



# **EMPLOYEE BENEFITS GUIDE**

## **2020**

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**DISCLAIMER:** The information contained in this summary should in no way be construed as a promise or guarantee of employment. It does not guarantee benefits or payment. This document provides a brief summary of benefits that are available to you. If there is a conflict between the information in this brochure and the actual plan documents or policies, the plan documents or policies will always govern. Please refer to your coverage booklets and policies for complete details regarding the benefits, covered charges, exclusions and/or plan payments. These documents may be obtained by contacting your Human Resources Office.

# INTRODUCTION

## BENEFIT INFORMATION

This guide is meant to provide information to you regarding the available benefits that Arkansas Tech University (ATU) offers for 2020. Please review the ATU Human Resources website for additional details regarding available benefits. Plans refer to the Summary Plan Description (SPD) for a full description of each insurance or group benefit plan.

## 2020 BENEFIT OFFERING

ATU places a great value on the benefits offered to its faculty and staff. Electing your benefits is one of the most important decisions you will continue to make as an employee. There are two ways to enroll in benefits. 1) During your Initial Enrollment Period and 2) the Annual Open Enrollment Period.

## INITIAL ENROLLMENT PERIOD

Benefits are offered to eligible employees who work a minimum of 30 hours per week. Benefits begin the first of the month following your waiting period. HR will inform you when it is time to enroll. After your initial enrollment period closes, changes cannot be made until the next open enrollment period unless you experience a qualifying event.

## PRE-OPEN ENROLLMENT HOMEWORK

To best prepare for Open Enrollment, you should log in to OneTech to review your current deductions. It's always a best practice to check your deductions, and be aware of the plans that you are enrolled in as you make decisions for the coming benefit year.

You can review your benefits by logging in to OneTech and navigating to your paystub through the Self-Service Banner.

Please contact a member of HR if you need assistance reviewing your benefits.

## ANNUAL OPEN ENROLLMENT PERIOD

Open Enrollment occurs annually during the month of November. Open Enrollment for the 2020 plan year will occur November 4th through November 15th. There will be various informational sessions for you to attend to assist you in completing your elections. You can also complete your enrollment online. Additional benefit information including the summary of benefits are available online.

## QUALIFYING LIFE EVENTS

Should you wish to change your elections during the normal plan year, the next available time to do so will be during the next open enrollment period in 2020 unless you have a qualifying life event.

Some common examples of qualifying life events are:

- Getting married or divorced
- Having a baby or adopting a child
- Loss or gain of medical coverage of a spouse
- Change in your status of employment
- Entitlement to Medicare, Medicaid, or Enrollment in CHIP Programs

Should any of these event occur, you have 30 days from the event to make a change to your benefits. Benefit changes must be consistent with the change in status. Please contact a member of the Human Resources Team to ensure a timely change in your benefits.



# BENEFITS OVERVIEW

This guide contains a brief overview of your benefits. Please refer to plan documents or your plan administrator for additional information.

## MEDICAL INSURANCE: ARKANSAS BLUE CROSS AND BLUE SHIELD

### \$4,000 Deductible HDHP (HSA) Plan

|                      |               |
|----------------------|---------------|
| Employee < \$25,000  | \$00 / month  |
| Employee < \$50,000  | \$39 / month  |
| Employee < \$75,000  | \$65 / month  |
| Employee < \$125,000 | \$93 / month  |
| Employee > \$125,000 | \$110 / month |

Spouse: \$476 / month Child: \$208 / month Family: \$598 / month

**In-Network Deductible:** \$4,000 Individual/\$8,000 Family

**Annual Max:** \$4,000 Individual /\$8,000 Family

**Copays:** Member pays 100% until deductible is met

*Rates will vary based on your pay schedule. Please refer to rates found in the benefit platform.*

### \$4,000 Deductible PPO (FSA) Plan

|                      |               |
|----------------------|---------------|
| Employee < \$25,000  | \$30 / month  |
| Employee < \$50,000  | \$50 / month  |
| Employee < \$75,000  | \$80 / month  |
| Employee < \$125,000 | \$110 / month |
| Employee > \$125,000 | \$127 / month |

Spouse: \$505/month Child: \$221 / month Family: \$672 / month

**In-Network Deductible:** \$4,000 Individual/\$8,000 Family

**Annual Max:** \$7,500 Individual / \$15,000 Family

**Copays:** Primary Care Office Visit, - \$50;

Specialist: Deductible + Coinsurance

**Rx:** Generic—\$20 Brand—\$50 Non-preferred Brand—\$70

Specialty—\$250— Mail Order—1 x copay for 100 day supply

## DENTAL INSURANCE: ARKANSAS BLUE CROSS DENTAL SELECT

|                     |                 |
|---------------------|-----------------|
| Employee Only       | \$0.00 / month  |
| Employee + Spouse   | \$25.86 / month |
| Employee + Children | \$22.36 / month |
| Employee + Family   | \$57.89 / month |

**Deductible:** \$50 Individual / \$150 Family

**Co-insurance:** 100% Preventive Services

80% Basic Services / 50% Major Services / 50% Orthodontia

Calendar Year Max: \$1,000

## VISION INSURANCE: ARKANSAS BLUE CROSS BLUE SHIELD VSP VISION CARE

|                     |                 |
|---------------------|-----------------|
| Employee Only       | \$9.00 / month  |
| Employee + Spouse   | \$16.67 / month |
| Employee + Children | \$18.02 / month |
| Employee + Family   | \$25.67 / month |

**Copays:** \$10 Exam / \$15 Materials

**Exam:** Every 12 months

**Lenses or Contacts:** Every 12 Months

**Frames:** Every 24 months

## LIFE INSURANCE, DISABILITY PRODUCTS AND EAP— USABLE

### Group Term Life

**Coverage:** 2x annual Salary with a max of \$75,000

### New in 2020!! - Employee Assistance Plan

Available for employees, who enroll in Group Term Life

### Voluntary Long Term Disability

**Benefit:** 60% of basic monthly wage up to \$7,500

Benefits begin on the 91st day

### Voluntary Short Term Disability

**Benefit:** 60% of basic weekly wage up to \$1,250

Benefits begin on the 8th day

### Voluntary Group Term Life

Available for employee, spouse and children

### Voluntary Group Term AD&D

Available for employee, spouse and children

## ADDITIONAL ANCILLARY PRODUCTS—USABLE

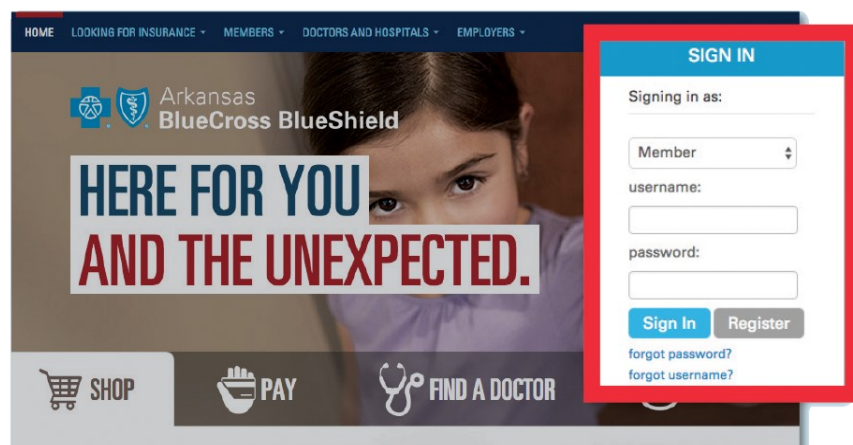
Critical Care/Cancer, Accident/Recovery, Hospital Recovery

# MEDICAL BENEFITS

The following chart provides an overview of the medical benefits offered through ATU. You may choose between two medical plans. Benefit amounts noted are for services rendered with an in-network provider. **Please keep in mind, utilizing a non-network provider will result in higher out of pocket costs for you and your family.**

Please review carefully and ask questions to determine which benefit option is best for your family.

| PLAN BENEFITS                                       | OPTION 1: HDHP (HSA)<br>\$4,000 | OPTION 2: PPO (FSA)<br>\$4,000       |
|---|---------------------------------|--------------------------------------|
| <b>Calendar Year Deductible</b>                     |                                 |                                      |
| Individual  | \$4,000                         | \$4,000                              |
| Family  | \$8,000                         | \$8,000                              |
| <b>Out-of-Pocket Maximum</b>                        |                                 |                                      |
| Individual  | \$4,000<br>\$8,000              | \$7,500<br>\$15,000                  |
| <b>Coinsurance</b>                                  | 0%                              | 30%                                  |
| <b>Age appropriate annual Wellness Exam</b>         | No cost to you                  | No cost to you                       |
| <b>Office Visits</b>                                |                                 |                                      |
| Primary Care Office Visit                           | 0% after deductible             | \$50 copay                           |
| Specialist Office Visit (consult & evaluation only) | 0% after deductible             | 30% after deductible                 |
| <b>Inpatient Hospital Facility</b>                  | 0% after deductible             | 30% after deductible                 |
| <b>Outpatient Hospital Surgical Services</b>        | 0% after deductible             | 30% after deductible                 |
| <b>Outpatient Hospital Services (non surgical)</b>  | 0% after deductible             | 30% after deductible                 |
| <b>Emergency Room</b>                               | 0% after deductible             | 30% after deductible                 |
| <b>Prescription Drugs</b>                           |                                 |                                      |
| Generic   |                                 | \$20 copayment                       |
| Preferred   |                                 | \$50 copayment                       |
| Non-Preferred                                       | 0% after deductible             | \$70 copayment                       |
| Specialty   |                                 | \$250 copayment                      |
| Mail Order  |                                 | 1 x retail copay per 100 days supply |



## DID YOU KNOW??

You have 24/7 on-line access to your health plan information by registering for [My Blueprint](https://www.arkansasbluecross.com) at [www.arkansasbluecross.com](https://www.arkansasbluecross.com). You can:

- Order replacement ID Card
- Check claim status and history
- Check deductible
- Find a participating provider or hospital in your area
- Get estimates of your treatment costs
- View pharmacy information and history

You can [download](#) the My Blueprint Mobile App on the App Store and Google Play.

# NEW IN 2020! VIRTUAL HEALTH

## VIRTUAL HEALTH

### Care. Anytime. Anywhere.

You need healthcare 24/7 — not just when it's convenient. Beginning July 1, 2019, you'll have access to medical help on your smartphone or computer when you can't see your primary care doctor in person. It's called virtual health, and it means expert medical care — and even medicine — is always at your fingertips.

#### Easy to sign up, simple to use

Virtual health is user-friendly. Simply go to **MyVirtualHealth.com** and follow the instructions.

*(Note: You must be registered for My Blueprint, our member portal, to sign up for virtual health. You can do both at **MyVirtualHealth.com**.)*

Virtual health (powered by MDLIVE):

- Allows covered employees and their dependents to see a physician after hours or away from home
- Boasts an average wait time of less than 10 minutes
- Features 24/7/365 availability of state-licensed, board-certified physicians (including pediatricians)

Virtual health visits are treated the same as a visit with a primary care physician. Normal copayments, coinsurance and deductibles apply. You simply pay online at the time of service.



#### When do I use virtual health?

Virtual health is intended for nonemergency conditions such as:

- |                |                |                        |
|----------------|----------------|------------------------|
| ▪ Allergies    | ▪ Fever        | ▪ Rash                 |
| ▪ Common cold  | ▪ Flu          | ▪ Respiratory problems |
| ▪ Constipation | ▪ Headache     | ▪ Sore throat          |
| ▪ Cough        | ▪ Insect bites | ▪ Urinary problems     |
| ▪ Diarrhea     | ▪ Nausea       | ▪ Vomiting             |
| ▪ Ear problems | ▪ Pink eye     | ▪ And more ...         |

Visit the nearest ER if you have a broken bone, excessive bleeding, dangerously high fever, a bad burn, symptoms of heart attack or stroke, etc.

**Questions?** Learn more about virtual health at **MyVirtualHealth.com** and sign up today, so you'll be ready when you have a need! With virtual health, you can begin to enjoy healthcare on your own terms. Anytime. Anywhere.

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# MAXIMIZING YOUR BENEFITS

## TAKE THE FIRST STEP TOWARD YOUR HEALTH

Studies show that people with a Primary Care Physician have lower overall health care costs and are happier with their care.

What is a primary care physician? A primary care physician (PCP), sometimes called a family doctor is usually a family medicine doctor, general practice doctor, internal medicine doctor, pediatrician or geriatrician. A PCP will advise you and your family on the care you need, including checkups to keep you healthy. If you need help finding an in-network doctor near you, call Arkansas Blue Cross at 800.238.8379 between 8 am and 5 pm Monday through Friday.

## WELLNESS BENEFIT

Regardless of the medical plan that you choose, ATUs medical benefits provide wellness visits from your primary care physician at no cost to you. Below are examples of services covered that are not subject to your copay or deductible if obtained through an in-network provider.

### Age Appropriate Adult Routine Physical Exam, including...

- Initial evaluation
- Examination
- Appropriate lab tests
- PSA tests

### Age Appropriate Routine Gynecological Exams, including...

- Annual routine pelvic exams
- Annual routine PAP smears
- Routine mammography

### Preventive Child Care

The wellness benefit for preventive child care is for children from birth through age 18, according to the schedule of visits and covered benefits shown below. Covered preventive child care includes:

- Medical history
- Physical exams
- Routine tests
- Appropriate immunizations
- Lab tests
- Vision screening (age 5 or younger)

The wellness benefit for preventive child care covers visits occurring during each of the following intervals:

- Within two weeks after birth
- Within two weeks preceding or following the date the eligible dependent reaches the following ages: 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months
- Within one month preceding or following the date the eligible dependent reaches the following ages: 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, 16 years, 18 years

# HEALTH SAVINGS ACCOUNT(HSA)

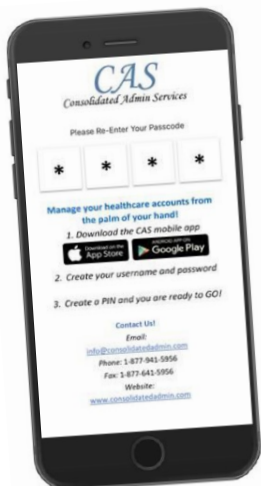
Employees who choose to participate in ATU's \$4,000 HDHP (HSA) Deductible Plan may also open a Health Savings Account (HSA). Your pre-tax Health Savings Account Dollars will be accessible via an HSA debit card through CAS. HSA's work in conjunction with an HDHP. All the money you deposit into your HSA up to the maximum annual contribution limit (see below) is 100% tax-deductible from federal income tax, FICA (Social Security and Medicare) tax, and state income tax. HSA funds may be used for qualified medical, prescription, dental, and vision expenses as defined by the Internal Revenue Service Publication 502. An HSA Account can be a valuable tool to help you save money for medical expenses for you and your family. HSA funds belong to you and can be rolled over to subsequent years. Once you reach age 65, and enroll in Medicare, you can use the funds in your account to pay your share of retiree medical coverage or the premiums for Medicare Parts A and B, but are no longer able to make contributions.

## IMPORTANT NOTES

- If you or your spouse participate in a Health Flexible Spending Account (HSA) or an Health Reimbursement Account (HRA) that pays or reimburses qualified medical expenses before the minimum annual HDHP deductible has been satisfied, you are not eligible to participate in an HSA.
- If you are enrolled in another plan that is a non High Deductible Health Plan, including Medicare, you are not eligible to participate in an HSA.

## HEALTH SAVINGS ACCOUNT

|                          |   |
|--------------------------|---|
| IRS Contribution Limits  | Individual: \$3,550<br>Family: \$7,100                            |
| Over 55?                 | You may add an additional \$1,000 contribution                    |
| Use it or Lose it?       | No. Your funds carry over in an interest-bearing account.         |
| Are these funds pre-tax? | Yes. Both your contributions and the taxes you earn are tax free. |



## Take control of your health benefits with the CAS Mobile App

Get secure around-the-clock information, track expenses, file claims, make payments and more. Getting started is as easy as...

1

**Download CAS Mobile APP** by searching Consolidated Admin Services in App Store or Google Play

2

Click "Forgot Password" – **Complete Setup & Security Question Process**

\*Your Userid is: First Name Initial, Last Name and Last 4 digits of SS#\*

3

**Log in** to begin using the mobile app

# FLEXIBLE SPENDING ACCOUNT (FSA)

Using a Flexible Spending Account (FSA) is a great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a prepaid benefits card. **Plus, you can rollover \$500 from one year to the next, reducing your risk of losing dollars at the end of the plan year.** Why not use pre-tax dollars to pay for medical co-pays, prescriptions, glasses, dental expenses and reduce your taxable income and increase your take-home pay.

**How it works:** Before you enroll, you determine the dollar amount you want to contribute based on your estimated eligible medical expenses for the 2020 calendar year. Your contributions will be deducted in equal amounts, from each paycheck, pre-tax, throughout the 2020 calendar year.

**Your total Healthcare FSA contribution amount is available immediately at the start of the plan year.**

**How to Access Your FSA Funds:** After you enroll, you will receive a convenient CAS benefits card to make it easy to pay for eligible services and products not covered by your health plan such as copays, coinsurance and deductibles. When you use the card, payments are automatically withdrawn from your account. Just swipe the card and go. Most expenses can be validated through the card transaction, but you may be prompted to provide a copy of the receipt for certain transactions in accordance to IRS regulations. When required, receipts can be easily uploaded to either the CAS consumer portal online or through the mobile app. With the convenience of the mobile app, you can see your available balance anywhere, anytime as well as file claims and upload receipts.



**Don't know what to use your FSA money on?**

Did you know you could use your FSA to save money on everyday health essentials like baby health items, health trackers, pain relief products and more? Use your FSA funds or risk forfeiting your money.

- The largest selection of guaranteed FSA-eligible products
- 24/7 support, FREE shipping on orders over \$50
- Are your health needs eligible? Easily check with our experience Eligibility List
- Need an Rx? We'll work with you to make getting one easier
- Learning Center Get daily money-saving info
- Use your FSA card or any major credit card

Visit [FSAstore.com/FlyerCAS](https://FSAstore.com/FlyerCAS) for the largest selection of guaranteed FSA-eligible products with zero guesswork. Get \$5 off with code, **FCCASS**. One use per customer.

**FSA store**  
Everything Flex Spending.

## Health Care FSA

### What is it?

A Health Care Flexible Spending Account (FSA) is a pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan.

### Maximum Contribution

**\$2,700** (subject to change for 2020)

You may carry over a balance of up to \$500 into the next plan year. Any amount over \$500 not used by the end of the plan year will be lost.

### Eligible Expenses

- Doctor and Dentist copays and Prescription Drugs
- Health and Dental plan deductibles
- Vision exams, contact lenses and eye glasses



## LIMITED PURPOSE FSA—USED WITH AN HSA

A Limited Purpose Medical FSA (LPFSA) works with your HDHP and HSA. A limited FSA **only allows** reimbursement for **vision and dental expenses**. Money is set aside from your paycheck before taxes are taken out, just like an FSA account above. You can use your pre-tax LPFSA dollars to pay for eligible vision or dental/orthodontia expenses throughout the plan year. Funds are kept separate. All medical expenses will automatically be taken from your HSA. All eligible vision and dental expenses will be automatically taken from your LPFSA account prior to being applied to the HSA funds.

When you enroll you will receive a CAS benefit card that makes it easy to pay for eligible dental and vision services not covered by your insurance. Payments are automatically withdrawn from our account. Just swipe and go. You also have the convenience of using a mobile device where you can see your available balance, file claims and upload receipts. Using a LPFSA along with your HSA is a way to increase your tax benefits and keep your money.

# HSA & FSA REIMBURSABLE EXPENSES

Don't know what to use your FSA money on?

Visit [FSAsite.com/FlyerCAS](https://FSAsite.com/FlyerCAS) for the largest selection of guaranteed FSA-eligible products. Get \$5 off with code FCCASS. (One per customer)

## Know Your Health Care Account: Eligible and Ineligible Expenses

**Maximize the Value of Your Reimbursement Account** - Your Health Care Flexible Spending Account (FSA) dollars can be used for a variety of out-of-pocket health care expenses. This list is subject to change by the IRS on an annual basis.

**Note: This list is not meant to be all-inclusive.**

| Eligible Expenses   |  |   |
|---|--|---|
| <b>BABY/CHILD TO AGE 13</b> <ul style="list-style-type: none"> <li>Lactation Consultant*</li> <li>Lead-Based Paint Removal</li> <li>Special Formula*</li> <li>Tuition: Special School/Teacher for Disability or Learning Disability*</li> <li>Well Baby /Well Child Care</li> </ul> | <b>MEDICAL EQUIPMENT/SUPPLIES</b> <ul style="list-style-type: none"> <li>Air Purification Equipment*</li> <li>Arches and Orthotic Inserts</li> <li>Contraceptive Devices</li> <li>Crutches, Walkers, Wheel Chairs</li> <li>Exercise Equipment*</li> <li>Hospital Beds*</li> <li>Mattresses*</li> <li>Medic Alert Bracelet or Necklace</li> <li>Nebulizers</li> <li>Orthopedic Shoes*</li> <li>Oxygen*</li> <li>Post-Mastectomy Clothing</li> <li>Prosthetics</li> <li>Syringes</li> <li>Wigs*</li> </ul>   | <b>MEDICATIONS</b> <ul style="list-style-type: none"> <li>Insulin</li> <li>Prescription Drugs</li> </ul>  |
| <b>DENTAL</b> <ul style="list-style-type: none"> <li>Dental X-Rays</li> <li>Dentures and Bridges</li> <li>Exams and Teeth Cleaning</li> <li>Extractions and Fillings</li> <li>Oral Surgery</li> <li>Orthodontia</li> <li>Periodontal Services</li> </ul>                            | <b>MEDICAL PROCEDURES/SERVICES</b> <ul style="list-style-type: none"> <li>Acupuncture</li> <li>Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)</li> <li>Ambulance</li> <li>Fertility Enhancement and Treatment</li> <li>Hair Loss Treatment*</li> <li>Hospital Services</li> <li>Immunization</li> <li>In Vitro Fertilization</li> <li>Physical Examination (not employment-related)</li> <li>Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)</li> <li>Service Animals</li> <li>Sterilization/Sterilization Reversal</li> <li>Transplants (including organ donor)</li> <li>Transportation*</li> </ul> | <b>OBSTETRICS</b> <ul style="list-style-type: none"> <li>Breast Pumps and Lactation Supplies</li> <li>Doulas*</li> <li>Lamaze Class</li> <li>OB/GYN Exams</li> <li>OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)</li> <li>Pre- and Postnatal Treatments</li> </ul>   |
| <b>EYES</b> <ul style="list-style-type: none"> <li>Eye Exams</li> <li>Eyeglasses and Contact Lenses</li> <li>Laser Eye Surgeries</li> <li>Prescription Sunglasses</li> <li>Radial Keratotomy</li> </ul>   |  | <b>PRACTITIONERS</b> <ul style="list-style-type: none"> <li>Allergist</li> <li>Chiropractor</li> <li>Christian Science Practitioner</li> <li>Dermatologist</li> <li>Homeopath</li> <li>Naturopath*</li> <li>Optometrist</li> <li>Osteopath</li> <li>Physician</li> <li>Psychiatrist or Psychologist</li> </ul>                      |
| <b>HEARING</b> <ul style="list-style-type: none"> <li>Hearing Aids and Batteries</li> <li>Hearing Exams</li> </ul>  |  | <b>THERAPY</b> <ul style="list-style-type: none"> <li>Alcohol and Drug Addiction</li> <li>Counseling (not marital or career)</li> <li>Exercise Programs*</li> <li>Hypnosis</li> <li>Massage*</li> <li>Occupational</li> <li>Physical</li> <li>Smoking Cessation Programs*</li> <li>Speech</li> <li>Weight Loss Programs*</li> </ul> |
| <b>LAB EXAMS/TESTS</b> <ul style="list-style-type: none"> <li>Blood Tests and Metabolism Tests</li> <li>Body Scans</li> <li>Cardiograms</li> <li>Laboratory Fees</li> <li>X-Rays</li> </ul>   |  |   |
| HSA Eligible Expenses (Not eligible for FSAs)   |  |   |
| <ul style="list-style-type: none"> <li>Insurance Premiums</li> </ul>  | <ul style="list-style-type: none"> <li>COBRA Premiums</li> </ul>   | <ul style="list-style-type: none"> <li>Long Term Care Premiums</li> </ul>   |

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (\*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

The IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs, as they are not prescribed by a physician for a specific ailment.

#### Ineligible Expenses

- |                                      |                                   |                                |
|--------------------------------------|-----------------------------------|--------------------------------|
| ■ Contact Lens or Eyeglass Insurance | ■ Insurance Premiums and Interest | ■ Sunscreen (spf less than 30) |
| ■ Cosmetic Surgery/Procedures        | ■ Marriage or Career Counseling   | ■ Swimming Lessons             |
| ■ Electrolysis                       | ■ Personal Trainers               |                                |

*Note: This list is not meant to be all-inclusive.*

**Please Note:** The IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased with Health Care FSA funds unless accompanied by a prescription and the prescription is filled by a pharmacist. If you have an OTC prescription, you can use your benefits card for these purchases.

#### Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

- |                                 |  |   |
|---------------------------------|--|---|
| ■ Acid controllers              | ■ Cough, cold & flu                            | ■ Medicated nasal sprays, drops, & inhalers         |
| ■ Acne medications              | ■ Denture pain relief                          | ■ Medicated respiratory treatments & vapor products |
| ■ Allergy & sinus               | ■ Digestive aids                               | ■ Motion sickness                                   |
| ■ Antibiotic products           | ■ Ear care                                     | ■ Oral remedies or treatments                       |
| ■ Antifungal (Foot)             | ■ Eye care                                     | ■ Pain relief (includes aspirin)                    |
| ■ Antiparasitic treatments      | ■ Feminine antifungal & anti-itch              | ■ Skin treatments                                   |
| ■ Antiseptics & wound cleansers | ■ Fiber laxatives (bulk forming)               | ■ Sleep aids & sedatives                            |
| ■ Anti-diarrheals               | ■ First aid burn remedies                      | ■ Smoking deterrents                                |
| ■ Anti-gas                      | ■ Foot care treatment                          | ■ Stomach remedies                                  |
| ■ Anti-itch & insect bite       | ■ Hemorrhoidal preps                           | ■ Unmedicated nasal sprays, drops & inhalers        |
| ■ Baby rash ointments & creams  | ■ Homeopathic remedies                         | ■ Unmedicated vapor products                        |
| ■ Baby teething pain            | ■ Incontinence protection & treatment products |   |
| ■ Cold sore remedies            | ■ Laxatives (non-fiber)                        |   |
| ■ Contraceptives                |  |   |

OTC items that are not medicines or drugs remain eligible for purchase with FSAs. You can use your benefits card for these items.

#### Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

- |  |  |   |
|--|--|---|
| ■ <b>Baby Electrolytes and Dehydration</b><br>Pedialyte, Enfalyte  | ■ <b>Elastics/Athletic Treatments</b><br>ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts | ■ <b>Hearing Aid/Medical Batteries</b>  |
| ■ <b>Contraceptives</b><br>Unmedicated condoms   | ■ <b>Eye Care</b><br>Contact lens care   | ■ <b>Home Health Care (limited segments)</b><br>Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs |
| ■ <b>Denture Adhesives, Repair, and Cleansers</b><br>PoliGrip, Benzodent, Plate Weld, Efferdent                | ■ <b>Family Planning</b><br>Pregnancy and ovulation kits   | ■ <b>Incontinence Products</b><br>Attends, Depend, GoodNites for juvenile incontinence, Prevail   |
| ■ <b>Diabetes Testing and Aids</b><br>Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products | ■ <b>First Aid Dressings and Supplies</b><br>Band Aid, 3M Nexcare, non-sport tapes   | ■ <b>Prenatal Vitamins</b><br>Stuart Prenatal, Nature's Bounty Prenatal Vitamins  |
| ■ <b>Diagnostic Products</b><br>Thermometers, blood pressure monitors, cholesterol testing                     | ■ <b>Foot Care Treatment</b><br>Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles     | ■ <b>Reading Glasses and Maintenance Accessories</b>  |
| ■ <b>Ear Care</b><br>Unmedicated ear drops, syringes, ear wax removal  | ■ <b>Glucosamine &amp;/or Chondroitin</b><br>Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements                        |   |

For additional information, please contact Consolidated Admin Services at [info@consolidatedadmin.com](mailto:info@consolidatedadmin.com) or by phone at 1-877-941-5956.

# GROUP TERM LIFE & AD&D

Life insurance can be essential to the financial security of you and your family. It is essential to understand how the plans work and what benefits would be received.

## GROUP TERM LIFE/AD&D

ATU offers Group Term Life and Accidental Death and Dismemberment (AD&D) insurance at two times your annual salary to a maximum of \$75,000 of coverage. ATU participates in the cost sharing of this premium.

### New in 2020

- Your maximum increased to \$75,000
- If enrolled in Group Term Life/AD&D you have access to Employee Assistance Program (EAP) services through New Dimensions at no additional cost. This includes 3 Face-to-Face EAP visits per issue, per calendar year. **See the EAP Section for additional information.**

## BENEFIT HIGHLIGHTS

2x annual salary with a max of \$75,000; Includes EAP Services

ATU shares in the cost of this premium for full-time staff



# ADDITIONAL LIFE & AD&D

## VOLUNTARY GROUP TERM LIFE

In addition to Group Term Life/AD&D insurance, if you are age 69 or younger, you can elect voluntary term life insurance in increments of \$10,000. As a new hire, you have a guarantee issue during this enrollment period and can elect up to \$200,000 in life insurance without being subject to evidence of insurability through US Able. Coverage over \$200,000 up to \$300,000 will be subject to evidence of insurability. Should you elect this coverage, you will be responsible for the premium. If you or your dependents want to increase or add coverage outside of your new hire period, you will be required to answer medical questions and go through the medical underwriting process before you can add coverage.

**Spouse Coverage:** You may choose to elect coverage for your spouse in increments of \$10,000 and may elect up to \$30,000 without being subject to evidence of insurability.

**Child Coverage:** you may choose to elect coverage for your children (ages 6 months to 26 years) for amounts of \$5,000 or \$10,000.

*Please refer to the rate packet for the specified premium information.*

## VOLUNTARY AD&D

In addition to the Group Term Life/AD&D insurance, you can elect voluntary accidental death & dismemberment in increments of \$10,000. Should you elect this coverage, you will be responsible for the premium.

**Spouse Coverage:** you may choose to elect coverage for your spouse in increments of \$10,000 and may elect up to \$300,000.

**Child Coverage:** you may choose to elect coverage for your children (ages 6 months to 26 years) for amounts of \$5,000 or \$10,000.

## BENEFIT HIGHLIGHTS

Optional coverage available for **employee, spouse, and children**

Rate based on age and coverage amount

This is a **voluntary benefit** so you would be responsible for 100% of the premium cost, however **premiums are deducted post tax** so if you ever need it, your **benefit payment is not taxed.**



## BENEFIT HIGHLIGHTS

Provides additional coverage for the accidental loss of life or loss of use of body parts or functions.

Available for **employee, spouse, and children**

This is a **voluntary benefit** so you would be responsible for 100% of the premium cost, however **premiums are deducted post tax** so if you ever need it, your **benefit payment is not taxed.**

# NEW IN 2020! EAP SERVICES



## NEW THIS YEAR: EAP Services

If you enroll in Group Term Life/AD&D, you will automatically have access to the **New** Employee Assistance Program (EAP) through New Directions that provides 3 Face to Face visits per issue every 12-months.

## EMPLOYEE ASSISTANCE PROGRAM - EAP

## When life's a little much, reach out and get in touch.

Let's be real: life can be tough. When your responsibilities start to feel overwhelming and showing up each day with a smile on your face seems difficult, it's important to reach out for help. You can lean on your free and confidential Employee Assistance Program (EAP) for support.

### We've got your back.

A free benefit from your workplace, the EAP can help you or anyone in your household:

- Be more present and productive at work
- Receive support when you don't feel like yourself
- Get help with responsibilities that are distracting or stressful
- Grow personal and career skills
- Be a caring, loving friend or family member
- Receive care after a traumatic event or diagnosis
- Make healthy lifestyle choices
- Improve and inspire daily life

### We're here for you, always.

Life happens, regardless of the day or time. That's why we make ourselves available 24/7, even on holidays. So whenever you need to reach out, we're here for you.



**Support Line**  
Call anytime  
800-624-5544



**Mobile app**  
Search for New  
Directions EAP



**Web**  
Visit [ndbh.com](http://ndbh.com)  
for resources  
code: ATU

### SERVICES

- ✓ **Counseling**
- ✓ **Consultation on**
  - Finances
  - Legal needs
  - Managing employees
  - Life
- ✓ **Crisis support**
- ✓ **Coaching**
- ✓ **Adult and child care resources**
- ✓ **Personal and professional training**
- ✓ **Digital behavioral health tools**

**ndbh.com**  
**800-624-5544**

**Services are free and your employer will not know you reached out.**  
Flip this sheet over to see some common reasons people use EAP.

# EAP SERVICES

**“The EAP has been beneficial in so many ways I don’t know how I would have gotten through without it.”**

## Check out our app.

Search for **New Directions EAP** in your app store.



## Whatever life throws your way, we’re here to help.

Stress, relationships, work and money. These are the most common reasons people reach out to the EAP every year. But no matter what issues you’re facing, the EAP is the perfect first step for you or your family members to:

### Reduce stress

Some stress can be a good thing, but too much can be debilitating and unhealthy. Counseling, assessments, coaching, apps, meditation practices, online tools and more can help you improve areas that need work.

### Handle a life curve ball

Divorce, adoption, losing a loved one, career changes and moving can all interrupt one’s daily life. Counseling, thousands of online tools, coaching and consultations can help you adjust.

### Cope after crisis

Mentally processing and coping after a traumatic event generally takes time and expert care. Counseling, education sheets and communication can help when a crisis occurs.

### Support and improve relationships

Raising kids, living with others or improving friendships can take guidance and investment. Counseling, videos, tip sheets and advice make this easier. Referrals to credible daycares, assisted living facilities, dog walkers, physicians, etc. can also help.

### Focus at work

We all experience feeling a lack of productivity and engagement at work sometimes. Trainings, advice and custom behavioral strategies can help you become more focused.

### Lead others

If you supervise people at work, it’s likely you handle difficult things like performance issues, troubled employees, HR law and hard conversations. Dedicated consultants can provide guidance so you can do your job and have less stress.

### Navigate the legal system

Handling a landlord, large purchase, estate or even an infraction can be easier with the help of a legal expert and thousands of online templates to put into action.

### Reduce debt

Money worries can be minimized with custom action plans developed with a financial expert to save, reduce debt or afford a life desired.

### Live a healthy life

Changing behaviors to quit smoking, lose weight, manage a disease or exercise more can be more manageable when broken into baby steps. Coaching, videos, counseling and digital tools can help you start living healthy.

**Take the first step and call today.**

**ndbh.com**  
**800-624-5544**

# DENTAL BENEFITS

ATU offers dental coverage to meet the varied needs of our employees through Arkansas Blue Cross Blue Shield's Dental Select program.

Good dental health is just as important as your annual physical. Dental diseases (if left unattended) can contribute to health issues like heart disease, stroke, pre-term birth, and diabetes. In fact, gum health is as good an indicator of heart disease as high cholesterol is!

Dental plans protect you from major dental expenses such as root canals and crowns, and covers preventive care, like exams and cleanings.



| PLAN BENEFITS   | WHAT YOU PAY                             | WHAT YOU PAY                |
|---|--|-----------------------------|
| Calendar Year Deductible  | \$50 per person (up to three per family) |                             |
| Calendar Year Maximum   | \$1,000 per person                       |                             |
| Plan pays...  | In-Network                               | Out-of-Network              |
| Diagnostic & Preventive Services  |  |                             |
| Exams   | 0%                                       | 10%                         |
| Cleaning  | Covered in Full                          | (deductible does NOT apply) |
| X-rays  | (deductible does NOT apply)              |                             |
| Sealants  |  |                             |
| Basic Services  |  |                             |
| Fillings (white composite)  | 20%                                      | 30%                         |
| Extractions   | (after deductible)                       | (after deductible)          |
| Endodontics (root canal)  |  |                             |
| Oral Surgery  |  |                             |
| Anesthesia  |  |                             |
| Major Services  |  |                             |
| Inlays, Onlays, Crown   | 50%                                      | 40%                         |
| Partials and Dentures   | (after deductible)                       | (after deductible)          |
| Implants  |  |                             |
| Surgical Periodontics   |  |                             |
| Child Orthodontia (Under age 19)  | Lifetime Maximum \$1,000 per child       |                             |
| Dental Xtra offers condition specific additional benefits for members who have diabetes, coronary artery disease, suffered a stroke, oral cancer, Sjogren’s syndrome and women who are pregnant. Dental Xtra benefits are paid at 100% when using a participating dentist. Refer to your benefit summary for additional information or visit arkansasdentalblue.com |  |                             |



To find a dentist anywhere in the United States, go to [arkansasdentalblue.com](http://arkansasdentalblue.com) and select "Find a Doctor"

# VISION BENEFITS

Vision coverage through Blue Cross Blue Shield's VSP Vision Care saves you money and supports good eye health, including early detection of glaucoma, cataracts, and vision issues related to diabetes.

VSP's Choice Network includes 31,000+ providers across the country. Log on to [arkansasbluecross.com /findcare](https://arkansasbluecross.com/findcare) to find a vision care provider in your area. For additional information call Customer Service at 800.877.7195 Monday thru Friday 7 a.m. to 10 p.m.

| SERVICES   | IN NETWORK—YOU PAY   |
|--|--|
| <b>Office Visit (Once every 12 months)</b>   | \$10 exam copay  |
| <b>Frames (once every 24 months)</b>   | Up to \$150 allowance<br>20% off amounts exceeding the allowance                           |
| <b>Single Vision Lenses (Once every 12 months)</b><br><b>Scratch Coating</b><br><b>Polycarbonate for children</b>            | \$20 copay   |
| <b>Elective Contact Lenses instead of glasses (once every 12 months)</b>   | Fitting Fee—up to \$60<br>Up to \$150 allowance<br>15% off amounts exceeding the allowance |
| <b>Extra Discounts and savings</b><br>Lens enhancements<br>Additional Glasses<br>Sunglasses<br>Laser vision correction (LVC) | 20-25% average discount<br>20% discount<br>20% discount<br>Average 15-20% discount         |

**To avoid higher out of pocket costs, please be sure to choose an in-network eye care provider.**



# DISABILITY BENEFITS —VOLUNTARY STD , LTD

Disability (Short Term Disability or Long Term Disability) assists in replacing up to **60%** of your earnings in the event that injury, illness or pregnancy prevents you from working.

## SHORT TERM DISABILITY (STD)

STD pays a benefit up to 60% of your basic weekly earnings to a maximum of \$1,250 per week. Minus any offsets for other income such as Social Security. Benefits begin on the 8th day of a covered disability and are payable up to a maximum of 13 weeks for any one covered disability. This plan will not cover any disability which is caused or contributed by, or results from a condition for which treatment was received during the three month period immediately preceding the effective date of coverage, and which begins in the first twelve months after the effective date of coverage.

### BENEFIT HIGHLIGHTS

- Benefits begin on the 8th day** after you have been unable to work due to a covered illness or injury.
- Your benefit will pay **60%** of your weekly earnings to a **max of \$1,250 per week., minus any other income you receive.**
- You may receive this benefit for up to **13 weeks.**

## LONG TERM DISABILITY (LTD)

LTD pays a benefit up to 60% of your basic monthly earnings up to a maximum of \$7,500 per month, less offsets of other income. Benefits begin on the 91st day of a covered disability and are payable for two years if you are disabled from your own occupation or to your Social Security Normal Retirement Age for any occupation.

This plan will not cover any disability which is caused or contributed by, or results from a condition for which treatment as received during the three month period immediately preceding the effective date of coverage, and which begins in the first twelve months after the effective date of coverage.

### BENEFIT HIGHLIGHTS

- Benefits begin** after you have been unable to work for a continuous **90 days** due to a covered illness or injury.
- Your benefits will pay **60%** of your earnings to a maximum of **\$7,500** per month.
- The maximum benefit duration is to Social Security Normal Retirement age.

# ADDITIONAL ANCILLARY PLANS



In addition to the plans that ATU offers, there are additional ancillary plans you can chose to enroll in through US Able Life:

## ACCIDENT RECOVERY

- This plan provides comprehensive coverage for accidental injuries including hospitalization, rehab, and physical therapy
- This plan provides coverage 24 hours a day—no matter where the accident occurs
- Benefits are paid directly to YOU
- Coverage is guaranteed, no health questions or underwriting is required
- Coverage is available to your spouse and children
- This plan is portable; you can take it with you even if you leave your place of employment

## HOSPITAL CARE

- Each plan provides coverage for hospitalization, intensive care, ambulance and wellness.
- This plan provides a lump sum benefit that you can use to cover out of pocket costs such as deductible and coinsurance
- Benefits are paid directly to YOU
- Coverage is available to your spouse and children
- This plan is portable; you can take it with you even if you leave your place of employment

## CRITICAL CARE WITH CANCER

- Benefits are paid directly to YOU upon the qualified diagnosis of a covered critical illness or first diagnosis of cancer
- You can choose policy amounts in \$5,000 increments up to \$50,000
- This plan is portable; you can take it with you even if you leave your place of employment
- Coverage is available for you, your spouse and eligible dependents
- This plan pays YOU directly in the event of a covered cancer diagnosis or treatment

Premiums for all ancillary plans are determined by your selection of the plan type and the level of coverage you are electing. **Please refer to the rate packet for the specified premium.**

# ACCIDENT/RECOVERY

| ACCIDENT TREATMENT  | BASIC         | SELECT        | ULTRA         |
|---|---------------|---------------|---------------|
| Physician Office Visit (per visit, up to 2 visits)  | \$125         | \$150         | \$225         |
| Emergency Treatment   | \$125         | \$150         | \$225         |
| Emergency Dental (crown)  | \$250         | \$300         | \$450         |
| Major Diagnostic Exam   | \$200         | \$240         | \$360         |
| Lacerations   | \$450         | \$540         | \$810         |
| Burns   | Up to \$2,500 | Up to \$3,000 | Up to \$4,500 |
| Eye Injury (surgical repair)  | \$200         | \$240         | \$360         |
| Brain Injury  | \$500         | \$600         | \$900         |
| Dislocation (examples, open)  |               |               |               |
| Hip   | \$2,750       | \$3,300       | \$4,950       |
| Knee or Shoulder  | \$600         | \$720         | \$1,080       |
| Toe or Finger   | \$125         | \$150         | \$225         |
| Fractures (examples, open)  |               |               |               |
| Hip   | \$2,750       | \$3,300       | \$4,950       |
| Leg   | \$1,200       | \$1,440       | \$2,160       |
| Nose, Heel or Finger(s)   | \$600         | \$720         | \$1,080       |
| HOSPITAL CARE   | BASIC         | SELECT        | ULTRA         |
| Initial Hospitalization   | \$1,000       | \$1,200       | \$1,600       |
| Hospital Confinement (per day, up to 365 days)  | \$250         | \$250         | \$250         |
| Hospital ICU (per day, up to 15 days)   | \$500         | \$500         | \$500         |
| Surgery (reparation of internal injuries)   | \$1,250       | \$1,500       | \$2,000       |
| Ambulance (air/ground)  | \$1,250/\$200 | \$1,500/\$240 | \$2,000/\$320 |
| Blood, Plasma, Platelets  | \$200         | \$240         | \$320         |
| FOLLOW-UP   | BASIC         | SELECT        | ULTRA         |
| Physician Follow-up (per visit, up to 6 visits)   | \$50          | \$70          | \$80          |
| Physical Therapy (per visit, up to 6 visits)  | \$100         | \$140         | \$160         |
| Rehabilitation Unit (per day, up to 30 days)  | \$125         | \$175         | \$200         |
| Appliance (for locomotion)  | \$100         | \$140         | \$160         |
| Prosthetic Device (per device, up to 2 devices)   | \$375         | \$525         | \$600         |
| Family Lodging (per day, up to 30 days)   | \$100         | \$150         | \$175         |
| Transportation (per round trip, up to 5 round trips)  | \$400         | \$600         | \$700         |
| Post Transportation   | \$200         | \$300         | \$350         |
| SURGERY   | BASIC         | SELECT        | ULTRA         |
| Tendon/Ligament   | \$500         | \$600         | \$800         |
| Torn Knee (surgical repair)   | \$500         | \$600         | \$800         |
| Ruptured Disc   | \$500         | \$600         | \$800         |
| Torn Rotator Cuff   | \$500         | \$600         | \$800         |
| WELLNESS BENEFIT  | BASIC         | SELECT        | ULTRA         |
| Annual benefit amount   | \$60          | \$75          | \$105         |
| To promote healthier routines, insureds can receive an annual payment for having covered health screenings and tests, such as a mammogram, Pap test, PSA (Prostate-Specific Antigen) test, and colonoscopy. |               |               |               |

## ACCIDENT RECOVERY BASED ON 12 PAYROLL DEDUCTIONS PER YEAR

Rates are subject to change and are meant as an illustration to determine the approximate deduction on each paycheck. Due to the rounding of rates and payroll frequency, these amounts may vary, though differences will usually be slight. This is not part of an insurance policy and only the actual provisions of an issued policy control. USABLE Life's policies set forth the rights and obligations of covered persons and USABLE Life. Please be aware that certain limitations and exclusions apply and that benefits may reduce or terminate. If you enroll for coverage, you will be provided with a certificate of insurance. Please read your certificate carefully.

| 50K AD&D RIDER    | BASIC   | SELECT  | ULTRA   |
|-------------------|---------|---------|---------|
| EMPLOYEE          | \$13.11 | \$14.94 | \$18.02 |
| EMPLOYEE + SPOUSE | \$24.62 | \$28.12 | \$34.04 |
| 1 PARENT FAMILY   | \$25.45 | \$29.68 | \$36.54 |
| 2 PARENT FAMILY   | \$36.96 | \$42.85 | \$52.56 |

# HOSPITAL CARE

HOSPITAL CARE | **BASED ON 12 PAYROLL DEDUCTIONS PER YEAR**

| PROCEDURE/SERVICE  | BASIC    | SELECT                   | ULTRA                    |
|--|----------|--------------------------|--------------------------|
| First-Day Hospital Confinement (10 per year)   | \$500    | \$750                    | \$750                    |
| Daily Hospital Confinement (per day, up to 180 days)   | \$100    | \$150                    | \$150                    |
| Intensive Care Confinement (per day, up to 15 days)  | \$150    | \$225                    | \$225                    |
| Ground Ambulance (3 per year)  | \$80     | \$120                    | \$120                    |
| Air Ambulance (3 per year)   | \$500    | \$750                    | \$750                    |
| <b>Surgical Benefit (based on surgical schedule) – examples:</b>   |          |                          |                          |
| Coronary Bypass  | N/A      | \$1,000                  | \$2,000                  |
| Appendix Removal   | N/A      | \$220                    | \$440                    |
| Gallbladder Removal  | N/A      | \$284                    | \$568                    |
| Anesthesia   | N/A      | 5% of surgical benefit   | 5% of surgical benefit   |
| Preoperative Visit   | N/A      | 1.5% of surgical benefit | 1.5% of surgical benefit |
| Second Surgical Opinion  | N/A      | 1.5% of surgical benefit | 1.5% of surgical benefit |
| Diagnostic Procedure (per procedure, up to 3 per year)   | N/A      | \$50                     | \$100                    |
| Emergency Treatment (3 per year)   | N/A      | N/A                      | \$50                     |
| Physician Office Visit (5 per year)  | N/A      | N/A                      | \$25                     |
| <b>WELLNESS BENEFIT</b>  |          |                          |                          |
| Annual Benefit Amount  | \$30     | \$45                     | \$60                     |
| To promote healthier routines, insureds can receive an annual payment for having covered health screenings and tests, such as a mammogram, Pap test, PSA (Prostate-Specific Antigen) test, and colonoscopy.  |          |                          |                          |
| <b>BASIC</b>   |          |                          |                          |
| AGE  | EMPLOYEE | SPOUSE                   | CHILD                    |
| UP TO 49   | \$11.09  | \$11.02                  | \$5.69                   |
| 50-54  | \$16.07  | \$16.03                  | \$4.98                   |
| 55-59  | \$19.17  | \$19.04                  | \$4.34                   |
| 60-64  | \$23.51  | \$23.39                  | \$3.79                   |
| <b>SELECT</b>  |          |                          |                          |
| AGE  | EMPLOYEE | SPOUSE                   | CHILD                    |
| UP TO 49   | \$21.74  | \$21.62                  | \$11.31                  |
| 50-54  | \$32.32  | \$32.27                  | \$9.89                   |
| 55-59  | \$38.42  | \$38.23                  | \$8.64                   |
| 60-64  | \$46.68  | \$46.48                  | \$7.51                   |
| <b>ULTRA</b>   |          |                          |                          |
| AGE  | EMPLOYEE | SPOUSE                   | CHILD                    |
| UP TO 49   | \$33.44  | \$33.30                  | \$25.31                  |
| 50-54  | \$46.90  | \$46.85                  | \$22.14                  |
| 55-59  | \$54.66  | \$54.45                  | \$19.37                  |
| 60-64  | \$64.96  | \$64.76                  | \$16.84                  |
| Important Note: Child rates are based on employee's age. The above rates are subject to change and are meant as an illustration to determine the approximate deduction on each paycheck. Due to the rounding of rates and payroll frequency, these amounts may vary, though differences will usually be slight. This is not part of an insurance policy and only the actual provisions of an issued policy control. USABLE Life's policies set forth the rights and obligations of covered persons and USABLE Life. Please be aware that certain limitations and exclusions apply and that benefits may reduce or terminate. If you enroll for coverage, you will be provided with a certificate of insurance. Please read your certificate carefully. |          |                          |                          |

# CRITICAL CARE + CANCER

## CRITICAL CARE + CANCER

Every few seconds, an American suffers a heart attack or is diagnosed with cancer. The impact this has on his or her family's finances can be devastating. The copays and the expenses that aren't covered by major medical insurance eat away at savings as well as the belief that things can get better.

Critical Care + Cancer coverage helps you with non-medical costs that come with such devastating diagnoses, including travel, child care, and other unexpected expenses.

| COVERAGE & OPTIONS                              | PERCENTAGE OF POLICY AMOUNT     |
|---|---------------------------------|
| Cancer Diagnosis                                | 100%                            |
| Heart Attack/Stroke                             | 100%                            |
| Bone Marrow Transplant                          | 100%                            |
| Major Organ Transplant                          | 100%                            |
| End-Stage Renal Failure                         | 100%                            |
| Burns (third degree, over at least 50% of body) | 100%                            |
| Specified Diseases*                             | 100%                            |
| Prostate Cancer and/or Carcinoma in Situ        | 30%                             |
| Coronary Artery Bypass Surgery                  | 30%                             |
| Alzheimer's Disease                             | 30%                             |
| Angioplasty/Stent                               | 10%                             |
| Skin Cancer Diagnosis                           | 10%                             |
| Cancer Vaccine                                  | \$75 lifetime, one-time payment |
| Cancer Treatment and Care                       | \$50 month, up to 12 months     |

### WELLNESS BENEFIT

To promote healthier routines, insureds can receive an annual payment of \$75 for having covered health screenings and tests, such as a mammogram, Pap test, PSA (Prostate-Specific Antigen) test, and colonoscopy.

\*ALS (Lou Gehrig's Disease); Anthrax, Cholera; Encephalitis, Meningitis; Rocky Mountain Spotted and Typhoid Fevers; Tuberculosis; Primary Sclerosing Cholangitis (Walter Payton's Disease)

### Employee Unismoker Rates

| AGE      | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
|----------|---------|----------|----------|----------|----------|----------|
| Up to 29 | \$4.12  | \$5.84   | \$7.56   | \$9.27   | \$10.99  | \$19.58  |
| 30 - 39  | \$6.14  | \$9.76   | \$13.38  | \$17.00  | \$20.62  | \$38.73  |
| 40 - 49  | \$9.88  | \$17.02  | \$24.16  | \$31.30  | \$38.44  | \$74.14  |
| 50 - 59  | \$16.76 | \$30.33  | \$43.90  | \$57.47  | \$71.05  | \$138.90 |
| 60 - 65  | \$30.75 | \$57.45  | \$84.16  | \$110.87 | \$137.58 | \$271.11 |

### Spouse Unismoker Rates

| AGE      | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
|----------|---------|----------|----------|----------|----------|----------|
| Up to 29 | \$4.11  | \$5.82   | \$7.53   | \$9.25   | \$10.96  | \$19.52  |
| 30 - 39  | \$6.09  | \$9.66   | \$13.24  | \$16.81  | \$20.39  | \$38.26  |
| 40 - 49  | \$9.80  | \$16.86  | \$23.93  | \$31.00  | \$38.07  | \$73.41  |
| 50 - 59  | \$16.75 | \$30.32  | \$43.89  | \$57.46  | \$71.03  | \$138.89 |
| 60 - 65  | \$30.74 | \$57.45  | \$84.15  | \$110.86 | \$137.57 | \$271.10 |

### Child Unismoker Rates (based on employee age)

| EMPLOYEE AGE | \$5,000 | \$10,000 |
|--------------|---------|----------|
| Up to 29     | \$1.17  | \$2.02   |
| 30 - 39      | \$1.24  | \$2.15   |
| 40 - 49      | \$0.88  | \$1.51   |
| 50 - 59      | \$0.67  | \$1.17   |
| 60 - 65      | \$0.53  | \$0.93   |

### GUARANTEED ISSUE

| EMPLOYEE | SPOUSE   | CHILD    |
|----------|----------|----------|
| \$15,000 | \$10,000 | \$10,000 |



# RETIREMENT

**Retirement is closer than you might think.** But don't worry, you've got this. ATU offers three options to save for your future. As a new hire, the enrollment of a primary retirement account is an irrevocable agreement that cannot change during the course of employment. If already enrolled, please contact the specific agency listed below for questions.

## ATU MEDICAL RETIREMENT OPTIONS

|                              | APERS   | ATRS*   | TIAA/CREF  |
|------------------------------|---|---|--|
| <b>Vesting** Period</b>      | 5 Years   | 5 Years   | Hire Date<br>or Enrollment Date  |
| <b>Retirement Age</b>        | Age 65 with 5 years<br>Any age with 28 years                            | Age 60 with 5 years<br>Any age with 28 years                              | Annuities: Any age<br>Rollovers/Withdrawals:<br>Age 55 or severance from service, whichever is greater |
| <b>Participation Status</b>  | Contributory  | Contributory***<br>or Non-Contributory                                    | Contributory   |
| <b>Employee Contribution</b> | 5%  | 6%  | 6%   |
| <b>Employer Contribution</b> | 15.32%  | 14%   | 10%  |
| <b>Contact Information</b>   | 501.682.7800<br><a href="http://www.apers.org">http://www.apers.org</a> | 501.682.1517<br><a href="https://www.artrs.gov">https://www.artrs.gov</a> | 800.842.2252<br><a href="https://www.tiaa.org/atu">https://www.tiaa.org/atu</a>                        |

\* ATRS is only available to Faculty and Department Chairs who are fully vested.

\*\* Vesting is defined as the ownership of the employer contributed funds in the accounts. Please refer to specific agency as to how this is defined within their program.

\*\*\* Depending on the length of contract, 181 days or more will be contributory.

## YOU SHOULD KNOW...

If you have a supplemental account with TIAA, you have an ability to make changes throughout the year. You do not have to wait for Open Enrollment to make changes to your withholdings.

If you do not currently have a supplemental TIAA account, but would like to start contributing additional funds into your retirement then you'll need to follow two steps:

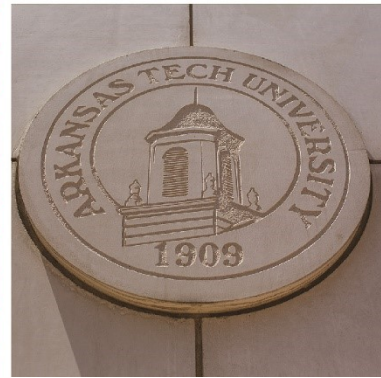
1. Complete an electronic enrollment with TIAA to set up your account
2. Complete an enrollment form with HR

A supplemental account with TIAA has a maximum annual limit of **\$19,000** (unless you are over 55 and then your maximum annual limit is **\$25,000**). These limits are set by the IRS each year.

# BENEFIT CONTACTS

Refer to this list when you need to contact one of your benefit vendors. For general information, please contact the ATU HR team by phone at 479.968.0396 or by email at [hr@atu.edu](mailto:hr@atu.edu).

| COVERAGE  | GROUP #                   | PHONE                            | WEBSITE  |
|---|---------------------------|----------------------------------|--|
| <b>BlueCross BlueShield</b><br><b>Medical Coverage</b><br><b>My Blue Print</b><br><b>Virtual Health</b><br><b>Prescription Services -CVS Caremark</b> | HDHP 028996<br>PPO 028997 | 800.238.8379<br><br>888.293.3748 | <a href="http://arkansasbluecross.com">arkansasbluecross.com</a><br><a href="http://arkansasbluecross.com/myblueprint">arkansasbluecross.com/myblueprint</a><br><a href="http://MyVirtualHealth.com">MyVirtualHealth.com</a> |
| <b>Consolidated Admin Services (CAS)</b><br><b>Health Savings Account (HSA)</b><br><b>Flexible Spending Account (FSA)</b>                             |                           | 877.941.5956<br>877.641.5956 Fax | <a href="mailto:info@consolidatedadmin.com">info@consolidatedadmin.com</a><br><a href="http://consolidatedadmin.com">consolidatedadmin.com</a>   |
| <b>New Directions</b><br><b>EAP Services</b>  | ATU                       | 800.624.5544                     | <a href="http://ndbh.com">ndbh.com</a>   |
| <b>BCBS Dental Select</b><br><b>Dental Coverage</b>   | 027217                    | 888.223.4999                     | <a href="http://arkansasdentalblue.com">arkansasdentalblue.com</a>   |
| <b>BCBS VSP Vision Care</b><br><b>Vision Coverage</b>   | 061452                    | 800.877.7195                     | <a href="http://arkansasbluecross.com/findcare">arkansasbluecross.com/findcare</a>   |
| <b>USABLE Life</b><br><b>Group Term Life/AD&amp;D</b><br><b>Voluntary Term Life/AD&amp;D</b><br><b>Voluntary Dependent Life/AD&amp;D</b>              | 50001261                  | 800.370.5856                     | <a href="http://usablelife.com">usablelife.com</a>   |
| <b>USABLE Life</b><br><b>Short Term &amp; Long Term Disability</b>  | 50001261                  | 800.370.5856                     | <a href="http://usablelife.com">usablelife.com</a>   |
| <b>USABLE Life</b><br><b>Critical Care/Cancer Coverage</b>  | 50001261                  | 800.370.5856                     | <a href="http://usablelife.com">usablelife.com</a>   |
| <b>USABLE Life</b><br><b>Accident Coverage</b>  | 50001261                  | 800.370.5856                     | <a href="http://usablelife.com">usablelife.com</a>   |
| <b>USABLE Life</b><br><b>Hospital Recovery Coverage</b>   | 50001261                  | 800.370.5856                     | <a href="http://usablelife.com">usablelife.com</a>   |
| <b>Stephens Insurance</b><br>Bobette Leggett  |                           | 501. 377.2045                    | <a href="mailto:bobette.leggett@stephens.com">bobette.leggett@stephens.com</a>   |



Stephens Insurance, LLC

**DISCLAIMER:** This is not a summary plan description (SPD) and does not guarantee benefits or payment. This document provides a brief summary of benefits that are available to you. Please refer to your coverage booklets and policies for complete details regarding covered charges, exclusions and plan payments or contact your benefits provider .