2017, you'll save money on your health care for 2018.

Tobacco Cessation

To qualify for the wellness incentive, current tobacco users must complete the additional step of enrolling in a tobacco cessation program by November 17, 2017. If you failed to complete the wellness steps, including the Tobacco Pledge, or do not enroll in a cessation program, you will not be eligible for the Wellness Incentives for 2018.

In 2019, if you fail to take these actions you'll pay an additional \$50 per month premium, no matter which medical option you choose.

SmartCare

Starting January 1, 2018, participants in all three medical plans may save on health care costs through the SmartCare program, by visiting a provider at a University of Arkansas for Medical Sciences (UAMS) facility. If you are in the Classic or Premier Plan, you may save money on certain expenses through lower deductibles, out-of-pocket maximums, copays and coinsurance. If you are in the Health Savings Plan, you may save money through lower coinsurance. You don't have to sign up for UAMS SmartCare. If you come to a UAMS facility for your care and are enrolled in one of the three health plans, UMR will automatically apply these adjustments:

Classic Plan

- \$15 reduction in copay for office visit
- \$500 reduction to individual deductible, \$1,000 reduction to family deductible
- After deductible is met, 5% reduction in coinsurance
- \$150 reduction in hospital inpatient admission copay
- Waiver of \$150 copay for outpatient surgical services or mental health partial hospitalization/intensive day treatment

Health Savings Plan

- \$500 reduction to out-of-pocket maximum per individual, \$1,000 reduction to family out-of-pocket maximum
- After deductible is met, 5% reduction in coinsurance

Premier Plan

- \$15 reduction in copay for office visit
- \$500 reduction to individual deductible, \$1000 reduction to family deductible
- After deductible is met, 5% reduction in coinsurance
- \$150 reduction in hospital inpatient admission copay

UAMS SmartCare doesn't just mean potential savings in your out-of-pocket medical costs. It also means access to the SmartCare concierge who can assist you in making an appointment or help you with questions about a bill. This service is only for University of Arkansas employees enrolled in The University's health plan. Call the UAMS SmartCare concierge at this dedicated phone line: (501) 686-8749 or email smartcare@uams.edu.

For more information on SmartCare visit <https://hr.uams.edu/benefits/smartcare/>.



Making Your Medical Plan Decision

It is important to think carefully about which medical plan will be best for you and your family. Here are examples of out-of-pocket costs for three employees with different medical needs. Which employee is most like you and your family? See *Which Medical Plan Is Best for You?* on page 12 to think through your own situation.

Meet Sam: Single

- Age 25
- Typically very healthy
- Generally visits a doctor once or twice a year

During the year, Sam will **visit his doctor for an annual physical** and then again for a **sore throat**. The total cost for the services and medications he receives are \$374:

- 1 preventive doctor’s office visit: \$172 (\$0 cost to Sam)
- 1 diagnostic doctor’s office visit: \$127
- 1 Tier 2 antibiotic: \$75.

	Costs to Sam:		
	Classic Plan	Health Savings Plan	Premier Plan
Sam’s cost for preventive visit	\$0	\$0	\$0
Sam’s cost for office visit	\$35 copay	\$127 applied to deductible	\$25 copay
Sam’s cost for Tier 2 prescription	\$55	\$75	\$50
Sam’s total out-of-pocket expenses	\$90	\$202	\$75
University’s contribution to Sam’s Health Savings Account	N/A	\$420	N/A
Net cost to Sam for care received	\$90	(\$218)	\$75
Monthly premiums	Mid-range	Lowest	Highest

With the Health Savings Plan, Sam will pay the lowest monthly premium available. If Sam is comfortable managing the Health Savings Account, the Health Savings Plan may be his best choice.



Meet Jen and Mike: Family with young children

- Jen is age 34; Mike is age 36
- Their children are age 5 and 2
- They visit the pediatrician frequently for common child ailments

Their daughter has tonsillitis. She has an outpatient tonsillectomy and is prescribed two Tier 2 antibiotics. One month later, she has a follow up visit with her doctor. Her total cost before the plan pays benefits is \$4,061:

- 1 outpatient surgery: \$3,154
- 2 Tier 2 antibiotics: \$780
- 1 doctor's office visit: \$127.

Their son has pink eye and goes to urgent care to get a prescription. His total cost before the plan pays benefits is \$188:

- 1 urgent care visit: \$155
- 1 Tier 1 antibiotic: \$33.

Plus, the whole family gets annual physicals:

- 4 preventive doctor's office visits: \$688 (\$0 cost to family).

	Costs to Jen and Mike:		
	Classic Plan	Health Savings Plan	Premier Plan
Cost for preventive visits for each family member	\$0	\$0	\$0
Cost for daughter's outpatient surgery	\$150 copay + \$1,250 applied to deductible + \$438 coinsurance = \$1,838	\$2,700 applied to deductible + \$45.40 coinsurance = \$2,745.40	\$650 applied to deductible + \$500 coinsurance = \$1,150
		The daughter has met her deductible!	
Cost for daughter's Tier 2 prescription	\$55 copay x 2 = \$110	10% coinsurance \$78 applied to deductible	\$50 copay x 2 = \$100
Cost for daughter's office visit	\$35 copay	10% coinsurance \$12.70 applied to deductible	\$25 copay
Cost for son's urgent care visit	\$55 copay	\$155 applied to deductible	\$50 copay
Cost for son's Tier 1 prescription	\$15 copay	\$33 applied to deductible	\$10 copay
Jen and Mike's total out-of-pocket expenses	\$2,053	\$3,024.10	\$1,335
University's contribution to Health Savings Account	N/A	\$840	N/A
Net cost to Jen and Mike for care received	\$2,053	\$2,184.10	\$1,335
Monthly premiums	Mid-range	Lowest	Highest

Jen and Mike have a high cost at the beginning of the year with their daughter's tonsillectomy and reach her deductible early on for all three plans. However, under the Health Savings Plan they have not met the family deductible so their son's urgent care visit and Tier 1 prescription will still apply to that. They will have the lowest out-of-pocket expenses with the Classic and Premier Plans. The Health Savings Plan will require Jen and Mike to pay all of the cost until their deductible is met, which may be a concern to them. It will be important for them to consider this as well as factor in their premium costs in order to decide between the plans, since the Premier Plan premium is the highest.

Meet Barry and Wanda: Empty Nesters

- Wanda is 58 years old—she’s starting to feel the effects of arthritis
- Barry is 63 years old—he has a bad back and high blood pressure
- Their children are grown and living on their own

Barry suffers a stroke and Wanda calls an ambulance. After recovering, he starts regular check-up visits with his doctor. His total cost before the plan pays benefits is \$19,856:

- 1 ambulance: \$1,040
- 1 emergency room visit: \$1,233
- 4 days in the hospital: \$10,876
- 1 Tier 3 medication: \$2,980
- 3 specialist diagnostic doctor’s office visits: \$381
- 14 physical therapy visits: \$3,346

	Cost to Barry and Wanda:		
	Classic Plan	Health Savings Plan	Premier Plan
Barry’s cost for ambulance	\$0 (copay waived if admitted)	\$1,040 applied to deductible	\$0 (copay waived if admitted)
Barry’s cost for emergency room visit	\$0 (copay waived if admitted)	\$1,233 applied to deductible	\$0 (copay waived if admitted)
Barry’s cost for hospital stay	\$300 copay+ \$1,250 applied to deductible + 25% coinsurance \$300 + \$1,250 + \$2,331= \$3,881 Barry has met his deductible!	\$427 applied to deductible + 10% coinsurance \$427 + \$1,044 = \$1,471 Barry has met his deductible!	\$300 copay
Barry’s cost for Tier 3 medication	\$90 copay	10% coinsurance \$298	\$80 copay
Barry’s cost for 3 specialist visits	\$55 copay x 3 = \$165	10% coinsurance \$38	\$45 copay x 3 = \$135
Barry’s cost for 14 physical therapy visits	\$35 copay x 14 + 25% coinsurance \$490 + \$714 = \$1,204 Barry has met his medical OOP maximum!	10% coinsurance \$335	\$25 copay x 14 + \$650 applied to deductible + 20% coinsurance \$350 + \$650 + \$469 = \$1,469 Barry has met his deductible!
University’s contribution to Health Savings Account	N/A	\$840	N/A
Net cost to Wanda and Barry for care received	\$5,340	\$3,575	\$1,984
Monthly premiums	Mid-range	Lowest	Highest

Since Barry and Wanda have high surgery and emergency room expenses, the Premier Plan may save them the most money. However, if they are comfortable with their out-of-pocket expenses, they should consider the monthly premiums in their overall evaluation.

Which Medical Plan Is Best for You?

Choosing the best medical plan for your needs is a personal decision. Here are some things to consider as you make your choice.

Your Anticipated 2018 Medical Expenses

- What is your and your family's general state of health?
- Do you tend to see the doctor frequently and/or take prescription drugs?
- Do you have a medical condition and/or anticipate any surgeries, new prescription drugs or other medical expenses for 2018?
- Are you expecting a major life event in 2018, like getting married, divorced, legally separated or adding an eligible dependent? Be sure to consider medical expenses for any dependent that you plan to add.
- To find out the overall costs of various medical services, use the Plan Cost Estimator at www.umar.com. Note that the estimator does not take the medical plans' benefit designs or SmartCare savings into account. So you need to consider your deductible, copays, coinsurance and out-of-pocket maximums under each plan (shown on page 6) to understand what your out-of-pocket costs will be. If you have completed the Wellness Incentives or plan to use UAMS providers, see the information on pages 7 to 8.

How This Affects Your Medical Plan Choice

- If you expect high medical costs for 2018, you may want to consider the Classic or Premium Plan, since your out-of-pocket costs will be lower with those options. Keep in mind that you may lower your costs even more through the SmartCare program, by using UAMS providers.
- If you are healthy and rarely see the doctor—and expect that to continue in 2018—or if paying out-of-pocket expenses in full until you reach the deductible is not a concern, you may want to consider the Health Savings Plan, since your premiums will be lowest with this option. If you choose this plan, you'll also benefit from The University's contribution to your HSA. If you don't use your HSA funds, they roll over to future years. Plus you can add your own pre-tax contributions to your HSA, so you can build up even more funds for future health care expenses. And you can take your HSA with you if you leave The University or retire. But remember, until you meet your deductible, you will pay 100% of the charges.

Health Savings Account vs. Healthcare Flexible Spending Account

- Do you want to take advantage of a Health Savings Account (HSA)?

How This Affects Your Medical Plan Choice

- As required by law, you can only have an HSA with the Health Savings Plan. With the Classic or Premier Plan, you have the option of a Healthcare Flexible Spending Account (FSA). Note that the HSA has many attractive features that are not available through the FSA, such as University contributions and interest earnings, plus the ability to roll over all contributions to future years and take the account with you if you leave The University or retire. See page 4 for a detailed comparison.

What You Will Pay in Premiums

- Contact your Human Resource office for premium information, then consider: what are the differences in premiums for each option?
- Do you prefer to pay less out of pocket as you incur medical expenses or less in monthly premiums?

How This Affects Your Medical Plan Choice

- If you prefer to pay less in monthly premiums, the Health Savings Plan is the best choice. Keep in mind that it has the highest out-of-pocket costs. However, University contributions to your HSA can help offset these costs.

Save Money with In-Network Care.

If you visit an out-of-network dentist, you will pay more for services, plus 100% of the difference between the full out-of-network cost and the reasonable and customary level charged by Arkansas BlueCross and BlueShield. So you'll always save money by visiting an in-network dentist.



Dental Coverage

The University's dental plan, administered by Arkansas BlueCross BlueShield, offers coverage for basic, restorative and preventive dental services. Also, there's a new orthodontia benefit for children under the age of 18. With the dental plan, you must choose a dentist in the national BlueCross BlueShield network to receive benefits.

The table below shows how much you will pay for dental services.

	Select PPO Plus Network
Annual Deductible	\$50 per person (\$100 maximum per family)
Annual Maximum Benefit	\$1,500 per person
Preventive Care—cleanings, exams, x-rays	No cost, University covers in full
Basic Care—fillings, extractions, root canals	20%
Major Care—crowns, bridges, partials, implants	50%
Orthodontia (dependent children under age 18)	
Deductible	None
Lifetime Maximum	\$2,000
Coinsurance	50%



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

Vision Insurance

The University’s vision plan, administered by Superior Vision, covers eye examinations, prescription eyewear and contact lenses. You have two options for vision coverage: the Basic Plan and the Enhanced Plan. You have the option to see a provider in the Superior Vision National network or an out-of-network provider; however, you’ll always pay more for out-of-network services. The table below shows what you will pay for in-network care. Out-of-network care will be reimbursed after you submit a claim, up to plan limits. Copays for out-of-network services will be deducted from your reimbursement.

	Basic Plan	Enhanced Plan
Copays		
Routine Eye Exam	\$10, once per year	\$10, once per year
Materials (lenses and frames only)	\$20, once every two years (\$125 frame allowance)	\$20, once per year (\$150 frame allowance)
Contact Lens Fitting	\$25, once per year (\$50 retail allowance for specialty contact fitting after copay)	\$25, once per year (\$50 retail allowance for specialty contact fitting after copay)
Lenses (one pair per year)		
Single Vision	Covered in full	Covered in full
Bifocal	Covered in full	Covered in full
Trifocal	Covered in full	Covered in full
Progressive	Difference between progressive and standard retail lined trifocal	Covered in full (Premium lenses are subject to an allowance maximum)
Scratch coat	Discounts*	Covered in full
Ultraviolet coat	Discounts*	Covered in full
Contact Lenses (in lieu of eyeglass lenses and frames)	\$120 allowance per calendar year	\$150 allowance per calendar year

*Certain Superior Vision providers offer discounts, ranging from 10–30%, on services and supplies. Discounts vary by provider and not all providers offer discounts.

To find a provider in the Superior Vision network, go to www.superiorvision.com and select “Locate a Provider.” Choose Superior Vision National from the drop-down menu and enter your zip code. You can also call 800.507.3800 for assistance.





Flexible Spending Accounts

Flexible Spending Accounts (FSA) are tax-advantaged accounts that you can use to pay for eligible medical, dental, vision, prescription and dependent day care expenses. Your contributions to an FSA are deducted from your pay before taxes, which lowers your taxable income. You have two FSA options for 2018:

- Healthcare FSA
- Dependent Care FSA

You will elect your yearly contribution amount during Open Enrollment—contributions will be taken from your paychecks starting January 1, 2018. You will have access to your full FSA contribution amount at the beginning of the year. You will not be able to make changes to your contribution amount unless you experience a qualifying life event.

See the FSA Summary Plan Description for a full list of eligible expenses.

	Healthcare FSA	Dependent Care FSA
Eligibility	All eligible employees (Employees in the Health Savings Plan can NOT have a Healthcare FSA)	All eligible employees
2018 Contribution Maximum	\$2,600	\$5,000 (married and filing jointly or single) \$2,500 (married and filing separately)
Plan Year Rollover	Any amount between \$50 to \$500	Unused funds are forfeited
Eligible Expenses	Medical, prescription drug, dental and vision expenses, including copays, coinsurance and deductibles	Dependent care expenses for daycare or after-school care expenses for a child under age 13, an elderly person or a person with disabilities as long as you claim them as a dependent on your tax return. Expenses must be incurred because you and your spouse are working or looking for work.
Paying for Expenses	Pay for expenses directly with a UMR FSA debit card OR receive a reimbursement by submitting a Flexible Benefit Plan Reimbursement Form	Receive a reimbursement by submitting a Flexible Benefit Plan Reimbursement Form

If you elect the Health Savings Plan with HSA, you will *not* be eligible to contribute to a Healthcare FSA. Consider which savings account is right for you and your family before making the switch. See page 4 for a comparison of the FSA and HSA.



Voluntary Benefits

The University provides these optional voluntary benefits for you and your family. You can enroll for these benefits at any time. You may have additional benefits through your campus. Contact campus HR for information.

Benefit	Coverage	Eligibility
ID Watchdog	<p>Basic Program:</p> <ul style="list-style-type: none"> • Basic Identity Monitoring • Advanced Identity Monitoring • Internet Black Market Surveillance • Email & SMS Notifications • Full-Service Identity Restoration • Credit Report Monitoring • National Provider Identifier (NPI) Alerts • Credit Report and Score from One Bureau <p>Platinum Program:</p> <ul style="list-style-type: none"> • All Basic Program features • Credit Report and Score from three Bureaus 	Benefits-eligible employees
Legal Shield	<p>Unlimited personal advice from a lawyer on topics such as wills, warranties, contracts, loans, mortgages, insurance claims, audits and more</p> <p>25% discount on expenses involving bankruptcy, criminal charges, DUI and other matters</p>	Benefits-eligible employees

Contacts

Visit your campus website or contact campus HR for Enrollment Forms, Summaries of Benefits and Coverage, Summary Plan Descriptions and other information.

Benefit	Administrator	Phone	Website
Medical claims, eligibility, ID cards, FSAs	UMR (UnitedHealthcare)	800.826.9781	www.umar.com/tpa-ap-web
Prescription Drug	MedImpact	800.788.2949	https://mp.medimpact.com/mp/public/Login.jsp
Wellness	Onlife Health	877.709.0201	www.onlifehealth.com
Health Savings Account	Optum	866.234.8913 option 1	www.Optumbank.com
Vision	Superior Vision	800.507.3800	www.superiorvision.com
Dental	Arkansas BlueCross BlueShield	888.223.4999	uasdental.blueadvantagearkansas.com
Life Insurance, Disability Insurance, AD&D Insurance	The Standard Company	888.937.4783	www.standard.com
Identity Theft Insurance	ID Watchdog	866.513.1518	identitybenefits.com/ ?code=UniversityofArkansas
Legal Assistance	Legal Shield	Stephanie Walker— 870.295.0417	www.legalshield.com/info/uas



The information provided in this guide is of a general nature only and does not replace or alter the official rules and policies contained in the official plan documents that legally govern the terms and operation of The University of Arkansas 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 has the right to modify benefits at any time.

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