# Arkansas Children's EMPLOYEE BENEFITS GUIDE Effective July 1, 2017 - June 30, 2018



### **OUR MISSION:**

We champion children by making them better today and healthier tomorrow.

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This booklet highlights the main features of the Arkansas Children's Employee Benefit Package. It is intended to provide you with an overview of your employee benefits as an employee of Arkansas Children's. This booklet does not include all plan rules and details and should not be considered as a substitute for plan documents or summary plan descriptions (SPD). The terms of your benefit plans are governed by legal plan documents, including insurance contracts. Should there be any inconsistencies between this booklet and the legal plan documents, the plan documents are the final authority on the benefit plan. Arkansas Children's reserves the right to change its benefits plans, including premiums, or discontinue its benefit plans at any time.

### **Benefits Enrollment**

### Who is Eligible

- Employee types FT, WO-FT, WO-PT, OPT 3, and PT (employee only coverage)
- Employee's spouse
- Child(ren) under 26 (includes your natural child, stepchild, adopted child, or legal guardian child)

### When to Enroll

- For new hires and transfers to an eligible employee type, coverages begins on the first day of the month following 30 days of employment.
- Open enrollment period with an effective date from July 1, 2017 through June 30, 2018.
- You have 30 days to complete your enrollment following a Qualified Status Change.

### How to Enroll

- Review your 2017 benefits enrollment materials carefully.
- Compare your options with ALEX<sup>TM</sup>, your virtual benefits counselor.
- Verify personal information for yourself and dependents needed for enrollment.
- Contact HR and set up a time to complete your benefit elections.
- Contact HR, contact vendors, and review your paystub to ensure coverage was accurately chosen.

#### **Qualified Status Change**

Certain life events allow you to change some of your benefit elections. To make a change, contact a Benefits Specialist. Typical qualifying life events include:

- Marriage
- Divorce, legal separation or annulment
- Birth or adoption of a child
- Change in legal custody of a child
- Child reaches maximum age for coverage
- Death of a spouse or dependent
- Change in spouse's employment
- Loss or gain of non-Arkansas Children's benefits coverage by you or a family member
- An Open Enrollment period for the employer of your spouse

### How to Change Your Benefits Enrollment Information

You can submit changes via Employee Portal for certain personal information and benefits changes by using our **online Change Forms**. The list below provides you an idea of the kind of online transactions you can complete. The possible personal transactions are always updated, and new services added so watch **Team Arkansas Children's/ Vital e-News** and **Employee Portal** notices for updates and changes throughout the year.

#### What Can Be Changed?

- Correct your Mailing Address, Phone numbers, or Contact Email.
- Change your existing **Telcoe Credit Union** Payroll Withholding Amount.
- Change an existing **Direct Deposit** for your paycheck.
- Change your Arkansas Children's Fitness Center membership.
- Change or add PTO/ETA Cash-In's (available in December only).
- Change your **Federal and State Tax Withholding Exemptions**, and update filing status.

#### How to Make the Change

To use this online change form...

- Log onto Employee Portal. If on-campus or offcampus use this internet address: <u>https://secure.archildrens.org/employeeportal/</u>
- In the Employee Portal Applications locate and click *My Change Form* option.
- Select the section you would like to change and click the **Create New Change Form** button.
- Review the information carefully before clicking the Save & Continue button.
- If everything is as you wish, click the *Submit Change Form* button to process your request.
- You will receive an Arkansas Children's Employee Portal Notification email confirming your changes. You can also view these changes by returning to your Employee Portal Applications and click My Change Form option in Employee Portal.

If you have questions, please contact an HR Employee Benefits Specialist, at 1-501-364-1168.

### Arkansas Children's Benefits-at-a-Glance

		COVERAGE		
BENEFIT	Full-Time Employee Only	Part-Time Employee Only	Full-Time Family Coverage	COSTS
Medical	$\checkmark$	$\checkmark$	$\checkmark$	Shared
Prescription Drugs	$\checkmark$	$\checkmark$	$\checkmark$	Shared
Dental	$\checkmark$	$\checkmark$	$\checkmark$	Shared
Vision	$\checkmark$	$\checkmark$	✓	Employee-paid
Flexible Spending Accounts	$\checkmark$	$\checkmark$	$\checkmark$	Employee-paid
Health Savings Account	$\checkmark$	$\checkmark$	✓	Shared
Life and AD&D - employee basic	$\checkmark$			Employer-paid
Life - employee supplemental	$\checkmark$			Employee-paid
Life - dependent			$\checkmark$	Employee-paid
Retirement - 403(b)	$\checkmark$	$\checkmark$		Employee-paid
Retirement - Defined Contribution	$\checkmark$	$\checkmark$		Employer-paid
Group Accident	$\checkmark$	$\checkmark$	$\checkmark$	Employee-paid
Group Critical Illness	$\checkmark$	$\checkmark$	$\checkmark$	Employee-paid
Employee Medical Clinic	$\checkmark$	$\checkmark$	$\checkmark$	\$10 fee
Employee Assistance Program	✓	✓	$\checkmark$	Employer-paid
Tuition Reimbursement	$\checkmark$	✓		Employer-paid



ALEX, an online virtual benefits counselor, is available to make it as easy as possible to choose benefits. ALEX is a smart, friendly benefits expert that can walk you through your medical, dental, vision and flexible spending account options using simple language – without all the benefits jargon. ALEX starts the conversation with some basic questions about you and your family, and your personal situation (all confidential, of course). Based on your answers, ALEX helps you evaluate your options by showing helpful cost and coverage comparisons. The chat is surprisingly easy, and takes only a few minutes – plus, it will give you peace of mind knowing you made the right choices. ALEX is available on any computer with internet access, so you can use it at home with your family. Meet ALEX today and get the conversation started.

### **Medical Benefits Plan**

*Eligible Employees:* FT; WO-FT; OPT 3; WO-PT; Employee Only-PT *Coverage Effective Date:* First of the month following one complete calendar month in eligible employee type *Enrollment/Change Window:* Within 30 days of new hire or qualified status changes; Open Enrollment *Vendor:* Blue Advantage of Arkansas

The Arkansas Children's Medical Benefits Plan is a self-funded preferred provider plan, which enables us to provide a much more personalized approach to your health claim management. Locating a "preferred" physician is easy with our comprehensive health care provider directory located on the BlueAdvantage website under My Blueprint. See how to register for My Blueprint below. Your medical insurance is administered by BlueAdvantage, conveniently located in Little Rock, AR, providing Arkansas Children's employees with fast, friendly claim service. Premiums are paid on a pre-tax basis, thus reducing your taxable income. Access information online by visiting www.blueadvantagearkansas.com then register on My Blueprint for confidential service information about your individual medical benefits.

#### The employee premium for the group health

**insurance:** There are 26 pay periods in a calendar year. The employee health insurance premium is the same regardless of the outpatient prescription drug option you choose to cover prescription drug expenses.

Pre-tax Employee Premium
\$86.65 per pay period
\$139.30 per pay period
\$169.00 per pay period
\$219.70 per pay period

HDHP Plan Premium	Pre-tax Employee Premium
Employee Only:	\$50.46 per pay period
Employee + Child(ren):	\$88.28 per pay period
Employee + Spouse:	\$107.06 per pay period
Employee + Family:	\$139.34 per pay period

Health Savings Plan Employer Contribution			
Wellness:	Individual \$250.00		
	Family \$500.00		
Standard	Individual \$0.00		
	Family \$0.00		

#### GLOSSARY

A **PREMIUM** s the amount you pay for insurance, using pre-tax dollars.

A **COPAYMENT (COPAY)** is a fixed amount you pay for health care services or prescription drugs.

A **DEDUCTIBLE** is the amount you pay before your insurance begins covering certain services such as hospitalization or outpatient surgery.

**CO-INSURANCE** is the amount you pay, as a percentage of the cost of your allowed services, after you reach the deductible until you reach the plan's out-of-pocket maximum.

An **ALLOWABLE CHARGE** is the dollar amount typically considered payment in full by an insurance company and an associated network of health care providers.

An **OUT-OF-POCKET MAXIMUM** is the most you pay per Plan Year for health care expenses, including prescription drugs. Once this limit is met, the plan pays 100% for the remainder of the Plan Year.

#### An SPD (SUMMARY PLAN DESCRIPTION) is

a summary statement describing provisions and features of a benefit plan, including eligibility, coverage, and employee rights and appeals procedures.

Track		Preferred Provid	er Option (PPO)	Preferred Provider Option (PF		High Deductib (HD	
		Wellnes	ss Track	Standard Track		Wellness Track	
If insured prior to 7/1/16 Existing Employee/Member & Covered Spouse		Would complete online Health Assessment (HA) between 9/1/17 to 10/31/17		All Benefit Eligible Employees may elect		Would complete online Health Assessment (HA) between 9/1/17 to 10/31/17	
Emplo	y Benefits Eligible byee/Member vered Spouse	If Hire Date or Eligibility Status Change Date before 7/1/16, you would complete HA between 9/1/17 - 10/31/17 If Hire Date or Eligibility Status Change Date after 6/30/17, you would complete HA between		All Benefit Eligible Employees may elect		If Hire Date or Eligibility Status Change Date before 7/1/16, you would complete HA between 9/1/17 - 10/31/17 If Hire Date or Eligibility Status Change Date after 6/30/17, you would complete HA	
Provi	der Networks	9/1/18 - BCBS TrueBlue PPC	10/31/18 ) • BlueCard PPO •	BCBS TrueBlue PPC		between 9/1/18 - 10/31/18 BCBS TrueBlue PPO • BlueCard PPO •	
		BlueCard \		BlueCard Worldwide			Norldwide
Calor	dar Year Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	tive Date 7/1/16						
Emplo	oyee Only	\$500 per person	\$800 per person	\$750 per person	\$1,000 per person	\$2,000	\$6,000
Spous	se	\$500 per person	\$800 per person	\$750 per person	\$1,000 per person	n/a	n/a
Child		\$500 per person	\$800 per person	\$500 per person	\$800 per person	n/a	n/a
Famil	у	n/a	n/a	n/a	n/a	\$4,000	\$12,000
Co-in	surance (After deductible)						
ACH I	Pediatric Services (Facility Only)	90/10	60/40	90/10	60/40	90/10	60/40
All Ot	her Services	80/20	60/40	80/20	60/40	80/20	60/40
	of-Pocket Maximum des deductible and co-insurance)	\$6,000 per person \$12,000 per family	None	\$6,250 per person \$12,500 per family	None	\$6,000 per person \$12,000 per family	None
Indiv	idual Lifetime Maximum	None	None	None	None	None	None
	Well Child Care Preventative	100%, ded. waived	No Coverage	100%, ded. waived	No Coverage	100%, ded. waived	No Coverage
s	Well Adult Care Preventative	100%, ded. waived	No Coverage	100%, ded. waived	No Coverage	100%, ded. waived	No Coverage
etai	Gynecological exam	100% no deductible	No Coverage	100% no deductible	No Coverage	100% no deductible	No Coverage
SPD for details	Prostate exam	100% no deductible	No Coverage	100% no deductible	No Coverage	100% no deductible	No Coverage
D fe	Mammogram Preventive	Limit one per cal. yr.	No Coverage	Limit one per cal. yr.	No Coverage	Limit one per cal.yr.	No Coverage
SPI	Adult Physical	100% no deductible	No Coverage	100% no deductible	No Coverage	100% no deductible	No Coverage
See	Flu Immunization	Limit one per cal. yr.	No Coverage	Limit one per cal. yr.	No Coverage	Limit one per cal. yr.	No Coverage
	Colorectal Screening	See SPD for details	No Coverage	See SPD for details	No Coverage	See SPD for details	No Coverage
	niatric/Mental and ous Condition Treatment:	80% co-insurance	60% co-insurance	80% co-insurance	60% co-insurance	80% co-insurance	60% co-insurance
	alist Referral required from ary Care Physician (PCP)	No	No	No	No	No	No
	<b>d Nursing Facility:</b> al Maximum	80% Facility Allowable Charges; 30 days	80% Facility Allowable Charges; 30 days	80% Facility Allowable Charges; 30 days	80% Facility Allowable Charges; 30 days	80% Facility Allowable Charges; 30 days	80% Facility Allowable Charges; 30 days
Specif Chirop	<b>ied Therapies</b> (Speech, practic, Occup., Physical Therapy)	80% co-insurance	60% co-insurance	80% co-insurance	60% co-insurance	80% co-insurance	60% co-insurance
Annu	al Maximum for each therapy	26 visits per cal. yr.	13 visits per cal. yr.	26 visits per cal. yr.	13 visits per cal. yr.	26 visits per cal. yr.	13 visits per cal. yr.
Subst Inpati	ance Abuse Treatment	80% co-insurance	60% co-insurance	80% co-insurance	60% co-insurance	80% co-insurance	60% co-insurance
Outpa	•••••••••••••••••••••••••••••••••••••••	80% co-insurance	60% co-insurance	80% co-insurance	60% co-insurance	80% co-insurance	60% co-insurance
Prescription Options (Generic/Formulary/Name Brand)		Co-Pay Drug Card	Co-Pay Drug Card	Co-Pay Drug Card	Co-Pay Drug Card	Co-Insurance Drug Card	Co-Insurance Drug Card
(PPO) Drug Card w/Co-pay ACH Outpatient Pharmacy		\$10-\$35-\$65 co-pay	\$10-\$35-\$65 co-pay	\$10-\$35-\$65 co-pay	\$10-\$35-\$65 co-pay	n/a	n/a
(PPO) Drug Card w/Co-pay All Other Pharmacies		\$15-\$40-\$70 co-pay	\$15-\$40-\$70 co-pay	\$15-\$40-\$70 co-pay	\$15-\$40-\$70 co-pay	n/a	n/a
(HDHP): Drug Card w/Co-insurance		n/a	n/a	n/a	n/a	Deductible and co-insurance apply	Deductible and co-insurance apply
Durable Medical or Surgical Equipment		80% co-insurance; Use In-Network Provider	60% co-insurance	80% co-insurance; Use In-Network Provider	60% co-insurance	80% co-insurance; Use In-Network Provider	60% co-insurance
	se Management ation Programs	Diabetes • Respiratory (asthma, sinusitis, bronchitis, and pneumonia) • Cardiovascular (hypertension and hyperlipidermia) • Low Back Pain • Special Delivery Program for Pregnant Members					
Claim Filing Deadline		Claims must be	filed by provider or pa	tient no later than 6 mo	onths after patient rece	ives services and incurs	a fee for service

### **Outpatient Prescription Funding Options**

Participant chooses his/her preferred option.

Drug Card Plan Features	(PPO) Co-Pay Card Plan		(HDHP) Co-Insurance Card Plan		
Drug Card Premium	No Addit	ional Cost	No Addit	No Additional Cost	
Upfront Out-of-Pocket	Low (Co-Pay)		Medium to High (Deductible + Co-Insurance)		
Claim Filing	Automa	tic Filling	Automa	tic Filling	
Diabetic Supplies (Lancets/Test Strips)		laim Filing Blue Advantage)	Manual Claim Filing (Directly with Blue Advantage)		
Claim Filing Deadline	Filed at script purc	hase (Point of Sale)	Filed at script purc	hase (Point of Sale)	
Co-Pay Paid at Script Purchase	ACH Outpatient PharmacyAll Other Pharmacies\$10(Generic)\$15\$35(Name Brand\$40Preferred)Preferred)\$65(Name Brand\$70Non-Preferred)Non-Preferred)		None		
<b>Co-Insurance Paid at Script Purchase</b> (Medical Deductible must be satisfied)	None	None	ACH Outpatient Pharmacy (Medical Deductible must be satisfied) 90 / 10	ACH Outpatient Pharmacy (Medical Deductible must be satisfied) 80 / 20	
Applied to Medical Insurance Deductible and Maximum Out-of-Pocket	No		Yes		
FSA-Medical Debit Card (Out-of-Pocket Share)	Yes, if FSA-Medical participation		No		
HSA-Medical Debit Card (Out-of-Pocket Share)	No		Yes		
Mail Order Option (Maintenance or Life Supporting Prescriptions)	Yes		No		

### Frequently Asked Questions

#### Q: Which pharmacy can I use to file my claim?

A. All pharmacies in the network, including the Arkansas Children's Outpatient Pharmacy will file your prescription claims for you.

#### Q: How do I know which drug card plan is for me?

A. Typically, employees who do not meet OR exceed a deductible in a calendar year, elect the Co-Pay Card because the out-of-pocket expense for the year is less.

#### Q: What is a maintenance drug?

A. Drugs most commonly used to treat a chronic diseases when a therapeutic endpoint cannot be determined.

A drug that has low probability for dosage or therapy changes due to side effects, serum drug concentration monitoring, or therapeutic response over a course of prolonged therapy. These drug are usually administered continuously.

#### Q: Why should I choose generic drugs?

A. If the generic is appropriate for your drug therapy you pay the lowest co-pay amount. Arkansas Children's is a self-funded medical plan, and generic drugs have a greater savings on the overall plan.

#### Q: How do I choose generic drugs?

A. Request the writer of your prescription to specify a generic drug or a generic drug substitute if available.

### Q: What is the advantage of the mail order option?

A. The mail order option is for maintenance or life supporting drugs only, and can be conveniently delivered automatically on a set frequency. You will also save one 30-day copay amount on a 90-day supply order. Arkansas Children's also partners with CVS/Caremark to obtain the same mail order discount in their store pharmacies.

# Health Savings Account (HSA)

Increase your take-home pay by using pre-tax dollars to pay for eligible healthcare expenses! A Health Savings Account (HSA) works with your High Deductible Health Plan (HDHP) and lets you set aside a portion of your paycheck—before taxes—into an account. Use those funds to help pay for medical expenses (before you reach your deductible) that aren't covered by your HDHP. It's simple. It's smart. It'll save you money and help you plan for future medical expenses.

Total Administrative Services Corp (TASC) HSA is a tax-advantaged investment vehicle that offers three separate tax benefits:

- 1. Contributions into a HSA are pre-tax.
- 2. Earned interest on investment funds is tax-free.
- 3. Withdrawals for qualified medical expenses are tax-free.

#### Benefits of a HSA

- **Reduces your taxable income.** Your elected Plan contributions are deducted from your payroll pre-tax, which reduces your taxable income and thereby increases your take-home pay.
- **Gives you control.** Funds in your TASC HSA stay with you, even if you change jobs. And, if you're no longer covered by an HDHP, your HSA stays active and remaining funds can still be used for medical expenses.
- **Grows with you.** If you maintain a minimum balance of \$2,000, any additional funds may be invested in top-ranking mutual funds yielding tax-free earnings.
- Helps you plan for the future. Until you turn 65, withdrawals used for eligible expenses are tax-free. After you turn 65, or if you become disabled, your HSA becomes similar to a regular IRA. Withdrawals you use for non-eligible expenses will be taxed at your regular income tax rate but won't incur additional penalties.



Use to pay for qualified medical, dental, and vision expenses

### **ACH Flexible Spending Accounts**

Eligible Employees: FT; WO-FT; OPT 3; PT; WO-PT

**Coverage Effective Date:** First of the month following one complete calendar month in eligible employee type **Enrollment/Change Window:** Within 30 days of new hire or qualified status changes; Open Enrollment **Plan Year Contributions/Reimbursements:** July 1 – June 30 **Vendor:** Total Administrative Services Corp (TASC)

Under your Arkansas Children's Flexible Benefits Plan (Section 125 Cafeteria Plan) you also have two types of Flexible Spending Accounts. If you have eligible health care expenses (usually your out-of-pocket medical expenditures, such as health plan deductibles, dental expenses, vision care expenses, portions of prescription drug costs not reimbursed by our health plan etc.), and dependent care expenses you can take advantage of these reimbursement accounts. The amount you elect to set aside from your paycheck (before income taxes are calculated) becomes dollars you then receive from this account – dollars, which are not taxed, when you pay expenses later.

1. Health Care Reimbursement Account	2. Dependent Care Reimbursement Account	
<ul><li>Each plan year (July 1st - June 30th), you may contribute up to \$2,600 for health care expenses not covered by any healthcare plan.</li><li>Medical and dental deductibles, co-insurance and</li></ul>	Each personal income tax year (January 1st - December 31st), you may contribute up to \$5,000. Exception: <i>If you are married and file separate tax returns, your maximum contribution is \$2,500.</i>	
<ul> <li>co-payments</li> <li>Expenses above reasonable and customary limits</li> <li>Expenses which exceed plan limits (for example, dental expenses exceeding \$1,500 for one person in a calendar year)</li> <li>Can be reimbursed for most over-the-counter medical expenditures with a prescription or letter of medical necessity</li> </ul>	<ul> <li>Non-tuition expenses for preschools, nursery schools,</li> </ul>	

### TASC debit card

The TASC Card features two accounts on one card—MyBenefits for employee benefits purchases—and MyCash for cash reimbursements.

- Under the MyBenefits Account, the TASC Debit Card provides a convenient method to pay for eligible healthcare, dependent care, and parking expenses as defined by your FlexSystem Plan.
- Under the MyCash Account, reimbursements are fast and paperless! If you do not use your TASC Debit Card to pay for an
  eligible expense, you may submit a request for reimbursement via MyTASC Mobile, online Request for Reimbursement form
  in MyTASC, text message, fax, or mail. Your reimbursement will be deposited in your MyCash account
- Remember to always keep your receipts!
- Easily Manage Your Card Online Simply log in to your MyTASC account online and select Manage My Card to perform various functions.
- 1) **Plan Year:** July 1st thru June 30th Only period of time a participant can actually deposit scheduled contributions. Each July 1st a new plan year begins and if the participant wants to continue participating in the FSA-Medical they must enroll anew during the Open Enrollment period for that next plan year.
- 2) Carry over: carry over up to \$500 from previous fiscal year

Summary: You can "contribute" to your FSA-Medical during normal plan year of July 1st and June 30th (12 months in length)

Access information online by visiting **www.tasconline.com**. Then access your confidential service information after you have registered on the website. See page 26 for a complete listing of vendors and phone numbers.

### **New!** Limited-Purpose FSA

Eligible Employees: FT; WO-FT; OPT 3; PT; WO-PT

**Coverage Effective Date:** First of the month following one complete calendar month in eligible employee type **Enrollment/Change Window:** Within 30 days of new hire or qualified status changes; Open Enrollment **Plan Year Contributions/Reimbursements:** July 1 – June 30 **Vendor:** Total Administrative Services Corp (TASC)

Arkansas Children's is now offering a Limited-Purpose Flexible Spending Account (FSA) — a savings option for employees who are enrolled in the High Deductible Health Plan (HDHP). The Limited-Purpose FSA works like a general-purpose (or full coverage) FSA: Participants use pre-tax dollars to pay for qualified healthcare expenses incurred during the Plan Year, but is limited to only vision and dental expenses. A Limited-Purpose FSA allows you to continue to contribute to a HSA while also contributing to a FSA for vision and dental expenses. This additional pre-tax deduction helps you maximize your tax savings beyond the HSA Plan alone.

#### What expenses can be reimbursed under a Limited-Purpose FSA?

- Dental expenses: Braces and orthodontia, cleanings, crowns, fillings, dentures, co-payments and deductibles
- **Vision expenses:** Eye exams, prescription eyeglasses/contacts, contact lens solution, prescription drugs/ medications, laser eye surgery; LASIK, co-payments and deductibles

**Participation is Easy!** Similar to a full FSA, the first step is to determine your annual election amount to the Limited FSA for the Plan Year based on your total eligible costs (enroll online with FlexSystem). Your annual contribution will be deducted pre-tax from your paycheck in equal amounts throughout the Plan Year, but the total election amount is 100% available to you on the first day of the Plan Year. As you incur eligible expenses, simply submit a Request for Reimbursement form to FlexSystem – or swipe your TASC Card (mailed to you upon Plan enrollment) at the point of purchase for a most convenient method of accessing your FSA dollars! The TASC Card may only be used for eligible vision/dental expenses.



### Comparing a HSA, FSA, and Limited-Purpose FSA

A HSA, a FSA, and a Limited-Purpose FSA offer ways to save money by paying for healthcare expenses using pre-tax dollars. The following chart shows how the three types of accounts compare:

ACCOUNT FEATURES	HSA	FSA	LIMITED-PURPOSE FSA
Eligible for account if enrolled in the HDHP	Х		X
Eligible for account if enrolled in the PPO Plan		Х	
Contribute pre-tax money	Х	Х	Х
Free account contribution from Arkansas Children's	Х		
Immediate access to total annual contribution amount		Х	X
Can use account to pay for qualified healthcare expenses	Х	Х	
Can use only for qualified vision and dental expenses			X
Debit card for easy payment of expenses	Х	Х	Х
Money earns tax-free interest	Х		
Tax-free investment opportunities	Х		
Balance rolls over year-to-year	Х		
Can change contribution amount at any time for any reason	Х		
Balance can be withdrawn and used at age 65 or older for any reason without penalty, subject to income tax	Х		
Maximum Annual Contribution	\$3,400 individual \$6,750 family	\$2,600 (\$500 carryover)	\$2,600
Catch-Up Contribution for those 55 and older	\$1,000		



### ACH Group Accident Indemnity Plan

Eligible Employees: FT; WO-FT; OPT 3; WO-PT; Employee Only-PT

**Coverage Effective Date:** First of the month following one complete calendar month in eligible employee type **Enrollment/Change Window:** Within 30 days of new hire or qualified status changes; Open Enrollment **Vendor:** Continental American Insurance Company - Aflac Company

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. When an accident occurs, the last thing on your mind are the charges accumulating at the emergency room, such as for the ambulance ride, surgery, bandages or casts. These costs can add up—fast. The accident coverage features:

- Pays regardless of other insurance plans
- Non-occupational coverage
- No limit on the number of claims
- Covers inpatient and outpatient treatment of Covered Accidents
- Available when you leave employment (portable).

\$60 Health Screening Benefit (Employee and Spouse Only) - After the waiting period, an insured may receive a maximum of \$60 for any one covered health screening test per calendar year. **The employee premium for the group accident indemnity insurance:** There are 26 pay periods in a calendar year.

	Pre-tax Employee Premium
Individual:	\$8.04 per pay period
Employee + child(ren):	\$13.68 per pay period
Employee + Spouse:	\$11.82 per pay period
Family:	\$17.46 per pay period

See page 26 for a complete listing of vendors and phone numbers.

### ACH Group Critical Illness Plan

Eligible Employees: FT; WO-FT; OPT 3, WO-PT; Employee Only-PT

**Coverage Effective Date:** First of the month following one complete calendar month in eligible employee type **Enrollment/Change Window:** Within 30 days of new hire or qualified status changes; Open Enrollment **Vendor:** Continental American Insurance Company - Aflac Company

A group critical illness plan helps prepare you for the added costs a specific critical illness. Your recovery doesn't have to be spoiled by medical bills. This plan helps you and your family cope with the financial stress of surviving a critical illness.

#### Covered Critical Illnesses<sup>1</sup>

1.Cancer (Internal or Invasive)	100%
2. Heart Attack (Myocardial Infarction)	100%
3. Stroke (Apoplexy or Cerebral Vascular Accident)	100%
4.Major Organ Transplant	100%
5.Renal Failure (End-Stage)	100%
6.Carcinoma in Situ <sup>2</sup>	25%
7. Coronary Artery Bypass Surgery <sup>2</sup>	25%

1 All covered conditions are subject to the definitions found in your certificate.

2 If a benefit is paid for Carcinoma in Situ, the Internal Cancer benefit will be reduced by 25 percent. If a benefit is paid for Coronary Artery Bypass Surgery, the Heart Attack benefit will be reduced by 25 percent.

#### **Plan Features**

- Additional Occurrence Benefit If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then insurance company will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months.
- Re-occurrence Benefit If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, insurance will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months, or for cancer, 12 months treatment free. Each Dependent Child is covered at 50 percent of the primary insured amount at no additional charge.
- \$50 Health Screening Benefit (Employee and Spouse Only) - After the waiting period, an insured may receive a maximum of \$50 for any one covered health screening test per calendar year.

### ACH Dental Benefits Plan

**Eligible Employees:** FT; WO-FT; OPT 3; WO-PT; Employee Only-PT **Coverage Effective Date:** First day of the month following one complete calendar month in eligible employee type

**Enrollment/Change Window:** Within 30 days of new hire or qualified status changes; Open Enrollment **Vendor:** Delta Dental

Dental benefits are provided by Delta Dental located in North Little Rock, AR. Delta's commitment to Arkansas Children's employees is evident by their vast dental care provider directory. Choose an in-network provider for maximum benefits: however, reduced benefits are available for out-of-network providers. A network provider list is available on Delta's website. **To keep** premium costs to a minimum, \*Major Services and \*Orthodontia are not covered for the first 12 months after your effective date of coverage. To be able to submit a claim for Major Services and Orthodontia, the dental claim being submitted must have a service date for dental service incurred that is after the 12 month period ends. Premiums are paid on a pretax basis, thus reducing your taxable income. There is a Carry Over Benefits Rider allowing you to carry over a portion of your unused annual maximum to apply against costs in future years that exceed your annual maximum.

Access printable claim forms and FAQs online by visiting <u>www.deltadentalar.com</u>. For a list of in-network dentists for the Delta Premier Plan and Delta Dental PPO use the dentist search under the subscribers section. See page 26 for a complete listing of vendors and phone numbers.



**The employee premium for the group dental insurance:** There are 26 pay periods in a calendar year.

Dental Plan Services	Description
Calendar Year Deductible	\$50 per participant/\$100 per family
Maximum Calendar Year Benefit	\$1,500 per participant
<ul> <li>Preventive Services:</li> <li>Routine oral exams</li> <li>Cleanings and x-rays</li> </ul>	<ul> <li>100% no deductible. Two visits per year, maximum</li> <li>100% no deductible</li> <li>Limited to two (2) cleanings and set of x-rays per benefit period (calendar year).</li> <li>The plan offers 2 additional cleans in the calendar year per Evidence-Base Dentistry, (Pregnancy, Diabetes, Heart Disease, and Periodontal Disease)</li> </ul>
Basic Services <ul> <li>Fillings</li> <li>Extractions</li> <li>Oral surgery</li> </ul>	80% after in-network deductible up to Maximum Calendar Year Benefit
<ul> <li>* Major Services</li> <li>Crowns</li> <li>Bridges</li> <li>Dentures</li> <li>Root Canal</li> <li>Implants (single tooth or as a support for bridge or denture)</li> </ul>	50% after in-network deductible up to Maximum Calendar Year Benefit
<ul> <li>* Orthodontia – for dependent children or adults</li> <li>• Braces</li> </ul>	<ul> <li>- 50% after in-network deductible</li> <li>- \$1,500 Lifetime Maximum</li> </ul>
Carry Over Benefit Rider	If your total annual paid claims are less than \$751 you will automatically have a \$375 carry over benefit added to next year's \$1,500 Calendar Year Benefit.

	Pre-tax Employee Premium
Employee Only:	\$ 4.76 per pay period
Employee + Child(ren):	\$21.95 per pay period
Employee + Spouse:	\$18.40 per pay period
Employee + Family:	\$23.94 per pay period

# Vision and Hearing Care Plan

Eligible Employees: FT; WO-FT; OPT 3; WO-PT; Employee Only-PT

**Coverage Effective Date:** First of the month following one complete calendar month in eligible employee type **Enrollment/Change Window:** Within 30 days of new hire or qualified status changes; Open Enrollment **Vendor:** EyeMed

#### Vision Coverage & Costs

The EyeMed provider network offers member access to 30,000 providers including Lenscrafters, as well as private practice optometrists, ophthalmologists, and opticians. Under the vision plan, you are covered for one eye exam every 12 months. Your eye exam may be for glasses or contact lenses.

Plan Feature	EyeMed Network	Out-of- Network
Annual Eye Exam with dilation as necessary	You pay \$5 copay	You receive \$35 reimbursement
Frames (once every 24 momths)	Plan pays up to \$100, plus 20% of balance over \$100	You receive \$50 reimbursement
Lens Options - UV Coating, Tint, Standard Scratch Resistant - Standard Progressive - Standard Anti- Reflective Coating - Other Add Ons & Services (once every 12 months)	<ul> <li>You Pay \$15</li> <li>You pay \$65 copay</li> <li>You pay \$45 copay</li> <li>20% discount</li> </ul>	<ul> <li>N/A</li> <li>N/A</li> <li>\$40 reimbursement</li> <li>N/A</li> <li>N/A</li> </ul>
Contacts (once every 12 months)	Plan pays up to \$115, plus 15% of balance over \$115	You receive up to \$200 reimbursement

# The employee premium for the group vision care insurance: There are 26 pay periods in a calendar year.

#### **Hearing Discounts**

Your hearing discount through Amplifon includes:

- 40% off hearing exams at specified locations
- Discounted pricing on thousands of hearing aids
- Low price guarantee if you find the same product at a lower price elsewhere, Amplifon will beat it by 5%
- 60-day hearing aid trial period with no restocking fees
- Free batteries for 2 years with initial purchase
- 3-year warranty plus loss and damage coverage

Call **1-844-526-5432** to find a hearing care provider near you and to schedule a hearing exam.



#### **Pre-tax Employee Premium**

Employee Only:	\$3.49 per pay period
Employee + One:	\$6.56 per pay period
Employee + Family:	\$9.62 per pay period

### Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

Eligible Employees: FT; WO-FT; OPT 3; WO-PT; Coverage Effective Date: First of the month following one complete calendar month of continuous employment from most recent date of hire Enrollment/Change Window: Within 30 days of new hire or qualified status changes Vendor: Symetra Life Insurance Company

We have you covered! Arkansas Children's provides eligible employees with a basic life and AD&D insurance amount of one (1) times your annual base salary up to \$300,000 in death benefit. If your base salary changes so does your death benefit. Benefits are paid to the beneficiaries you designate.

### Supplemental Employee Term Life Insurance

Eligible Employees: FT; WO-FT; OPT 3; WO-PT;

**Coverage Effective Date:** The first of the month following one complete calendar month of continuous employment from most recent date of hire, if later, the date employee enters an Eligible Employee Type, or if subject to underwriting approval the first of the month after such approval

**Enrollment/Change Window:** Within 30 days of new hire or qualified status change date for issue of up to guaranteed issue limits with no evidence of insurability, otherwise, anytime, but then subject to evidence of insurability

**Guarantee Issue Eligibility:** Within 30 days of new hire date or qualified class (status) change date only **Vendor:** Symetra Life Insurance Company

Do you need additional life insurance? At your initial hire date, eligible employees may elect one, two, or three times their annual salary up to \$100,000 without having to answer health questions to determine evidence of insurability. Guarantee Issue maximum is \$100,000. Maximum Issue Amount is \$450,000 if eligible and employee provides evidence of insurability.

### Supplemental Dependent Term Life Insurance

**Eligible Employees:** FT; WO-FT; OPT 3; WO-PT; **Coverage Effective Date:** The first of the month following one complete calendar month of continuous employment from most recent date of hire, if later, the date employee enters an Eligible Employee Type, or if subject to underwriting approval the first of the month after such approval

**Enrollment/Change Window:** Within 30 days of new hire or qualified status change date for issue of up to guaranteed issue limits with no evidence of insurability, otherwise, anytime, but then subject to evidence of insurability **Guarantee Issue Eligibility:** Within 30 days of new hire date or qualified class (status) change date only **Vendor:** Symetra Life Insurance Company

For complete family coverage, at initial hire date eligible employees may elect to cover their spouse and children. Employee's spouse may have up to 50% of Employee's Supplemental Life coverage – up to \$30,000. More coverage is available up to \$225,000 with evidence of insurability. You may elect \$5,000 or \$10,000 per dependent child.

< 30	\$0.05
30-34	\$0.07
35-39	\$0.11
40-44	\$0.14
45-49	\$0.20
50-54	\$0.28
55-59	\$0.49
60-64	\$0.71
65-69	\$1.33
70 and Over	\$2.16

#### Monthly rates for child(ren):

Option 1 - \$5,000	
Option 2 - \$10,000	\$1.50

Monthly rates per \$1,000 of coverage for employee and spouse Supplemental and Dependent Life Insurance. Employee and Spouse rates are based on the employee's attained age.

### The employee premium for the Supplemental and Dependent Life are deducted biweekly.

Rate changes due to age and moving to new age bracket are effective on July 1 and begin on the following August 1.

Access detailed benefit information and service questions online by visiting our group website at: <u>www.symetra.com</u>. See page 26 for a complete listing of vendors and phone numbers.

### Whole Life Insurance

Eligible Employees: FT; WO-FT; OPT 3; WO-PT; Employee Only-PT

**Coverage Effective Date:** Date application is signed **Enrollment/Change Window:** Open Enrollment only **Vendor:** Unum

Unum's whole life insurance is designed to pay a death benefit to your beneficiaries but it can also gain cash value you can use while you are living. This benefit offers an affordable, guaranteed level of premium that won't increase due to age. Unlike term life insurance offered through the workplace, this coverage can continue into retirement.

#### Advantages of the plan

- Coverage is available to eligible employees age 15 to 80 who are actively at work.\*
- The policy accumulates cash value at a guaranteed rate of 4.5%\*\* Once your cash value builds to a certain level, you can borrow from the cash value or use it to buy a smaller "paid-up" policy with no more premiums due.
- You get affordable rates when you buy this policy through your employer and it is paid for through convenient payroll deduction.
- You own the policy so you can keep this coverage if you leave the company or retire. Unum will bill you directly.
- Coverage becomes effective on the date you sign the application.
- During enrollment, you may be able to get this insurance up to a specified amount without taking a medical exam. You may be asked a few health questions.

#### Who can get coverage?

There are two life coverage options available for your spouse. You may purchase an individual policy or a Spouse Term Life benefit.

- Individual spouse coverage can be purchased without purchasing employee coverage. The minimum policy amount is \$2,000. The actual benefit amount is based on the coverage amount chosen and age at issue. If you leave your employer, you can keep your spouse's policy and be billed directly at home.
- Spouse Term Life benefit Employees must purchase coverage to add this Spouse Term Life benefit.

Coverage is available from \$5,000 to \$25,000 and lasts for 20 years. This coverage amount cannot exceed the employee base coverage amount. This benefit is not available if you purchase individual coverage for your spouse and will be cancelled if employee coverage is cancelled. There are two life coverage options available for your children. You may purchase an individual policy, a term life benefit or both.

- Individual child coverage Can be purchased without purchasing employee or spouse coverage. Each policy covers one child or grandchild; you can purchase coverage for each of your children/grandchildren. Coverage is available up to \$50,000 — benefit amounts are based on issue age and premium selected. Your children can keep it, even if you leave your employer.
- Child Term Life benefit Employees must purchase coverage to add the Child Term Life benefit. This benefit covers all eligible children. Coverage is available from \$1,000 to \$10,000 and ends when your policy ends or when the last child turns 25. At that time, children are guaranteed the right to buy an individual whole life policy at five times the amount of their rider. Coverage will be cancelled if employee coverage is cancelled.

#### **Additional Coverage Options**

- Waiver of Premium If you become disabled for at least six months and are under age 65, you won't have to pay the premium for your policy. Unum will waive your cost while you are receiving benefits until you recover and return to work.
- Long Term Care Help protect your savings from the drain of expensive care by choosing from several options that can extend or increase your coverage. This coverage allows you to use the benefit whether you receive care at home, in a long term care facility, an assisted living facility, an adult day care, or in a nursing home.

\*Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

\*\*The policy accumulates cash value based on a non-forfeiture interest rate of 4.5% and the 2001 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy.

## Short Term Disability

**Eligible Employees:** FT; WO-FT; OPT 3; PT; WO-PT. Employees covered by Exempt Management Vacation Plan (VAC) not covered under STD. They are covered under a separate Sick Plan. See Policy #300315 - Exempt Management Vacation

#### **Coverage Effective Date: Newly Employed:**

Employee must be actively at work continuously for 6 full months following their first day of work (means most recent date of hire). After the 6-month period ends, employee must work at least one normally scheduled work day, after which the coverage is effective if employee is in an Eligible Employee Type from list above.

**Currently Employed:** If the employee changes positions and moves into an Eligible Employee Type following his/her being actively at work for 6 continuous months plus one scheduled work day from most recent date of hire, coverage is effective on the 1st day of the month following the date employee changes to an Eligible Employee Type.

**Enrollment/Change Window:** All eligible employees automatically enrolled

Vendor: Symetra Life Insurance Company

Should you become unable to work because of nonoccupational illness or injury, our STD plan will replace 80% of your base salary up to a maximum of \$3,000 per week. All full-time (*equivalent*) and part-time employees who have been in their position for at least six months are eligible for up to 13 weeks of disability (*91 calendar days*) beginning on the eighth (*8th*) calendar day of disability.

Access detailed benefit information and service questions online by visiting our group website at: <u>www.symetra.com</u>. See page 26 for a complete listing of vendors and phone numbers.



### Long Term Disability

**Eligible Employees:** FT; WO-FT; OPT 3; WO-PT. PT employees are not covered under LTD

#### **Coverage Effective Date: Newly Employed:**

Employee must be actively at work continuously for 6 full months following their first day of work (means most recent date of hire). After the 6-month period ends, employee must work at least one normally scheduled work day, after which the coverage is effective if employee is in an Eligible Employee Type from list above.

**Currently Employed:** If the employee changes positions and moves into an Eligible Employee Type following his/her being actively at work for 6 continuous months plus one scheduled work day from most recent date of hire, coverage is effective on the 1st day of the month following the date employee changes to an Eligible Employee Type.

**Enrollment/Change Window:** All eligible employees automatically enrolled

Vendor: Symetra Life Insurance Company

Your coverage will transfer to LTD from STD if you remained disabled for more than 90 days. Our LTD plan will replace 60% of your base salary up to a maximum of \$15,000 per month. All full-time (*equivalent*) employees who have been in their position for at least six months are eligible to receive LTD benefits.

#### Long Term Disability Benefit Period Chart

Age when disability occurs	Benefit Period	
59 or younger	continue to end of month when you attain age 65	
60	60 months	
61	48 months	
62	42 months	
63	36 months	
64	30 months	
65	24 months	
66	21 months	
67	18 months	
68	15 months	
69+	12 months	

BENEFIT SUMMARY	SHORT TERM DISABILITY (STD)	LONG TERM DISABILITY (LTD)	
Minimum Hours The minimum number of hours an employee must work each week to be eligible for disability coverage.	20 hours	24 hours	
Types of Disabilities The determination of whether or not disabilities occurring on or off the job are covered.	Non-occupational only (non-work related)	Non-occupational only (non-work related)	
<b>Elimination Period</b> The period of time a person must be disabled before benefits commence.	7 calendar days	90 calendar days	
<b>Definition of Earnings</b> The amount of an employee's earnings used to calculate disability benefit payments.	Regular weekly base rate of pay immediately before a period of disability begins, excluding over-time pay, incentive pay; bonus, call back, preceptor pay, shift differential or other compensation.	Monthly base wage/salary on the date prior to the date disability began, excluding overtime pay, incentive pay, call back, preceptor pay, shift differential or other compensation.	
Scheduled Benefit The gross disability benefit payable.	80% of earnings reduced by Other Income Benefits. Paid bi-weekly.	60% of earnings reduced by Other Income Benefits. (Social Security, etc.). Paid Monthly.	
Minimum Benefit The minimum monthly disability benefit payable.	\$25 Minimum Weekly Benefit	Greater of \$100 or 10% of gross benefit monthly	
Maximum Benefit The maximum disability benefit payable.	\$3,000 weekly	\$15,000 monthly	
Supplemental Benefit	Not Applicable	Additional Catastrophic Benefit of 20% of LTD monthly benefit amount up to \$5,000/LTD disability claim incident for additional support when claimant unable to perform 2 or more Activities of Daily Living (ADL). ADLs are the things we normally do in daily living including any daily activity we perform for self-care (such as feeding ourselves, bathing, dressing, grooming), work, homemaking, and leisure.	
Supplemental Benefit	Not Applicable	COBRA Medical Premium Supplement up to \$300 per month to assist claimant in paying COBRA continuation medical premium up to 18 months. COBRA must be elected.	
Supplemental Benefit	Not Applicable	Retirement Protection Benefit which will provide LTD claimant a monthly amount equal to 2% of gross base monthly earnings as a contribution into an Individual Retirement Account (IRA). Must be actively deferring in ACH Retirement Plan at time of disability.	
<b>Definition of Disability</b> The requirement an employee must meet in order to be eligible to receive disability benefits.	Inability to perform own occupation and have a 1% earnings loss.	Inability to perform own occupation for the first 12 months of benefit payments, any reasonable occupation thereafter.	
Other Income Benefits Other income benefit sources which are used to reduce the monthly benefit payable. This includes: Jones Act/Maritime Doctrine, disability payments, pension, unemployment compensation, Workers Comp, no-fault, statutory disability benefits, Social Security, Railroad Retirement, Canada Pension Plan, Quebec Pension Plan, Veteran's benefits, group disability or retirement benefits.	Other income benefit sources include those (due to the employee's disability or retirement) which are payable to the employee's spouse, children and dependents. This integration with Other Income Benefits is direct integration. Under direct integration, offsets are subtracted from the Scheduled Benefit.	Other income benefit sources include those (due to the employee's disability or retirement) which are payable to the employee's spouse, children and dependents. This integration with Other Income Benefits is direct integration. Under direct integration, offsets are subtracted from the Scheduled Benefit.	
<b>Benefit Period</b> The maximum period of time for which benefits are payable.	13 weeks	See Benefit Period Chart on page 15.	
How to Start Disability Benefits	Contact Human Resources-Benefits. See conta complete Leave/STD Packet.	act page 27 in this guide. Employee must	

### ACH Retirement Plan (403(b) Tax Sheltered Annuity)

#### Participation: All Employee Types

**Eligible Employees for Employer Match:** Employee Salary Deferrals and Employer Match - FT; WO-FT; OPT 3; PT; WO-PT; PT-NB. To receive Employer match, employee must be age 21 or older on the last day of the plan year. Employee Salary Deferrals ONLY - **NO Employer Match - WO-NB; ZB; EXTRN; HIPNB; ML** 

**Eligibility Waiting Period:** Salary Deferrals after two Pay Periods in any employee type. Employer Match after one year employment in which employee worked at least 1,000 hours in eligible employee type and employed on last day of plan year and making salary deferrals.

**Enrollment/Change Window:** Anytime including Open Enrollment. Enroll and setup initial withholding through Transamerica.

Vendor: Transamerica Retirement Solutions

We want to help you save for your future retirement years! All Arkansas Children's employees are eligible to participate in the 403(b) Tax Sheltered Annuity. This Plan allows you to save a portion of your salary without having to pay taxes on it. In fact, you don't pay any taxes on your 403(b) savings or the appreciation your contributions earn until you take your money out for your planned retirement. You have a variety of structured investment options from which to choose.

Y	ears Service	ACH Matching Contribution
1		is the lesser of 50% of employee contribution or 5% of gross compensation and deposited once per year

You are 100% vested in the salary deferral contributions you make to your Retirement Plan. You are gradually vested in the employer matching contributions and the employer defined contribution based on your years of service with Arkansas Children's.

**Note:** All Employee types can make voluntary deferral contributions. Not all employee types can receive an Employer Match. See above.



### ACH Defined Contribution Retirement Plan

Eligible Employees: FT; WO-FT; OPT 3; PT-NB; PT; WO-PT

**Eligibility Waiting Period:** Employer contribution after one year employment in which employee worked at least 1,000 hours in eligible employee type and employed on last day of plan year. To receive Employer contribution employee must be age 21 or older on last day of plan year

Enrollment/Change Window: Eligible employees are automatically enrolled

Vendor: Transamerica Retirement Solutions

The Arkansas Children's Defined Contribution Plan allows the employer to make a discretionary contribution equal to a percentage of eligible employee's gross compensation. Discretionary means Arkansas Children's can choose from year to year whether to make a defined contribution and can decide from year to year on the percentage of gross compensation to contribute. Employer contributions will be dependent on Arkansas Children's financial performance during the year.

# Savings Management and Retirement Training (SMART) Plan

Eligible Employees: All Employee Types Eligibility Waiting Period: Immediate Retirement Advisor: Stephens, Inc.

Planning for your financial future is critically important. The Arkansas Children's SMART plan offers you an opportunity to be prepared, increase your investment knowledge, and create and follow a savings and retirement plan suited personally for you. Education and personalized investment strategies offered by Stephens, Inc. to Arkansas Children's Retirement Plan participants.

Contact Stephen's Certified Retirement Plan Specialist, Robert Jones, for your appointment at 1-501-377-8112 or rjones@stephens.com.



Plan Feature	ACH Retirement Plan	ACH Defined Contribution		
Plan Year	Effective 1/1/2003 JAN - DEC	Retirement Plan Effective 7/1/2002 JUL - JUN		
Age for Eligibility Deferral Match Employer Defined Contribution	None 21 or older N/A	N/A N/A 21 or older		
Years of Service for Eligibility Deferral (All Employee Types) Match Employer Defined Contribution	None. Start Immediately One year and be Actively Employed on December 31st N/A	N/A N/A One yr. and be Actively Employed Contribution on June 30th		
Years of Service for 100% Vesting Deferral Match Employer Defined Contribution	N/A 5 years (Fully vested on death, disability or normal retirement age) N/A	N/A N/A 5 years (Fully vested on death, disability or normal retirement age)		
<b>Entry Date Into Plan</b> Deferral Match Employer Defined Contribution	Immediate The Plan Year when Age & Service requirements attained. Applied on deferrals from Jan 1st of that Plan Year. N/A	N/A N/A On Next Jan. 1 or July 1 after Age & Service requirements attained		
Normal Retirement Age	62 and 5 years of service completed	62 and 5 years of service completed		
Hours for Year of Service Deferral Match Employer Defined Contribution Vesting	N/A 1,000 in an Eligible Employee Type N/A 1,000 in an Eligible Employee Type	N/A N/A 1,000 in an Eligible Employee Type 1,000 in an Eligible Employee Type		
<b>Employee Elective Deferral Contribution</b> Regular Catch up Deferrals if Age 50 or Older	For Plan Year Maximum: 2017 - \$18,000 2018 - IRS to announce Maximum: 2017 - \$6,000	N/A		
on 12/31 Matching Employer Contribution Years of Service: Less than 1 1 or more	2018 - IRS to announce Not eligible 50% of deferral up to 5% of salary. The employer match contribution is made on 100% of plan year employee deferrals made between Jan 1 - Dec 31 in the plan year employee attains 1st anniversary, if all other eligibility criteria is satisfied.	N/A N/A N/A		
Vesting Schedule Employee Deferral, Employer Match and Defined Contribution: Years of Service Completed for Vecting	100%	N/A		
for Vesting 1 2 3 4 5	20% 40% 60% 80% 100%	20% 40% 60% 80% 100%		
Loan (maximum loan is the lesser of 50% of the account value or \$50,000) Deferral Match Employer Defined Contribution	Call 1-800-755-5801 to apply for a loan. Available Only when 100% vested N/A	N/A N/A Not Available		
<b>59</b> <sup>1/2</sup> <b>Withdrawal</b> Deferral Match Employer Defined Contribution	Available Only when 100% vested N/A	N/A N/A Not Available		
Hardship Withdrawal Deferral Match Employer Defined Contribution	Call 1-800-755-5801 to apply for Hardship Distribution Not Available N/A - Deferrals must stop for 6 months	N/A N/A Not Available		
Investment Options Default Fund	36 investment options available - Employee Directed			
	PortfolioXpress allocation service without investment directions			

### Paid Leave Program

Eligible Employees: FT; WO-FT; OPT 3; PT-NB; PT; WO-PT; WO-NB

Eligibility Waiting Period: Immediate

Paid leave is provided for employees', vacation, illness, personal affairs, childcare, leave, or emergencies. Arkansas Children's offers a comprehensive paid leave approach, providing a specific amount of paid leave for a variety of uses. It combines traditional vacation and sick leave plans into one flexible, paid leave approach which allows employees more flexibility in using their paid leave time.

# ETA (Earned Time Account) and PTO (Paid Time Off)

**Hourly Employees** accrue paid time in an ETA (Earned Time Account), and **Salaried Employees** accrue paid time in PTO (Paid Time Off). Each pay period, your ETA or PTO accrues based on years of service and hours worked (up to a maximum of 80 hours) per pay period. After completing your 90-day probationary period, ETA or PTO is available for use.

Plan Level	Years of Service	ETA Accrual Rate per 80 Hour Pay Period	ETA Accrual Rate per 1 Hour	Total Number of Days per Year	Max Hour Carryover
	E	TA (Earned Time Accou	ınt) – Hourly Employe	es	
ETA 1	0 – 2	6.770	0.084625	22	176
ETA 2	3 – 4	7.385	0.092313	24	192
ETA 3	5 – 9	8.310	0.103875	27	216
ETA 4	10 – 14	9.850	0.123125	32	256
ETA 5	15+	11.385	0.142313	37	296
	PTO (Paid Time Off) – Salaried Employees				
PTO 1	0 – 4	8.310	0.103875	27	216
PTO 2	5 – 9	9.850	0.123125	32	256
PTO 3	10+	11.385	0.142313	37	296

# VAC (Exempt Management Vacation Plan)

*Salaried-exempt management employees* are granted a bank of vacation days based on years of service. Starting July 1, you will be credited vacation days to use throughout the Arkansas Children's fiscal year. If you are a new VAC employee, you will receive a prorated bank of vacation days calculated from your hire date through June 30. Holidays are paid as regular pay and are not subtracted from your Vacation bank.

Plan Level	0-4 years	5-9 years	10+ years	Paid Holidays per YR	0-4 years	5-9 years	10+ years	Max Hour Carryover
Directors	20	25	30	8	28	33	38	80
Vice President	25	30		8	33	38		80
Sr. VP	25	30		8	33	38		80

#### Arkansas Children's observes the following eight holidays per year:

New Year's Day Memorial Day Independence Day Labor Day Thanksgiving Day Day after Thanksgiving Christmas Eve Christmas Day

# **Occupational Health**

Eligible Employees: All Employee Types Eligibility Waiting Period: Immediate

- Arkansas Children's Occupational Health provides services and resources to maintain and enhance the health of Arkansas Children's team members. Occupational Health and Wellness is designed to promote health and wellness among our workforce.
- Occupational Health is available to provide: Preemployment health screens, assessment and treatment of work-related injuries, illnesses and exposures, substance abuse prevention, ADA and ergonomic accommodation studies, tobacco cessation, wellness initiatives/assessments, health surveillance monitoring, preventative screening for TB and other infectious diseases, as well as immunization programs.
- The Occupational Health and Wellness offices are open Monday through Friday from 6:00am 4:30pm.

### **Physical Therapy Services**

Eligible Employees: All Employee Types Eligibility Waiting Period: Immediate

Arkansas Children's is committed to supporting employees during periods of physical recovery. Outpatient physical therapy services are provided by the ACH Department of Rehabilitation Services to ACH employees in an on-site suite located in the HR Services Center. You may schedule appointments by calling 1-501-364-1192.

### Employee Health and Wellness Center

*Eligible Employees:* All Employee Types, their spouses and qualifying dependents *Eligibility Waiting Period:* Immediate

The Employee Health and Wellness Center strives to enhance organizational health by improving the health and quality of life for our employees and their families. The clinic is located in the HR Service Center to promote ease of access and reduce lost work time.

General services include:

- Acute care
- Ancillary services to include laboratory and radiology
- Preventative and Wellness services

Appointments can be scheduled by calling 1-866-959-WELL (9355). Questions/Information can be answered onsite by calling 1-501-364-9355.

### **Fitness Centers**

For \$10 per month employees can be physically active at two onsite fitness centers. The East Campus Fitness Center offers a full line of cardio and strength equipment along with over 40 group exercise classes per week. The facility also offers a full sized basketball court, indoor walking track, racquetball courts, and equipment for volleyball, pickle ball and badminton. The Main Hospital Fitness Center, located on the first floor across from the Eye Clinic, offers a smaller selection of cardio and strength equipment. Family members (spouses and dependents) are also welcome to join the East Campus Fitness Center.

#### **Fitness Center Hours of Operation**

Main Hospital Fitness Center: Open 24 hours 7 days a week

ACH East Campus Fitness Center: Monday – Thursday 5:30 am – 8:00 pm Friday 5:30 am – 6:30 pm Saturday 8:00 am – 12:00 pm

Membership	ACH FT/PT Payroll Deduction (per pay period)	ZB Bank Draft (per month)
Individual	\$4.62	\$10
Individual +1	\$9.23	\$20
Family	\$13.85	\$30

#### **Personal Training**

Schedule time with a personal trainer to jump start your new exercise routine, add variety to current program or to obtain the encouragement to maximize your workout. *Schedule a 30 minute session for \$20 or a 60 minute session for \$40*.

#### **Stress Relief**

Take a break and relax with a number of wellness activities offered at Arkansas Children's including mini spas, guided meditation, yoga, and time at reflection spots such as the Rooftop Labyrinth or the Pamela Friday Freeman Chapel.

### For more information contact the Fitness Center at ext. 41088.

### Healthy Happens Here Wellness Program

Eligible Employees: All Employee Types Eligibility Waiting Period: Immediate

Arkansas Children's is committed to creating a culture of wellness for employees, patients, families, and the community. Arkansas Children's offers employees and spouses annual health screenings, on-campus fitness centers, Employee Assistance Programs, tobacco cessation programs, healthy food choices, walking paths, access to online web Healthy Happens Here Rewards portal and much more.



# 2017 2017 Healthy Happens Rewards Program\*





Employees completing Step 1 of the 2017 Healthy Rewards Program earn benefits incentives for 2018.

- The lower deductible will go into effect for employees and spouses registered on the Preferred Provider Option (PPO) in January 2018.
- Contributions into the Health Savings Account will be deposited in July 2018.



#### Logging in is easy! Visit <u>www.teamacwellness.org</u> and click "Arkansas Children's employees click here to use network login."

Watch for information on how your spouse can access the web portal in July 2017.

### **Tuition Assistance**

Tuition Assistance Application must be SUBMITTED to and APPROVED by Human Resources prior to first day of class or training. See FAQs with Tuition Assistance Application located in Arkansas Children's Vault.

#### Eligible Employees: FT; WO-FT; OPT 3; PT and WO-PT

*Eligibility Waiting Period:* After 90 days of continuous employment. Must be in an eligible employee type at time of application, and remain in an eligible employee type at time of reimbursement.

Got the time to attend some education classes but not the money? Arkansas Children's can help. You can be reimbursed up to \$4,000 per calendar year (*January 1 – December 31; \$2,000 if part-time employee*) for approved education expenses, tuition, books, and fees. You must have been employed in an eligible employee type at least 90 days of continuous employment prior to beginning the education course. Please retrieve the Current Policy #300360 - Tuition Assistance Program from the Arkansas

Children's Policies. Provisions can change from time to time, so the best practice is to review current policy. You can retrieve details by viewing and printing the Tuition Assistance Application, which includes FAQs, from the Arkansas Children's Vault. We strongly suggest you call Human Resources, using the contact page 27 in this guide to verify your understanding of the Tuition Assistance program well before your class or training start.

### **Telcoe Federal Credit Union**

*Eligible Employees:* All Employee Types *Eligibility Waiting Period:* After one pay period in eligible employee type *Enrollment/Change Window:* Anytime *Vendor:* Telcoe Federal Credit Union

Membership in Telcoe Federal Credit Union is available to all ACH employees. You can start payroll deductions to make regular replenishment contributions to your account. A minimum deposit of \$25 is needed to open a checking account. A minimum deposit of \$10 is needed to open all other savings accounts.

Additional services that are available to members of the Telcoe Federal Credit Union include:

- Savings Accounts
- Certificates of Deposit
- ATM Card
- Telcoe offices are open Monday-Saturday

### New Directions Employee Assistance Program

*Eligible Employees:* All Employee Types *Coverage Effective Date:* Immediate *Vender:* New Directions Behavioral Health

Chances are, daily demands don't end when you leave work. That's why Arkansas Children's partners with New Directions to offer an Employee Assistance Program (EAP) to help you best manage your life, at no cost and all confidence to you. Here, you can find the tools you need, whether online or in person, at any stage of a life challenge. The EAP service covers 5 free counselor visits per subject matter. Visit <u>www.ndbh.com</u> to see the kind of things people use the program for, including: parenting advice, legal documentation and support, caring for your aging parent, conflict with a colleague, losing weight, reducing debt, improving things with your spouse, managing others, grief, loss, addiction and everything in between. You've got enough on your plate: outsource your emotional health to the experts who can make your life easier on your journey, at your pace. Visit <u>www.ndbh.com</u> or call 1-800-624-5544 for balanced healthcare and a better life.

### Cafeteria Discount

Eligible Employees: All Employee Types Eligibility Waiting Period: Immediate for discounts

Excellent meal choices are served each day in the Arkansas Children's Cafeteria. The cafeteria is open daily serving breakfast from 6:00am to 10:30am, lunch from 11:00am to 1:45pm and supper from 5:00pm to 7:00pm. Items may be ordered from the grill during the day and later at night. Employees who present their Arkansas Children's ID badge at time of purchase receive a 20% discount.

You can also participate in the Arkansas Children's Piggy Bank program. Simply choose the amount you want payroll deducted and then use your ID badge to go "cash-less" in the checkout line. You can apply for the convenient Arkansas Children's Piggy Bank by logging onto the Arkansas Children's Piggy Bank webpage located on **Team Arkansas Children's Webpage**.

### Gift Shop Discount

Eligible Employees: All employee types Eligibility Waiting Period: Immediate

The hospital gift shop is an attractive, well-supplied shop operated for the convenience of patients, families, employees and visitors. Many unique jewelry and gift items as well as cards, candy, and balloons are easily accessible to all who enter the hospital. Arkansas Children's employees receive a year-round discount of 10% on selected lines, and a 25% discount (on one eligible item) during the week of their birthday. Arkansas Children's reserves the right to change or discontinue hospital discount programs at any time.

### Employer Provided Parking/Campus Shuttle

Eligible Employees: All employees Eligibility Waiting Period: Immediate

All ACH employees enjoy employer provided parking with the added advantage of peace of mind knowing their vehicle is monitored (24/7) by surveillance cameras as well as ACH security officers. Employees can pay for a reserved parking space in the ACH Employee Parking Deck.

On rainy days or any day for that matter, employees may use the Shuttle bus to be safely "shuttled" anywhere on the ACH campus.

### Qualified Transportation Expense Plan

The QTEP plan works similar to the ACH Flexible Spending Accounts. The QTEP plan is a

"reimbursement plan." An employee may elect to participate in the QTEP plan. The participant makes voluntary monthly pre-tax salary reduction contributions.

The QTEP participant will be responsible to pay any qualified parking expenses up-front then complete a QTEP Claim Form request for reimbursement and include appropriate supporting documentation confirming the parking expenses for which they are requesting reimbursement.

# **Hospital Discount**

**Eligible Employees:** Members of the Arkansas Children's Medical Benefits Plan (both employee members and dependent members)

*Eligibility Waiting Period:* Immediate *Reference:* Policy #D02-Hospital Service Discount

All covered members enrolled in the ACH Medical Benefits Plan enjoy a 20% discount on *selected hospital services* delivered at ACH. ACH reserves the right to change or discontinue hospital discount programs at any time.



### **Benefit Service and Contact Information:**

Vendor Service Contacts, Policy Numbers, Phone Numbers, Local Contacts and websites.

Medical	Retirement/403(b) Plans	
BlueAdvantage Administrators	Transamerica Retirement Solutions	
1-800-370-5852	1-800-755-5801	
Arkansas Blue Cross/Blue Shield	Suzanne Steed	
Pharmacy Benefit Management Pharmacy RX Bin #004336	Local Representative	
1-888-293-3748	353-1815	
www.BlueAdvantageArkansas.com	www.trsretire.com	
Dental	Flexible Spending and Heath Savings Accounts	
Delta Dental	Total Administrative Services Corp (TASC) 1-800-422-4661	
Customer Service		
1-800-462-5410		
www.deltadentalar.com	www.tasconline.com	
	New Directions	
Vision Care	Employee Assistance	
EyeMed	New Directions Behavioral Health	
1-866-939-3633	1-800-624-5544	
www.eyemedvisioncare.com	www.ndbh.com	
	TELCOE Federal Credit Union	
Cancer Select	local office:	
Transamerica Assurance Company	820 Louisiana St., Little Rock	
1-888-763-7474	TELCOE	
	375-5321 or 1-800-482-9009	
	www.telcoe.com	
Group STD and LTD	Group Term Life	
Customer Service	Customer Service	
Symetra Life Insurance Company	Symetra Life Insurance Company	
1-800-SYMETRA (796-3872)	1-800-SYMETRA (796-3872)	
www.symetra.com	www.symetra.com	
Critical Illness & Accident	Whole Life	
	Customer Service	
Customer Service	Customer service	
	Unum	
Customer Service Continental American Insurance Company an Aflac Company 1-800-433-3036		

### Human Resources/Benefits Information

Office Hours: 7 a.m. - 5 p.m. – Monday - Friday Mailing Address: Arkansas Children's Hospital; 1 Children's Way Slot #600; Little Rock, AR 72202 Location: 1919 West 12th Street; Little Rock, AR 72202 Human Resources Services Center: 1-501-364-1168; Fax 1-501-364-7219; askbenefits@archildrens.org

#### What to Expect from Arkansas Children's Employee Benefit Professionals

We work diligently for our employees, and not for an insurance company. Our benefit professionals are in a non-bias position to educate and serve your interest. When you interact with Arkansas Children's Employee Benefits you will work directly with a benefit professional. We have certified and licensed staff trained in today's ever changing area of employee welfare benefit plans. Our employee benefit professionals are continually educated on current legislation. This allows us to help our employees receive awareness of legislation that may involve their financial welfare.

#### **Services Offered**

Our leading aim is to provide value to employees through Benefit Education and Assistance.

- Administration & Education of Product Services
- Fiduciary Management & Oversight
- Coordination of Plan Enrollments, (New Hires, Open Enrollment, and Qualifying Events)
- Complex Employee Claims Assistance & Advocacy
- Billing Review & Audit Support

#### **OTHER IMPORTANT ACH NUMBERS**

Security:	<b>1-501</b> -364-4353
Outpatient Pharmacy:	1-501-364-1223 or 1-501-364-1378
Parking Deck:	<b>1-501</b> -364-3615
East Campus Fitness Center:	<b>1-501</b> -364-1088
Emergency:	88
Occupational Health:	<b>1-501</b> -364-1219
Payroll Office:	1-501-364-2533 or 1-501-364-2535
Wellness Program:	<b>1-501-</b> 364-1615
Employee Medical Clinic (HealthStat):	1-866-959-9355



# Appendix

**Meditech Employee Type Codes** You may find these codes helpful for determining eligibility for different benefit plans. Your Employee Type determines your eligibility for different benefits. You can view your own employee type in your employee file by selecting the My Arkansas Children's Position button in the Employee Portal.

Minimum FTE	Maximum FTE	Minimum Scheduled Hours per pay period (two work weeks)	Employee Type Code used in Meditech & Employee Portal Systems	Employee Type Description	Special Notes	
Eligible for all benefits - FAMILY COVERAGE						
1.00	1.00	80	FT	Full-time		
0.80	1.24	64	OPT 3	Option 3		
0.80	1.00	64	WO-FT	Weekend Option (Full-time)		
0.50	0.79	40	WO-PT	Weekend Option (Part-time)		
Eligible for rec	duced benefits -	Employee Only Coverage				
0.50	0.79	40	РТ	Part-time		
Not Eligible for benefits (Can make voluntary retirement plan deferrals)						
0.10	0.49	8	PT-NB	Part-time (No Benefits)		
0.10	0.49	8	WO-NB	Weekend Option (No Benefits)	Each Department sets schedule	
0.00	0.00	8	HIPNB	Hippy Program (No Benefits)		
0.50	1.00	0	EXTRN	Extend RN (Contract Nursing)	Each Department sets schedule	
0.00	0.00	0	PRN	PRN	Each Department sets schedule	
0.00	0.00	0	ML	Military Leave	On ACTIVE Military Duty	
0.00	0.00	0	TEMP	Temporary		



### Appendix (continued)

#### **Qualified Status Changes**

You can change your pre-tax Section 125 Cafeteria Plan benefit election if you execute the change within 30 calendar days of the effective date of the event. **Events that make a status change a qualified status change are listed below.** Contact Human Resources Services Center prior to or within 30 calendar days of the effective date and provide proof documents of the event you are using a qualified status change. If the 30-calendar day window is missed, your requested benefit change will be denied.

#### Marital Status<sup>1,2</sup>

A change in marital status includes marriage, death of a spouse, legal separation, divorce or annulment.

#### Change in Number of Tax Dependents<sup>1,2</sup>

A change in number of dependents includes the following: birth, death, legal adoption and court ordered placement for adoption.

#### <u>Change in Status of Employment Affecting Coverage</u> <u>Eligibility</u><sup>1,2</sup>

Change in employment status of the employee such as changing from a non-benefit eligible employee type to a benefit eligible employee type. Change in employment status of the employee's spouse or dependent of the employee that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.

#### Gain or Loss of Dependents' Eligibility Status

An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.

#### Change in Residence

A change in the place of residence of the employee, spouse or dependent that affects eligibility to be

Covered under an employer's plan includes moving out of an HMO service area.

#### **Open Enrollment Under Other Employer's Plan<sup>3</sup>**

You may make an election change when your spouse or dependent makes an Open Enrollment Change

In coverage under their employer's plan if they participate in their employer's plan and:

• the other employer's plan has a different period of coverage (usually a plan year) or;

• The other employer's plan permits mid-plan year election changes under this event.

#### Judgment/Decree/Order<sup>4</sup>

If a judgment, decree or order from a divorce, legal separation, annulment or change in legal custody requires that you provide accident or health coverage for your dependent child *(including a foster child who is your dependent)*, you may change your election to provide coverage for the dependent child. If the order requires that another individual *(including your spouse and former spouse)* covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.

#### Medicare/Medicaid<sup>4</sup>

Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change. Does not apply to Dependent Care FSA plan.

#### Family and Medical Leave Act (FMLA) Leave of Absence

Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave.

#### Provider Change and Cost Change<sup>3</sup>

You may make a corresponding election change to your Dependent Care FSA benefit whenever you actually switch dependent care providers. However, if a family relative (who is related by blood or marriage) provides custodial care for your eligible dependent, you cannot change your FSA contribution amount solely on a desire to increase or decrease the amount paid to that relative. Does not apply to Medical Reimbursement FSA plan.

- <sup>1</sup> Applies to all off-the-job Accident Insurance
- <sup>2</sup> Applies to Critical Care Plan
- <sup>3</sup> Does NOT APPLY for Flexible Spending Account Medical Reimbursement
- <sup>4</sup> Does NOT APPLY for Flexible Spending Account Dependent Care



### **Termination Checkout Guidelines**

#### Checking out with your department manager:

This Checkout list will provide you a list to consider of the items you may need to return in order to end your employment commitment with Arkansas Children's. Your department or Division manager may also have a list and other items they require returned.

- Photo ID, Badges
- Keys all keys, building, office doors, even desk and/or cabinet keys
- Parking decals, parking deck pucks
- Uniforms (if previously provided)
- Computers/laptops, PDA'S, palm pilots, pagers, cellular phones
- Books, journals, and other office literature
- Other Employer Sponsored Items
- Correct forwarding/mailing address. Critical tax and payroll communications will be sent.
- Correct telephone number. You may be contacted for feedback on your work experience at Arkansas Children's
- Other Dept./Division specific items (contact supervisor)

#### Checking out of your benefit accounts:

In most cases, your benefits end on or near your termination date. In some cases, you might elect to reassign your individual coverage under a specific benefit plan and keep it active for a time after your termination from Arkansas Children's. Generally the action you need to take to reassign your current participation so you can continue coverage needs to be completed in the 30 days following your termination date. The checkout actions the employer needs to complete due to your termination will also generally be fully completed within 30 days of your term date. **Review the individual benefit plans listed on the backside of this Checkout guide for more details on individual benefit plans.** 

#### Automatic Cancellation Benefit Items

Some benefit plan participation will process an automatic cancellation/expiration date driven by your actual termination date and the plan's pre-established rules. You will not have any follow-up action required to complete cancellation of these benefits. These benefits are identified in section *Automatic Cancellation Benefit Items*.

#### **Employee Cancellation Benefit Items**

However, there are several benefits that will require your direct involvement to cancel or if you wish to reassign in order to continue your participation. Without you taking action, continuation in these plans, identified in section **Employee Cancellation Benefit Items**, would not occur. Or without you completing the necessary forms benefits would not be continued as you might desire. Keep in mind your business relationship is with the vendor in some of these plans, not with Arkansas Children's.

#### Rights for insurance continuation under the COBRA law.

The COBRA regulations grant all participants under a Cafeteria 125 Plan (medical, dental, vision insurances, and FSA-Medical Reimbursement account) the right to continue coverage beyond your termination date according to plan rules. An instructional letter explaining continuation options will automatically be mailed to the last mailing address you provided.

These Check Out procedures and practices are governed by federal and state laws, vendor rules, and employer policies and cannot be altered by the Arkansas Children's Human Resource or Benefits Personnel. Planning ahead and getting your specific questions asked and answered are the best practices to help keep you from experiencing a gap in needed benefit coverage or extended delay in receiving benefits. If you have additional benefit check out questions, contact Benefits Section in Arkansas Children's Human Resources @ 1-501-364-1168.

#### **Automatic Cancellation Benefit Items:**

#### Group Medical Insurance - BlueAdvantage of Arkansas

Coverage continues to the end of your termination month. A COBRA letter will be sent offering continuation and COBRA premium rates, along with instructions. Website: www.BlueAdvantageArkansas.com Contact: 1-800-370-5852

#### **Group Dental Insurance** - Delta Dental

Coverage continues to the end of your termination month. A COBRA letter will be sent offering continuation and COBRA premium rates, along with instructions. Website: www.deltadentalar.com Contact: 1-501-835-3400 ext. 2372

#### Group Disability Insurance - Symetra Life Insurance

Coverage ends on term date. No continuation options.

#### **Employee Cancellation Benefit Items:**

#### **Group Basic TERM Life Insurance** Symetra Life Insurance

If coverage continuation desired. Call to convert to individual If coverage continuation desired. Call to convert to individual plan please contact Symetra within 31 days from termination date with questions.

Contact: 1-800-SYMETRA (796-3872) Website: www.symetra.com

#### **Voluntary Critical Illness Insurance Continental American Insurance Co(CAIC)**

To cancel or to convert to direct billing plan contact: Contact: 1-800-433-3036 Website: www.caicworksite.com

#### **Voluntary Accident Insurance**

**Continental American Insurance Co (CAIC)** To cancel or to convert to direct billing plan. Contact: 1-800-433-3036 Website: www.caicworksite.com

#### **Flexible Spending Accounts** Total Administrative Services Corp (TASC)

Medical Reimbursement - Coverage continues thru end of plan year (06/30/xx) in which you terminate. COBRA instruction letter will be sent offering continuation, but FSA contributions are after-tax under COBRA. Submit outstanding claims before June 30th of the current fiscal year. Contact: 1-800-422-4661

Website: www.tasconline.com

Dependent Care - Coverage ends on term date. No continuation options. Please submit trailing claims before June 30th of the current fiscal year. Contact: 1-800-422-4661 Website: www.tasconline.com

QTE-Parking - Coverage ends on term date. No continuation options. Please submit trailing claims prior to 6 months elapsing after term date. Contact: 1-800-422-4661

#### Group Vision Care Plan - EyeMed

Coverage continues to the end of your termination month. A COBRA letter will be sent offering continuation and COBRA premium rates, along with instructions. Website: www.eyemedvisioncare.com Contact: 1-866-939-3633

#### Paid Leave - Arkansas Children's Hospital

Please review last pay stub for unused paid leave balance. Your cash out check is generally paid 3-4 weeks after actual term date. Contact: Payroll Dept. 1-501-364-2533

#### **Employee Assistance Program - New Directions**

Coverage extends 30 days beyond employee's date of separation, or longer if involved in open case. Contact: 1-800-624-5544 Website: <a href="http://www.ndbh.com">www.ndbh.com</a> (Login: "childrens")

#### **Supplemental TERM Life Insurance** Symetra Life Insurance

plan please contact Symetra within 31 days from termination date with questions.

Contact: 1-800-SYMETRA (796-3872) Website: www.symetra.com

#### **Voluntary WHOLE LIFE Insurance** UNUM

To cancel or change to direct billing plan contact: Contact: 1-800-635-5597 Website: www.unum.com

#### **Retirement Plans**

Transamerica Retirement Solutions - Generally 30 days must elapse from term date, then employer auto notifies Transamerica of term date. Final paycheck and paid leave cash out check must process first. Transamerica sends participant a TERM Kit including instructions and paper service forms. Participant completes forms for desired service type, remitting fully completed forms to ACH Human Resources for final processing and forwarding to Transamerica on behalf of participant.

ACH 403(b) Retirement Plan Contact: 1-800-755-5801 Website: https://www.trsretire.com/

ACH 403(b) Loans - To payoff outstanding loan balance: Contact: 1-800-755-5801 Website: https://www.trsretire.com/

#### ACH Defined Contribution Retirement Plan Contact: 1-800-755-5801 Website: https://www.trsretire.com/

#### **Credit Union -TELCOE**

Contact: 1-800-482-9009 Website: www.telcoe.com

Notes
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### Arkansas Children's EMPLOYEE BENEFITS GUIDE Effective July 1, 2017 - June 30, 2018