



Health Advantage

An Independent Licensee of the Blue Cross and Blue Shield Association

2020 OPEN ENROLLMENT GUIDE

Arkansas State Employees (ASE)

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Contacts

	Website/E-mail	Phone Number
EBD Office	www.ARBenefits.org AskEBD@dfa.arkansas.gov	1-877-815-1017 x1 501-682-9656
ARSEBA	www.arseba.com admin@handhebs.com	1-888-224-5233 501-224-5234
Health Advantage	www.healthadvantage-hmo.com	1-800-482-8416 501-378-2364
ConnectYourCare FSA/HSA	www.connectyourcare.com/arbenefts	1-833-229-4431
New Directions Behavioral Health (EAP)	www.ndbh.com	1-877-300-9103
ARBenefts Summary Plan Description	www.ARBenefts.org	

EBD Office

The EBD office is open
Monday - Friday
8 a.m. - 4:30 p.m. CST



Check out ARBenefits on Facebook at www.Facebook.com/ARBenefts.
Our Facebook page is a public page; please do not post or send any personal health information.

2020 Open Enrollment

Open Enrollment is the time of year employees can enroll, or make changes to their health plan without the need of a qualifying event.

2020 Plan Year Open Enrollment

Health Insurance/ConnectYourCare HSA/FSA: **October 1-31, 2019**

Voluntary Products through ARSEBA: **September 1 - October 31, 2019**

Open Enrollment gives employees the opportunity to make the following changes for the 2020 plan year:

- ▶ Enroll in coverage for you and your dependents
- ▶ Add/Drop dependents from your current policy
- ▶ Change plan levels between Premium, Classic and Basic
- ▶ Cancel your coverage
- ▶ Change from pre-tax to post-tax deduction or vice versa.
- ▶ Non-Medicare retirees can change their plan level (Premium, Classic or Basic)

Note: Any open enrollment changes received prior to the start of open enrollment, or after the deadline, will not be processed.

If you do not wish to make any changes to your health insurance coverage, you do not need to submit an enrollment form during open enrollment. Your current coverage will continue as is for 2020.

Employees who would like to contribute to a Flexible Spending Account (FSA) for 2020, or who would still like access to roll over funds from their 2019 FSA, must submit an FSA election form during open enrollment.

Retiring in 2020?

Remember, you must be actively covered on the ARBenefits plan the last day of your employment to be eligible for ARBenefits retiree coverage.

THE OPEN ENROLLMENT PERIOD: Members can make changes to enrollment elections throughout the entire open enrollment period. However, the statement “Submission to EBD is final” will remain at the bottom of the enrollment form.

PARTIAL PROCESSING: EBD will process enrollment forms submitted by employees that are incomplete. For instance, if an employee is requesting to cover a spouse or dependent child, but did not provide the required documentation; EBD will notify the employee of the missing information and request it to be provided within ten (10) days of receipt of notice. If the employee fails to provide the necessary documents to fully process their enrollment form, EBD will complete the enrollment process for the **EMPLOYEE ONLY.**

Eligibility

Per the ARBenefits Summary Plan Description, Arkansas State Employees that can answer yes to one of the questions below are eligible to enroll in coverage.

Are you:

- ▶ A full-time employee of a participating agency, institution, commission, or constitutional office, and
- ▶ In a budgeted position or a position recognized by the General Assembly, and
- ▶ Not seasonal or temporary, and
- ▶ Working one thousand (1,000) hours or more each year?

Are you a member of the General Assembly?

Are you an elected Constitutional Officer?

Are you an appointed or elected member of a Board or Commission on a full-time salaried basis?

Are you:

- ▶ An extra help employee, and your agency has told you that you will be covered under the Plan agreed to pay the State match for your coverage.
- ▶ A non-eligible state employee as defined under the law.
- ▶ Willing to be responsible for all costs for participating in the Plan (unless your agency has chosen to pay all or part of the cost)? (COBRA coverage only)

Eligible Dependents

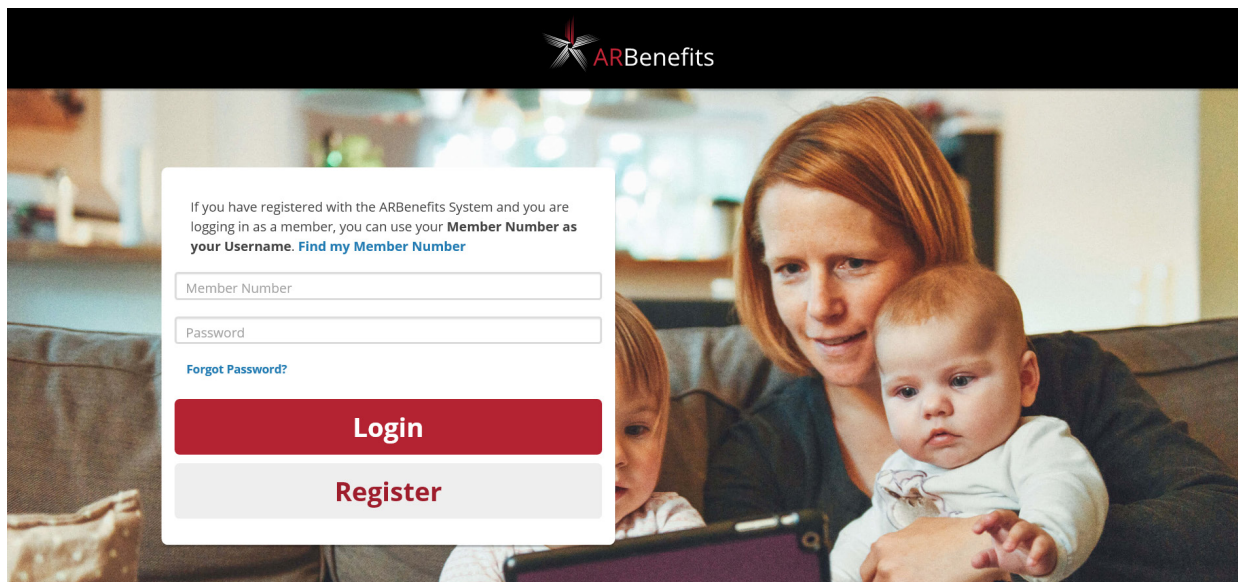
- ▶ Your current legal spouse. Former spouses with court orders requiring coverage are NOT ELIGIBLE to join the plan. A spouse, eligible for group coverage through his/her employer, is not eligible to be covered on the ARBenefits plan.
- ▶ Dependent children (natural, step-child, legal guardian and legally adopted child) less than age 26.

<i>Required Documentation for Adding Dependents During Open Enrollment</i>			<u>Non-Eligible Dependents</u>
Adding a spouse	Adding dependents	Dropping a spouse and/or dependents	
Enrollment Form	Enrollment Form	Enrollment Form	<ul style="list-style-type: none"> ▶ Former spouse after the final date of the divorce ▶ A common-law spouse ▶ A parent, grandparent or step-parent of eligible employee ▶ Grandchildren, niece, nephew or foster child (unless legally adopted) ▶ Dependent children over the age of 26.
Spousal Affidavit	Birth Certificate, Birth Announcement for a newborn (up to six months of age) or court approved adoption papers		
Copy of Marriage License	If Stepchild: Marriage License to the step-child's parent and Birth Certificate		
	If Legal Guardian: Court-approved guardianship papers		

Online Enrollment

During open enrollment, and for newly hired employees, the easiest way to elect plan coverage is through the ARBenefits Member Portal. Enrolling through the ARBenefits Member Portal gives members instant confirmation that their elections have been received by EBD. Employees who have e-mail addresses on file with EBD will receive alerts through the portal to their e-mail address with the progress of their submitted changes.

The online enrollment feature is available during open enrollment, and during a new employee's initial 60-day enrollment period. Non-Medicare retirees can also use the online enrollment function to change their plan level during open enrollment.



Employees can elect changes during open enrollment by either going online to their account at www.ARBenefits.org, or by submitting paper forms requesting their elections.

Be sure to attach any necessary supporting documentation to your online application, or you can fax/mail documentation to EBD.

Submit paper forms by fax: 501-683-0983
***Keep a copy of your fax confirmation page**

Mail forms to:
Employee Benefits Division
P.O. Box 15610
Little Rock, AR 72231-5610

[Check out the step-by-step guide to online enrollment at \[www.ARBenefits.org\]\(http://www.ARBenefits.org\)](#)



Health Insurance 101

Below are terms that can aid you in understanding the ARBenefits plan and the details of your coverage policy.

A more extensive list of terms and definitions can be accessed in the Glossary section of the ARBenefits Summary Plan Document (SPD).

Premium

The amount the member(s) pays for coverage whether they utilize medical services or not.

Deductible

The amount the member(s) must pay before the plan starts to contribute for medically necessary covered services. All ARBenefits plans include a deductible.

Copays

Fixed amount a member pays for medical services such as a doctor's office visit, a prescription or ER visit. Copays do not count towards a member's deductible, but do count towards the out-of-pocket maximum.

Coinsurance

After the satisfaction of the deductible, coinsurance is cost sharing between the Plan and member for covered services. The Plan will pay 80% coinsurance for in-network covered services while the member pays 20%. Out-of-network coinsurance rates vary.

Out-of-Pocket Maximum

The maximum amount a member must pay towards covered medical services for the plan year. Once reached, the plan will pay 100% for covered services for the remainder of that plan year.

Deductible, coinsurance and copays count towards the out-of-pocket maximum. However, out-of-network services and prescription copays do not count towards the medical out-of-pocket maximum.

Plan-Year

12-month period for benefits coverage. The ARBenefits plan starts a new plan year every January 1 that runs through December 31 of that year.

Amounts contributed to deductible and out-of-pocket maximums reset with the start of a new plan year.

Third Party Administrator (TPA)

Health Advantage serves as the TPA for all ARBenefits plans. Health Advantage processes claims for ARBenefits, and ARBenefits follows the coverage policies of Health Advantage.

Voluntary Products

Any type of optional benefit included in an employer's benefit options. These products include: life insurance, dental, vision, cancer insurance, short/long term disability, etc. Each of these products have a provider who is separate from the health plan.

Qualifying Events

A qualifying event, or qualifying life event, creates a special enrollment period for employees that undergo major life changes such as, birth, death, marriage, and/or loss/gain of other group coverage. This special enrollment period gives active employees sixty (60) days, and retirees thirty (30) days, to submit their enrollment changes along with proof of the qualifying event to EBD.

Open Enrollment

Annual period that allows employees to make changes to their coverage without the need of a qualifying event. Changes elected during open enrollment go into effect the following January 1st.

ARBenefits Health Plans

State employees, non-Medicare retirees and members with COBRA have three different plans levels to choose from with ARBenefits. The medical plans are self insured with Health Advantage serving as the third-party administrator. MedImpact serves as the plan's administrator for pharmacy benefits.

All three plan levels offer:

- ▶ Coverage for medical care, including doctor's visits, hospital stays, prescription drugs, rehabilitation services and more.
- ▶ Access to see specialists without a referral. Some services may require pre-certification through Health Advantage.
- ▶ In-network providers in the state of Arkansas as well as access to providers nationwide through Blue Cross Blue Shield's provider network.
- ▶ Eligible preventive care covered 100% by the Plan, even if the deductible has not been met.
- ▶ Plan benefit of \$160 towards the purchase of a breast pump and supplies.
- ▶ Plan benefit of \$1,400 per ear every three years towards the cost of hearing aids.
- ▶ 24x7 Nurse Line members can call if they are not feeling well and are not sure if they need to go to the emergency room. The nurse line also offers information on a variety of health topics.
- ▶ An option to designate a primary care physician to help guide your care.
- ▶ 24-hour care for medical emergencies in- or out-of-network.
- ▶ Access to Health Advantage's My Blueprint portal where you can access past claims, find in-network providers, cost estimates, see how much you have contributed towards your deductible and more.
- ▶ Access to Health Advantage's Blue 365 deals program where members can access discounts on health and wellness products such as, apparel, gym memberships, personal care and more. Visit www.Blue365deals.com.

Health Plans

Active Employee, COBRA and Non-Medicare Retiree

Premium

- Highest plan premiums
- Lowest deductible, out-of-pocket and prescription drug costs

Plan Information

- ▶ Copays and coinsurance for covered services
* Copays do not count toward annual plan deductible, but do apply to out-of-pocket maximum amount.
- ▶ Has separate medical and pharmacy out-of-pocket maximums
- ▶ Employee is able to contribute to a Health Care Flexible Spending Account (FSA)
- ▶ Includes reference priced drug coverage

2020 Employee Monthly Premiums

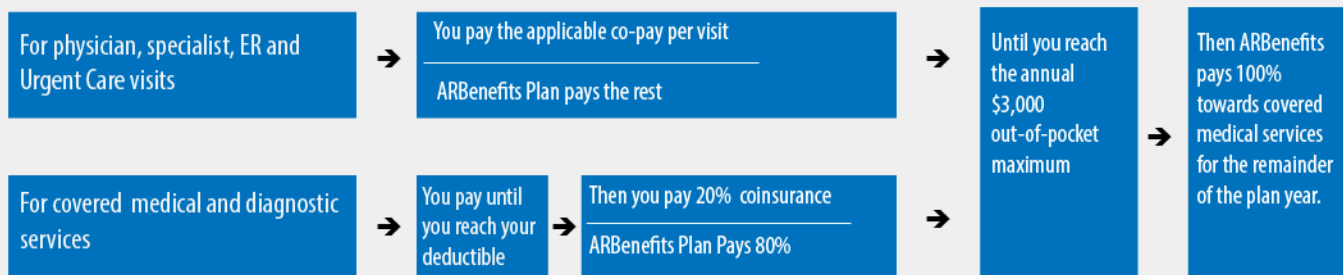
Active Employee	With Wellness	Without Wellness
Employee Only	\$113.32	\$188.32
Employee Spouse	\$409.98	\$484.98
Employee & Children	\$227.16	\$302.16
Family	\$523.82	\$598.82

Non-Medicare Retiree Monthly Premiums

Retiree	Premium
Retiree Only	\$279.72
Retiree & Non-Medicare Spouse	\$715.98
Retiree & Children	\$516.90
Retiree & Non-Medicare Spouse & Children	\$953.14
Retiree & Medicare Primary Spouse	\$540.52
Retiree & Medicare Primary Spouse & Children	\$777.70

	In-network	Out-of-network
Deductible		
Individual	\$500	\$2,000
Family	\$1,000	\$4,000
Paid by Plan after satisfaction of deductible	80%	60%
Out-of-Pocket Max		
Individual	\$3,000	N/A
Family	\$6,000	N/A
Office Visit Copays		
PCP Office Visit	\$25	N/A
Specialist Visit	\$50	N/A
Urgent Care	\$100	N/A
Emergency Room	\$250	
Prescription Drug Copays		
Tier I - Generic	\$15	
Tier II - Preferred	\$40	
Tier III - Non-Preferred	\$80	
Tier IV - Specialty	\$100	

How an Individual ARBenefits Premium Plan Works: In-Network



This chart shows how the plan works for covered medical services. For pharmacy services, you will pay the applicable co-pay or cost for covered drugs until you meet the separate pharmacy out-of-pocket maximum. At that time the Plan will pay 100% towards covered drugs. The above chart excludes covered preventive care which can be covered 100% by the Plan even if the deductible has not been met.

Classic

- Mid-level plan premiums
- Qualified High Deductible Health Plan (HDHP)

Plan Highlights

- ▶ 20% coinsurance for covered services after deductible is met.
- ▶ Employee is eligible to establish a Health Savings Account (HSA).
- ▶ ARBenefits Plan contributes monthly towards HSAs for State employees.
 - * \$25 for individual coverage
 - * \$50 for family coverage tiers

2020 Monthly Premiums

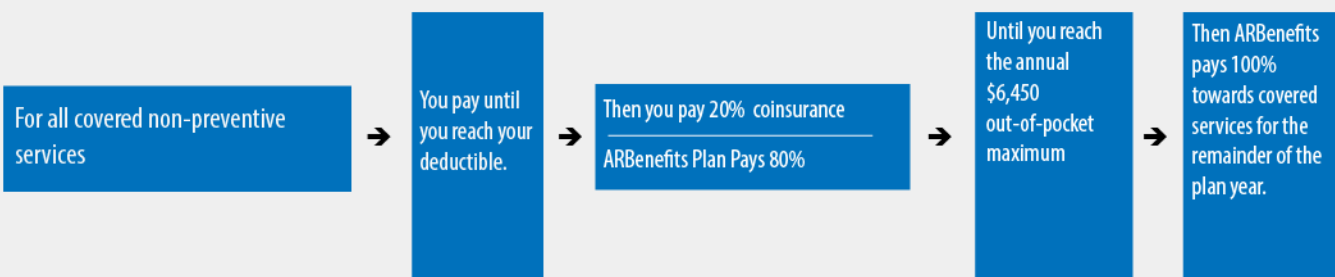
Active Employee	With Wellness	Without Wellness
Employee Only	\$50.28	\$125.28
Employee Spouse	\$262.84	\$337.84
Employee & Children	\$118.38	\$193.38
Family	\$330.94	\$405.94

Non-Medicare Retiree Monthly Rates

Retiree	Premium
Retiree Only	\$216.68
Retiree & Non-Medicare Spouse	\$568.82
Retiree & Children	\$408.12
Retiree & Non-Medicare Spouse & Children	\$760.26

	In-network	Out-of-network
Deductible		
Individual	\$2,500	\$4,000
Family	\$2,800 / \$5,000	\$8,000
Paid by Plan after satisfaction of deductible	80%	60%
Out-of-Pocket Max		
Individual	\$6,450	N/A
Family	\$12,900	N/A
Office Visits		
PCP Office Visit	Deductible/Coinsurance	Deductible/Coinsurance
Specialist Visit	Deductible/Coinsurance	Deductible/Coinsurance
Urgent Care	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room	Deductible/Coinsurance	Deductible/Coinsurance
Prescription Drugs		
Tier I - Generic	Deductible/Coinsurance	
Tier II - Preferred	Deductible/Coinsurance	
Tier III - Non-Preferred	Deductible/Coinsurance	
Tier IV - Specialty	Deductible/Coinsurance	
The Classic plan does not include coverage for reference price drugs except when approved through physician's appeal to EBRx.		

How an Individual ARBenefits Classic Plan Works: In-Network



For members on the Classic plan, the cost of prescription drugs are applied to the medical deductible and out-of-pocket maximum amounts. The above chart excludes covered preventive care which can be covered 100% by the Plan even if the deductible has not been met.

Basic

- Lowest plan premiums, but highest out-of-pocket costs
- Qualified High Deductible Health Plan (HDHP)

Plan Information

- ▶ Plan pays 100% for covered services after deductible is met.
- ▶ No out-of-network coverage, except for medical emergencies
- ▶ Employee is eligible to establish a Health Savings Account (HSA)
- ▶ ARBenefits Plan contributes monthly towards HSAs for State employees.
 - * \$25 for individual coverage
 - * \$50 for family coverage tiers

2020 Monthly Premiums

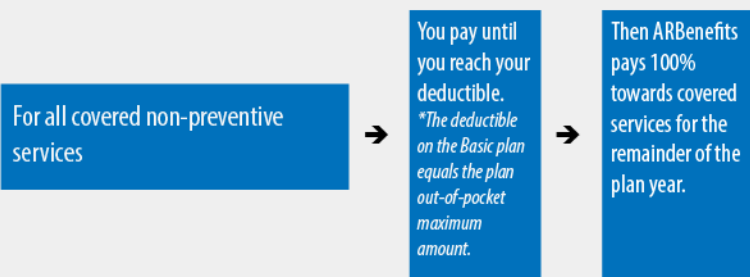
Active Employee	With Wellness	Without Wellness
Employee Only	\$0.00	\$75.00
Employee Spouse	\$143.28	\$218.28
Employee & Children	\$30.46	\$105.46
Family	\$173.74	\$248.74

Non-Medicare Retiree Monthly Rates

Retiree	Premium
Retiree Only	\$166.40
Retiree & Non-Medicare Spouse	\$449.28
Retiree & Children	\$320.18
Retiree & Non-Medicare Spouse & Children	\$603.06

	In-network	Out-of-network
Deductible		
Individual	\$6,450	N/A
Family	\$12,900	N/A
Paid by Plan after satisfaction of deductible	100%	N/A
Out-of-Pocket Max		
Individual	\$6,450	N/A
Family	\$12,900	N/A
Office Visits		
PCP Office Visit	Deductible	Not Covered
Specialist Visit	Deductible	Not Covered
Urgent Care	Deductible	Not Covered
Emergency Room	Deductible	Not Covered
Prescription Drugs		
Tier I - Generic	Deductible	
Tier II - Preferred	Deductible	
Tier III - Non-Preferred	Deductible	
Tier IV - Specialty	Deductible	
The Basic plan does not include coverage for reference price drugs except when approved through physicians appeal to EBRX.		

How an Individual ARBenefits Basic Plan Works: In-Network



For members on the Basic plan, the cost of prescription drugs are applied to the medical deductible and out-of-pocket maximum amounts. The above chart excludes covered preventive care which can be covered 100% by the Plan even if the deductible has not been met.



Below is a snapshot of benefits covered by the ARBenefits plan for each of our 2020 Arkansas State Employee (ASE) plan levels. A full schedule of benefits for each plan level is available at www.ARBenefits.org.

Questions? Contact EBD Member Services at 1-877-815-1017 x1, or e-mail AskEBD@dfa.arkansas.gov.

 Health Advantage <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small>	PREMIUM		CLASSIC		BASIC
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Individual Deductible	\$500	\$2,000	\$2,500	\$4,000	\$6,450
Family Deductible	\$1,000	\$4,000	\$2,800/\$5,000	\$8,000	\$12,900
Individual Medical Out-Of Pocket Max	\$3,000	N/A	\$6,450	N/A	\$6,450
Family Medical Out-Of Pocket Max	\$6,000	N/A	\$12,900	N/A	\$12,900
	You Pay		You Pay		You Pay
Covered Services	In Network	Out of Network	In Network	Out of Network	In-Network
Physician's Office Visit	\$25 copay	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Specialist's Office Visit	\$50 copay	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Other Physician Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Advanced Imaging (Radiology)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Emergency Room Visit & Observation	\$250 copay	0%	20% after deductible	40% after deductible	0% after deductible
In-patient Hospital Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Outpatient Hospital Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Diagnostic Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Urgent Care Center	\$100 copay	0%	20% after deductible	40% after deductible	0% after deductible
Physical Exams/Preventative Care	0%	40% after deductible	0%	40% after deductible	0%
Immunizations	0%	0%	0%	0%	0%
Well Baby/ Child Care visits	0%	40% after deductible	0%	40% after deductible	0%
Vision Screening	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Hearing Screening	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Insulin Pump	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Glucometers	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible

- * Members must meet their plan's deductible amount before coinsurance begins for covered services.
- * The family deductible is the deductible amount for any tier above Employee Only coverage (Employee + Spouse, Employee + Children, Family).
- * Copays do not count towards the satisfaction of your deductible amount.
- * The out-of-pocket maximum includes the deductible, copays and coinsurance amounts you have paid towards covered in-network services.
- * Employees on the Premium plan can have the \$250 ER copay waived if they are referred to the ER by the 24/7 Nurse Hotline (1-866-458-0408). The 24/7 Nurse Hotline is not intended for use during a medical emergency.
- * The plan will pay 100 percent for individuals on family coverage when they reach the individual out-of-pocket maximum amount.

Prescription Drugs	PREMIUM	CLASSIC	BASIC
Tier 1 - Generic	\$15 copay	20% after deductible	0% after deductible
Tier 2 - Preferred	\$40 copay	20% after deductible	0% after deductible
Tier 3 - Non-Preferred	\$80 copay	20% after deductible	0% after deductible
Tier 4 - Specialty	\$100 copay	20% after deductible	0% after deductible
Reference Priced Drugs	Plan pays certain amount per unit; the member is responsible for the remaining cost.	Not covered	Not covered
Individual RX Out of Pocket Max	\$3,100	N/A	N/A
Family RX Out of Pocket Max	\$6,200	N/A	N/A

* Employees on the Classic or Basic plans must meet their plan medical deductible amounts prior to starting 20% coinsurance for covered drugs.

Arkansas State Employees Benefit Advisors offer voluntary products to employees.

Voluntary products through ARSEBA include: dental, vision, cancer, accident, critical illness, hospital indemnity, short term disability and life.

Long term disability insurance is available and is administered by Unum Life Insurance Company. Three plans are available, and all are post-tax.

ARSEBA also offers a cancer insurance plan through Manhattan Life.

ARSEBA is sending enrollment specialists to agencies across the state who can inform and

enroll employees in the offered products.

Open Enrollment for voluntary products through ARSEBA runs **September 1 - October 31, 2019.**

The following carriers and products that have been authorized are listed in the chart below.

You may contact ARSEBA at (501) 224-5234 or (888) 224-5233 with concerns, questions or for enrollment assistance.

Information about the products offered through ARSEBA can be found at www.ARBenefits.org or, at www.arseba.com.

Be sure to check with your agency Health Insurance Representative to see when ARSEBA representatives will be visiting your agency.

As a reminder, ARSEBA also offers a retiree dental and dental + vision plan through Delta Dental.

The retiree dental plans are post-tax and enrollment can take place at any time during the year. More information for the retiree plans through Delta Dental can be found at www.mysmilecoverage.com/soar.

Carrier	Products Offered
Colonial Life	<ul style="list-style-type: none"> • Accident Insurance • Critical Illness • Term/Universal/Whole Life
Delta Dental	<ul style="list-style-type: none"> • Dental Insurance
Humana	<ul style="list-style-type: none"> • Vision Insurance
Aflac	<ul style="list-style-type: none"> • Hospital Indemnity
Manhattan Life	<ul style="list-style-type: none"> • Cancer Insurance • Short-Term Disability
Unum	<ul style="list-style-type: none"> • Long-Term Disability
Identity Guard	<ul style="list-style-type: none"> • Identity Theft Protection and Privacy

Why Dental Coverage?

While we often think of improving our physical health by improving our diet, exercising more often, and visiting our primary care doctor for an annual checkup, it is important to remember the role oral health plays as well.

Signs and symptoms of more than 120 medical conditions can first be detected by an oral exam of the mouth, throat and neck.

ARSEBA offers two dental plans for employees to choose from. Delta Dental is the provider for both the Premium and Base plans. Both plans focus on preventative care and offer both in-network, and out-of-network benefits.



For more information please contact: Arkansas State Employees Benefit Advisors
 Phone: (501)224-5234 or (888)224-5233 E-mail: service@arseba.com
 Website: www.arseba.com
 For provider search please visit www.deltadentalar.com



State of Arkansas	Base Plan		Premium Plan		Plan Differences
	In Network	Out of Network	In Network	Out of Network	
Calendar Year Maximum (Preventative, Basic and Major Expenses)	Delta Dental PPO (4 out of 10 dentist in Arkansas) \$1,000		Delta Dental PPO Plus Premier (9 out of 10 dentist in Arkansas) \$2,000		Network Access Annual Maximum
Calendar Year Deductible Per Individual Per Family	\$50 \$150		\$50 \$150		
Preventative and Diagnostic Services	100%	80%	100%	80%	
	No Deductible	No Deductible	No Deductible	No Deductible	
Oral exams and Cleanings	1 Per Year	1 Per Year	2 Per Year	2 Per Year	1 Exam & Cleaning versus 2
X-Rays(Bitewing, Panoramic, Full Mouth)	Bitewings- as required, Full mouth - 1 in 60 consecutive months	Bitewings- as required, Full mouth - 1 in 60 consecutive months	Bitewings- as required, Full mouth - 1 in 60 consecutive months	Bitewings- as required, Full mouth - 1 in 60 consecutive months	
Fluoride Application	1 per year for dep children to age (19)	1 per year for dep children to age (19)	1 per year for dep children to age (19)	1 per year for dep children to age (19)	
Sealants	dep children to age (16)	dep children to age (16)	dep children to age (16)	dep children to age (16)	
Basic and Major Services- Deductible applies					
Space Maintainers	80%	60%	80%	60%	Fillings at 60% versus 80% Oral Surgery coverage Non-Surgical Periodontal Periodontal Maintenance Endodontics coverage
Minor emergency treatment	80%	60%	80%	60%	
Simple Extractions	80%	60%	80%	60%	
Fillings	60%	50%	80%	60%	
Crowns	60%	50%	60%	50%	
Prostodontics(Dentures and Bridges)	60%	50%	60%	50%	
Surgical Periodontics	60%	50%	60%	50%	
Oral Surgery	Not covered	Not covered	60%	50%	
Non-Surgical Periodontics	Not covered	Not covered	60%	50%	
Periodontal Maintenance	Not covered	Not covered	60%	50%	
Endodontics(Root Canal)	Not covered	Not covered	60%	50%	
Riders					
Child Orthodontia (through age eighteen (18))	Not covered	Not covered	60%	50%	Orthodontia coverage
Lifetime Orthodontia Maximum	Not covered	Not covered	\$1,000		
Carryover Benefit	Carryover Benefit: \$250 Claims Threshold: \$499 Carryover Benefit Maximum: \$1,000		Carryover Benefit: \$500 Claims Threshold: \$999 Carryover Benefit Maximum: \$2,000		Carryover Benefit
Other Items Waiting Periods	6 Month on Major services		6 Month on Major & Orthodontic Services		
Monthly Rates Guaranteed for 1 Year from 1/1/2020-12/31/2020					Monthly Rate Difference
Employee	\$	20.60	\$	30.72	\$ 10.12
Employee + Spouse	\$	41.06	\$	61.22	\$ 20.16
Employee + Children	\$	40.12	\$	59.78	\$ 19.66
Family	\$	66.48	\$	99.08	\$ 32.60

Our eyesight matters, and vision coverage can help protect it. Taking care of your eyes as part of your normal healthcare will help you see well for years to come.

State of Arkansas employees have a vision plan available to them through ARSEBA with

Humana serving as the provider.

The VisionCare plan offers you, and your family a benefit plan that covers all routine eye care, including eye exams and eyeglasses (lenses and frames) or contacts. Features of the plan include:

- ▶ In-network and out-of-network benefits.
- ▶ Enhanced in-network benefits.
- ▶ National panel of optometrists and ophthalmologists.

2020 Rates for State of Arkansas	
Monthly:	
Employee Only:	\$8.24
Family:	\$21.42
Per pay period:	
Employee Only :	\$4.12
Family:	\$10.71

Plan Frequencies
Exam: Every 12 months
Lenses: Every 12 months
Frames: Every 24 months

Copay for each member at time of service
Exam: \$10
Lenses and/or frames: \$15

Maximum Allowances	Network Provider (After copayments; up to plan limits)	Non-Network
Eye Exam Lenses (per pair)	Paid in full	\$35
Single	Paid in full	\$25
Bifocal	Paid in full	\$40
Trifocal	Paid in full	\$60
Lenticular	Paid in full	\$100
Contact Lenses Elective		
Exam and Lenses	\$150 allowance	\$150 allowance
Medically Necessary	Paid in full	\$210 allowance
Frame	\$45 Wholesale	\$45 Retail
<p>* Medically necessary (prior authorization required) is defined as 1) following cataract surgery w/o intraocular lens; 2) correction of extreme visual acuity problems not correctable with glasses; 3) anisometropia greater than 5.00 diopters and asthenopia or diplopia, with spectacles; 4) Keratoconus; or 5) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life.</p> <p>**This allowance is paid with the same frequency as lenses, in place of all other benefits.</p> <p>This schedule shows only a few of the covered procedures. Please see your Benefit Administrator for a complete schedule. This schedule is intended for comparison purposes only. The benefits of each plan will be determined by the contract. For a complete listing of benefits, exclusions, and limitations, please reference your certificate of coverage.</p>		

LASIK
Members receive benefits when services are received from a TLC Truvision network provider with the following preferred rates:
<ul style="list-style-type: none"> • Silver Package: \$895/eye for Conventional LASIK • Gold Package: \$1,295/eye for CustomLASIK • Platinum Package: \$1,895/eye for CustomLASIK plus Bladeless LASIK (using IntraLase technology).
Members will also receive a 10% discount off UCR charges at other preferred LASIK provider locations, and pay no more than \$1,800 per eye for the Conventional LASIK procedure and \$2,300 per eye for CustomLASIK.

Life Insurance

The Employee Benefits Division (EBD) is excited to announce a new partnership with Colonial Life! As of **1/1/2020**, Colonial Life will join the ARBenefits family as the State's new life insurance provider. Colonial Life is eager to serve state and public school employees and retirees across Arkansas.

Have life insurance through Securian?

Current and new policies in force with Securian Financial (Minnesota Life) by 12/31/19 will automatically port over to our new partner, Colonial Life.

An open enrollment period will be offered to employees. More information concerning how employees can elect life insurance changes for 2020 will be announced soon. Stay tuned!

Sincerely,

ARBenefits



Flexible Spending Accounts (FSA)

Governed by the IRS, Flexible Spending Accounts (FSA) are a great way to set aside money for medical and dependent care expenses.

By participating in an FSA, the amount you elect to contribute will be tax free. Your contribution is deducted from your gross pay prior to taxes being withheld.

Employees who are eligible for benefits can elect to contribute to an FSA, even if they are not covered on the ARBenefits plan. However, employees cannot contribute to a health care FSA and a Health Savings Account (HSA) at the same time.

FSA's are yearly accounts. Employees who wish to have access to FSA funds for 2020 must submit an FSA election form during open enrollment.

ConnectYourCare offers three different Flexible Spending Account (FSA) options to employees: Health Care, Dependent Care and a Limited-Purpose option.

Health Care FSA

A Health Care FSA can be used to pay for eligible medical, dental and vision care expenses that are not covered by the health plan.

The amount you elect to contribute towards the account is available for you to use at the start of the new year. Also, up to \$500 can be carried over from the previous year.

Depending on the expense, you may need to submit an itemized receipt to ConnectYourCare to substantiate your purchase.

Dependent Care FSA

A Dependent Care FSA is a pre-

tax benefit that allows you to pay for eligible dependent care services such as preschool, before/after school programs, child and elder day care.

With a Dependent Care FSA, once your account is funded, you can use the balance to be reimbursed for eligible expenses.

Limited-Purpose FSA

A Limited-Purpose FSA is available for employees who contribute to an HSA as well. Limited-Purpose FSAs are funded at the start of the year and can only be used for eligible dental and vision expenses.

More information regarding FSA is available at www.ConnectYourCare.com/ARBenefits.

Maximum FSA Contributions

Health Care FSA - \$2,700

Dependent Care FSA - \$5,000

Limited Purpose FSA - \$2,700

* Changes to FSA contribution limits for 2020 have not been announced yet by the IRS.

Eligible FSA Expenses

A Health Care FSA allows you to use tax free contributions to pay for qualified expenses. Below are just some examples of eligible purchases that you can make with your FSA.

eye glasses/contact lenses	hospital services	physical therapy
dental fees	prescription drugs	orthopedic services
chiropractor services	insulin	x-rays

* Click [here](#) for a list of eligible Medical FSA expenses.

* Click [here](#) for eligible Dependent Care FSA (DCAP) expenses.



Health Savings Account (HSA)

Just like with Flexible Spending Accounts (FSA), Health Savings Accounts (HSA) allow you to contribute pre-tax funds to use towards eligible medical expenses not covered by insurance.

Unlike with an FSA, employees must be enrolled a High Deductible Health Plan (HDHP) in order to establish and contribute towards an HSA. **This means employees must be enrolled in the ARBenefits Classic or Basic plans. Employees on the Premium plan are not eligible to contribute to an HSA.**

Employees with an HSA own their account even if they leave employment with their agency.

There is no limit on the amount of funds that employees can roll over year-to-year with their HSA. HSA funds also earn interest and give the account holder the opportunity invest their funds

once their balance reaches \$1,000.

The State makes a monthly contribution towards employee HSA accounts in the amount of \$25 for individual health coverage, and \$50 for any of the family tiers.

While FSAs allow employees to use their elected contribution amount at the start of the year, HSA holders must have funds in their account in order to use them.

There is no set enrollment period for HSAs. You can establish an HSA at anytime of the year, and can change your contribution amount at anytime of the year.

HSA & Limited-Purpose FSA

While employees cannot have an HSA and a Health Care FSA at the same time, HSA holders can elect to have a Limited-Purpose FSA. A

Limited-Purpose FSA can only be used for eligible dental and vision expenses. However, you cannot double dip and use your HSA and Limited-Purpose FSA for the same expense.

HSA and Medicare

Employees are able to contribute to their HSA unless they receive coverage from Medicare. Even if the employee is still working, HSA contributions must be stopped once Medicare coverage is gained. While you can no longer contribute to your HSA after enrolling in Medicare, you can still use your funds that you have previously contributed.

More information regarding HSA is available at www.ConnectYourCare.com/ARBenefits.

2020 HSA Contribution Limits

Individual HSA - \$3,550

Family HSA - \$7,100
(Household Limit)

* Persons aged 55 and older may contribute up to an additional \$1,000 annually above the posted limits.

Eligible HSA Expenses

HSAs allow you to use tax free contributions to pay for qualified expenses not covered by insurance. Below are just some examples of eligible purchases that you can make with your HSA.

eye glasses/contact lenses	hospital services	physical therapy
dental fees	prescription drugs	orthopedic services
chiropractor services	insulin	x-rays

* Click [here](#) for a list of eligible and non-eligible HSA expenses.



FSA/HSA



Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA) are a benefit available to state of Arkansas employees as a way to set aside pre-tax money for medical expenses not covered by insurance.

Three types of FSAs are available: Health Care, Limited-Purpose and Dependent Care.

Healthcare FSAs provide tax savings on your out-of-pocket health expenses. A Limited Purpose FSA allows you to pay for dental and vision expenses until your deductible.

While employees cannot contribute to a Health Care FSA and an HSA at the same time, employees with an HSA can establish a Limited-Purpose FSA. Limited-Purpose FSAs can be used for dental and vision expenses only.

Employees can use their account funds on expenses such as: dental work, eye glasses and contact lenses, prescription drugs, and physical therapy just to name a few.

A Dependent Care FSA is a pre-tax benefit that allows you to pay for eligible dependent care services such as preschool, before/after school programs, child and elder day care. Once your account is funded, you can use the balance to be reimbursed for eligible expenses.

If you have questions regarding FSA/HSA, you can contact EBD Member Services at 1-877-815-1017 x1 and by e-mail at AskEBD@dfa.arkansas.gov.

	Health Savings Account (HSA)	Flexible Spending Account (FSA)
Eligibility	Must be enrolled in an ARBenefits High-Deductible Health Plan (Classic or Basic).	No eligibility requirements. You can have an FSA on any plan level, and even if you do not have ARBenefits coverage.
Annual contribution limits	For 2020: Individual: \$3,550 Family: \$7,100 <i>Persons aged 55 and older may contribute an additional \$1,000 annually above those limits.</i>	Health and Limited: \$2,700 Dependent Care: \$5,000 *Changes to FSA limits for 2020 have yet to be announced by the IRS.
Changing contribution amount	Employees can adjust their contribution amount anytime during the year.	Contributions can only be adjusted at open enrollment, or with a qualifying change in employment or family status.
Re-Enrollment	Employees do not have to re-enroll their HSA every year.	Employees must submit an election form every year during open enrollment to establish their FSA.
Rollover of funds	Unused funds roll over year-to-year.	Employees can rollover up to \$500 year-to-year. Any amount unused over \$500 will be forfeited after the annual run-out period.
When can I use funds?	You must have the funds in your account in order to use them.	The amount you elect to contribute is available for you to use at the start of the year with the exception of Dependent Care FSA.
Connection to employer	You can take your HSA with you as you change employers. You own your account.	You will lose your FSA funds when you term employment with the State.
State contribution	The State of Arkansas contributes \$25 for individuals and \$50 for families per month with an HSA. The state contribution counts towards your annual maximum contribution limit.	No state contribution

Links to Forms

Click on the forms below to bring up a PDF version of the form that you can use to fill out for Open Enrollment. All forms must be submitted no later than October 31, 2019 to be counted as valid Open Enrollment elections. More information can be found in the Forms & Publications section of the www.ARBenefits.org home page.

ARBenefits

ARBenefits Enrollment Form
ARBenefits Retiree Enrollment Form
ARBenefits Spousal Affidavit
ARBenefits Summary Plan Document (SPD)

2020 ARBenefits Schedule of Benefits - Premium
2020 ARBenefits Schedule of Benefits - Classic
2020 ARBenefits Schedule of Benefits - Basic

2020 Full Rate Sheets

Active Employee w/ Wellness
Active Employee without Wellness
Non-Medicare Retiree
Medicare Primary Retiree

Voluntary Products

Delta Dental Enrollment Form
Humana Vision Enrollment Form
ConnectYourCare HSA Enrollment Form
ConnectYourCare FSA Enrollment Form