ARKANSAS TECH UNIVERSITY

2022 EMPLOYEE BENEFITS

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.

WELCOME TO YOUR 2022 ARKANSAS TECH BENEFITS

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2022 BENEFIT OFFERING WHAT'S NEW IN 2022?

- PlanSource has replaced Benefit Focus. When you elect your 2022 Plan Year benefits, you will enroll through PlanSource. Additional instructions are provided in this guide.
- Standard Insurance Co. is replacing all USAble products beginning 1/1/2022. If you would like to continue coverage with USAble after 12/31/21, please contact Human Resources at hr@atu.edu.
- The $4,000 PPO Medical Plan has been replaced with an enhanced $3,000 PPO Plan that includes office visit copays and prescription drug copays.
- Dental and Vision rates remain the same.

INTRODUCTION

BENEFIT INFORMATION

This guide includes 2022 employee benefit information available to you and your eligible dependents through Arkansas Tech University (ATU). 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 group benefit plan.

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 make as an employee. There are two opportunities 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.

ANNUAL OPEN ENROLLMENT PERIOD

Open Enrollment for the 2022 plan year will occur October 25th through November 5th. There will be virtual informational sessions for you to attend to assist you in completing your elections. You can also complete your enrollment online. Additional benefit information is available through PlanSource, including the summary of benefits.

QUALIFYING LIFE EVENTS

Unless you have a qualifying life event, the elections you make during your initial new hire enrollment period and the annual enrollment period can't be changed until the next open enrollment period in the Fall of 2022. 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 events occur, you have 30 days from the date of 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.

PRE-OPEN ENROLLMENT HOMEWORK

To best prepare for Open Enrollment, you should log in to OneTech to review your current deductions. It's always best 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 Department if you need assistance reviewing your benefits.

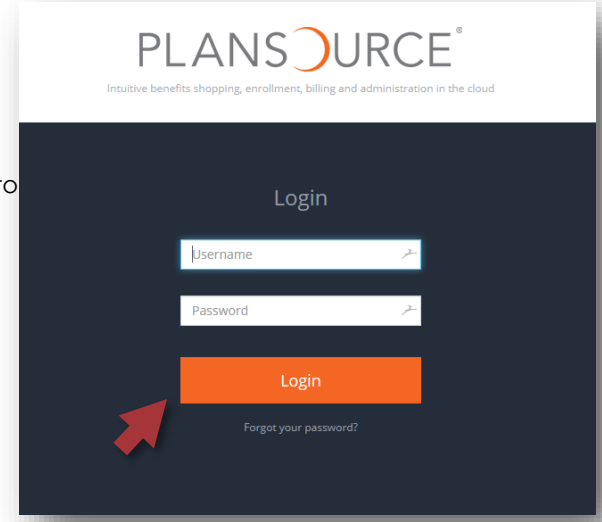
ONLINE ENROLLMENT—PlanSource

PlanSource is an on-line Benefit Administration Tool available to employees of ATU. PlanSource replaces Benefit Focus. In addition to the annual open enrollment process, PlanSource also houses Benefit Summaries and other important information regarding your Employee Benefits options available through ATU.

1

Log on to www.plansource.com/login

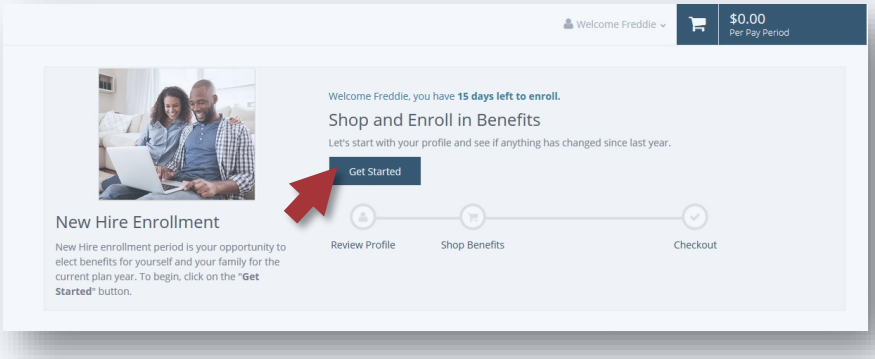
For the 2022 open enrollment period you will receive an invitation email. Please use your ATU sign on credentials to login.



2

Begin enrollment

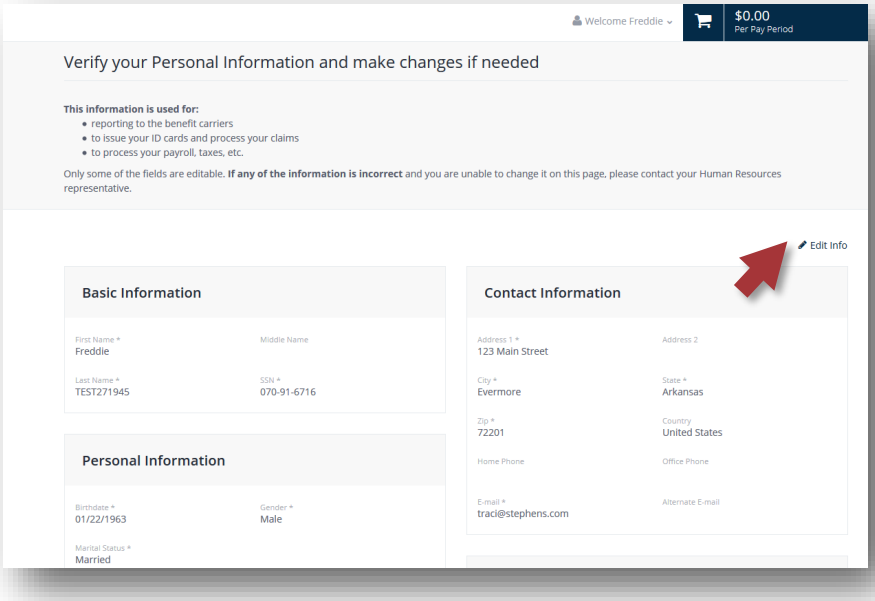
Click "**Get Started**." The screens will systematically lead you through the enrollment steps from start to finish.



3

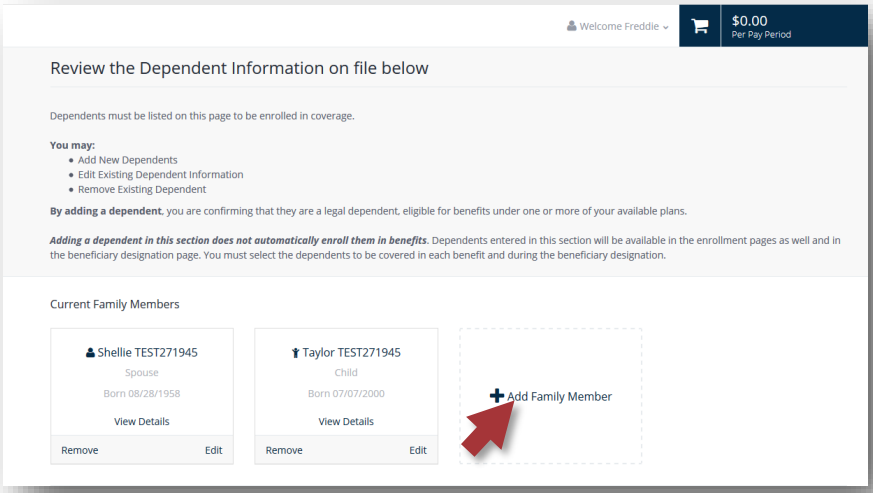
Verify your information

Review your demographic information and make changes where necessary. When you are finished click "**Next: Review My Family**" on the bottom of the screen.



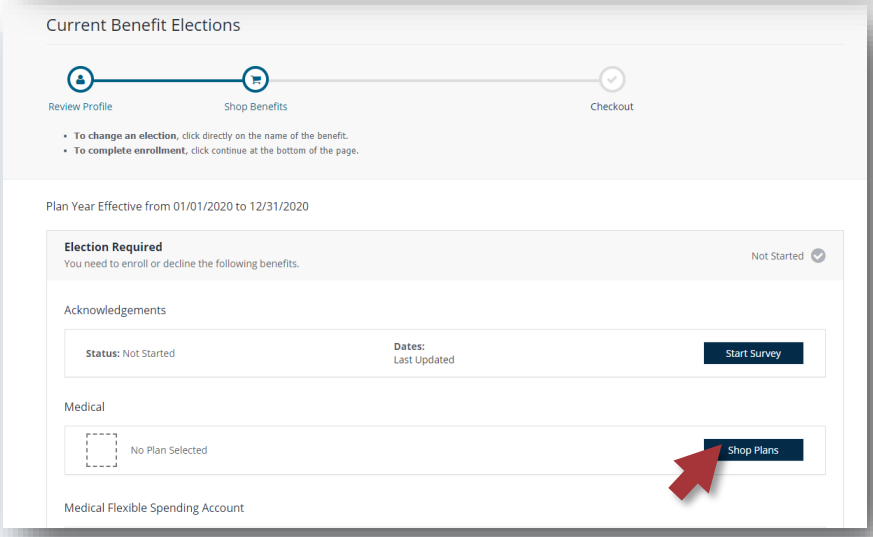
4 Review dependents

Dependents must be listed to be enrolled in coverage. From this screen you may add or remove family members, and edit dependent information. When finished, click "**Next: Shop for Benefits**" on the bottom of the screen.

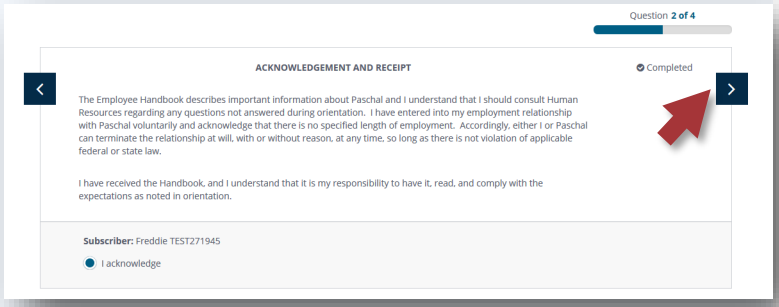


5 Shop benefits

Work your way from top to bottom of this list to confirm or change your benefits elections. Each section may be accessed by clicking "**Start Survey**" or "**Shop Plans.**"



- **Spousal Benefits Policy:** You must read this policy and confirm receipt before enrolling your spouse in the medical plan. Acknowledge receipt at the bottom of the page and click "**Save**."
- **Medical, Dental & Vision:** Confirm which family members are covered by the plan, and click "**Update Cart**." There is also an option to decline each benefit, directly below the "Update Cart" button.



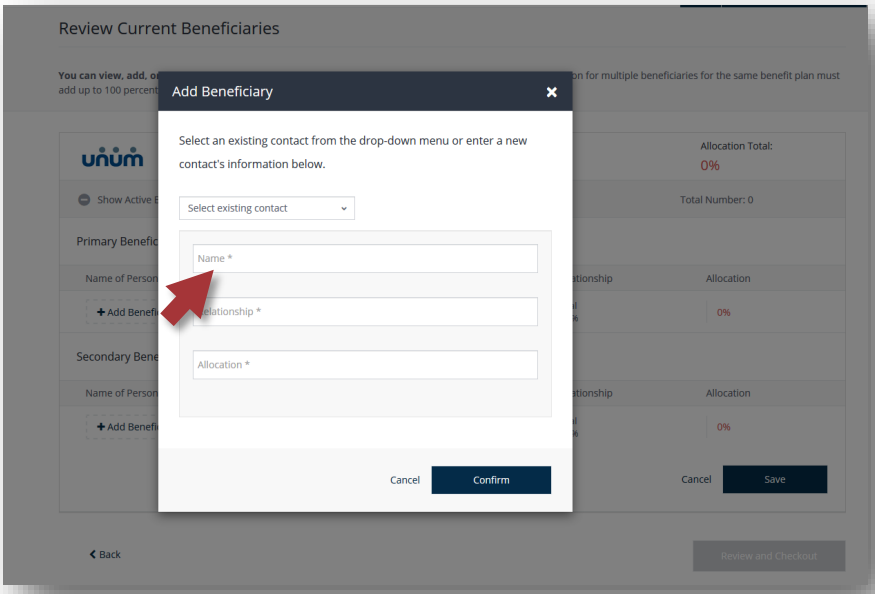
- **Continue through each benefit offered** either electing or declining coverage until you reach the acknowledgement. Make sure to **Click** "**Update Cart**" after each product selection.
- **Acknowledgements:** Review and acknowledge receipt of these federally-required documents by clicking the "I acknowledge" button at the bottom of each section. Move on to the beneficiary information by clicking the blue arrow in the top right; when finished, hit the "Save" button.

Click "**Add Beneficiaries**" at the bottom of the page.

6 Add beneficiaries

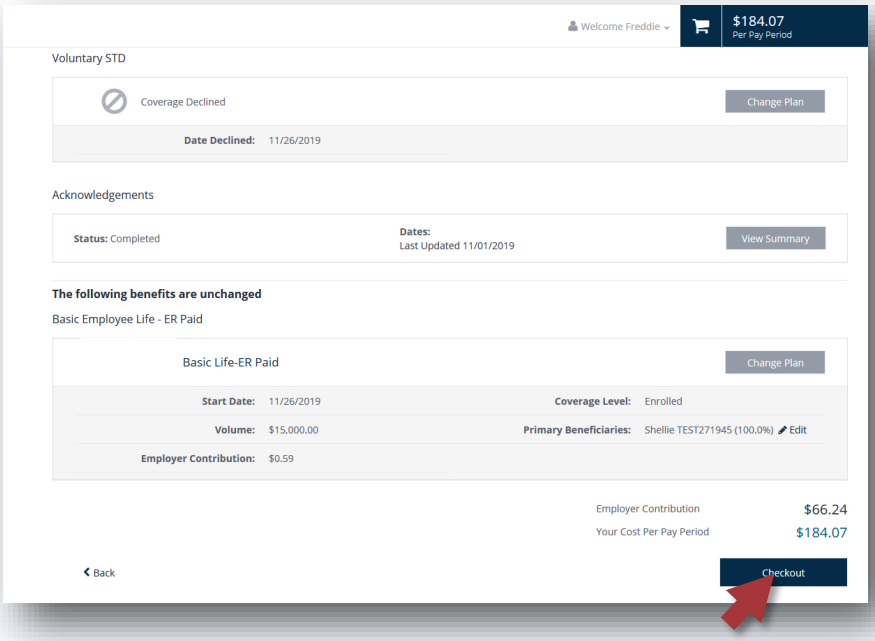
Click "**Add Beneficiary**" - you may enter a new beneficiary, or choose one of the dependents listed in Step 4. The total allocation amount must be 100%. Click "**Save**" when finished.

Click "**Review and Checkout**" to move on.



7 Review & Checkout

Review your benefit elections and beneficiary designation, **your cost per pay period will be listed both in the upper right corner of the screen**, and at the bottom of your benefit list. Your employer contribution will also be listed at the bottom of the benefit list. Once you have reviewed your elections, click "**Checkout**" at the bottom of the screen.

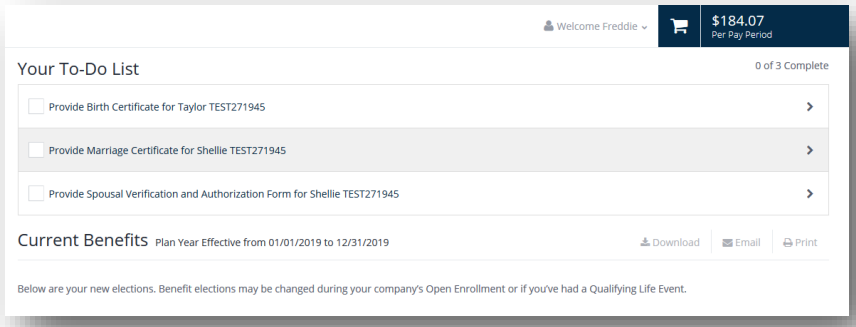


8 Congratulations!

Your enrollment process is complete.

Benefits may be emailed, printed, or downloaded from this screen.

If there are any additional items needed, the portal will generate a "to-do list."



BENEFITS OVERVIEW & RATES

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

The HDHP (HSA) $4,000 Plan remains the same. Please make sure to review your 2022 benefit options carefully to insure you choose the right plan for you and your family.

$4,000 Deductible HDHP (HSA) Plan

- **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
- **Rx:**
  Member pays 100% until deductible is met.
  *See the **HSA Preventive Drug List** on pages 12-13 for drugs available at no cost to you.*

HDHP (HSA) $4000 2022 PLAN		
Coverage Level	**Employee Cost**	**Employer Cost**
Salary Tier: Under $35,000		
Employee Only	$0.00	$577.74
Employee and Spouse	$426.00	$694.98
Employee and Children	$185.00	$618.92
Employee and Family	$543.00	$814.99
Salary Tier: $35,000— under $55,000		
Employee Only	$34.00	$543.74
Employee and Spouse	$459.00	$661.98
Employee and Children	$217.00	$586.92
Employee and Family	$584.00	$773.99
Salary Tier: $55,000—under $80,000		
Employee Only	$57.00	$520.74
Employee and Spouse	$482.00	$638.98
Employee and Children	$241.00	$562.92
Employee and Family	$597.00	$760.99
Salary Tier:$80,000— $125,000		
Employee Only	$86.00	$491.74
Employee and Spouse	$515.00	$605.98
Employee and Children	$273.00	$530.92
Employee and Family	$624.00	$733.99
Salary Tier: $125,000+		
Employee Only	$98.00	$479.74
Employee and Spouse	$527.00	$593.98
Employee and Children	$281.00	$522.92
Employee and Family	$638.00	$719.99

2022 PLAN CHANGE: The PPO $4,000 Plan is being replaced with the PPO $3,000 plan that includes office copayments and prescription drug copayments. Please make sure to review your 2022 benefit options carefully to insure you choose the right plan for you and your family.

NEW FOR 2022—PPO $3,000

$3,000 Deductible PPO (FSA) Plan

- **In-Network Deductible:**
  $3,000 Individual/$6,000 Family
- **Annual Max:**
  $6,500 Individual / $12,000 Family
- **Copays:**
  Primary Care Office Visit, - $40 copay
  Specialist: $80.00 copay
- **Urgent Care:** $80.00 Copay
- **Emergency Room:** 30% after deductible
- **Rx:**
  Generic: ($20)
  Brand ($50)
  Non-preferred Brand ($70)
  Specialty:$250

Mail Order (2x copay for 100 day supply)

PPO (FSA) $3000 2022 PLAN

Coverage Level	Employee Cost	Employer Cost
Salary Tier: Under $35,000		
Employee Only	$25.00	$590.05
Employee and Spouse	$489.00	$704.38
Employee and Children	$230.00	$625.84
Employee and Family	$636.00	$809.76
Salary Tier: $35,000— under $55,000		
Employee Only	$43.00	$572.05
Employee and Spouse	$501.00	$692.38
Employee and Children	$248.00	$607.84
Employee and Family	$655.00	$790.76
Salary Tier: $55,000—under $80,000		
Employee Only	$73.00	$542.05
Employee and Spouse	$533.00	$660.38
Employee and Children	$273.00	$582.84
Employee and Family	$683.00	$762.76
Salary Tier:$80,000— $125,000		
Employee Only	$100.00	$515.05
Employee and Spouse	$559.00	$634.38
Employee and Children	$300.00	$555.94
Employee and Family	$710.00	$735.76
Salary Tier: $125,000+		
Employee Only	$116.00	$499.05
Employee and Spouse	$574.00	$619.38
Employee and Children	$316.00	$539.84
Employee and Family	$726.00	$719.76

DENTAL INSURANCE: ARKANSAS BLUE CROSS DENTAL SELECT

- **Annual Deductible:**
  $50 Individual / $150 Family
  Only Applies to Basic and Major Services—After the deductible is met, it is satisfied for covered Basic and Major Services received.
- **Co-insurance: after your deductible is met** *(when using network dentists)*
  Preventive Services 100% - **No deductible**
  80% Basic Services
  50% Major Services
  50% Orthodontia (child only)
- **Calendar Year Plan Maximum:** $1,000

DENTAL

Coverage Level	Employee Cost	Employer Cost
Employee Only	$0.00	$27.08
Employee and Spouse	$25.86	$28.76
Employee and Children	$22.36	$28.54
Employee and Family	$57.89	$30.85

BENEFITS OVERVIEW & RATES *continued*

VISION INSURANCE: ARKANSAS BLUE CROSS BLUE SHIELD VSP VISION CARE

- **Copays:** $10 Exam / $15 Materials
- **Exam:** Every 12 months
- **Lenses or Contacts:** Every 12 Months
- **Frames:** Every 24 months

VISION	
Coverage Level	**Your Monthly Cost**
Employee Only	$9.00
Employee and Spouse	$16.67
Employee and Children	$18.02
Employee and Family	$25.67

AIR AMBULANCE PROVIDERS—ATU employees have two options to choose from for Air Ambulance Services.

- Survival Flight
- Air Evac

NEW IN 2022!

LIFE INSURANCE, EAP SERVICES, DISABILITY PRODUCTS AND ANCILLARY PRODUCTS ARE MOVING FROM USABLE TO THE STANDARD INSURANCE EFFECTIVE JANUARY 1, 2022.

Basic Group Term Life/Accidental Death and Dismemberment (AD&D)

Coverage: 2x annual salary with a max of $75,000

Includes: EAP Services, Travel Assistance and Life Services Toolkit for no additional cost

Voluntary Group Term Life

Coverage amounts available for you and your spouse in $10,000 increments up to $300,000 and in $5,000 increments up to $25,000 for your children.

- **You must be enrolled in Basic Group Term Life to elect coverage for yourself and dependents.**
- **Evidence of Insurability is waived for this open enrollment period only** up to the guaranteed issue amount of **$200,000** for you, **$50,000** for your spouse and **$25,000 for your children.** After this Open Enrollment period ends, EOI will be required before you or your dependents can enroll. EOI does not apply to newly hired employees in their initial waiting period.

Voluntary Group AD&D

- Coverage amounts available in $10,000 increments up to $200,000 for you and your spouse and in $5,000 increments up to $25,000 for your children without answering medical questions.
- You must elect employee coverage in order to elect coverage for your dependents.
- Coverage for your spouse and children cannot exceed 100% of coverage you elect for yourself.

Voluntary Disability—STD and LTD

STD—WEEKLY BENEFIT	
Weekly Benefit	60% of your earnings up to $1,250
Weekly Minimum	$15 per week
Benefits Begin	8th consecutive day of your disability
Waiting Period	Applies if you don't enroll during your initial enrollment period

LTD—MONTHLY BENEFIT	
Monthly Benefit	60% of your earnings up to $7,500
Benefits Begin	91st day of disability

You may enroll in LTD during this open enrollment without answering medical questions.

Accident, Critical Illness and Hospital Indemnity— You may enroll in these products without providing Evidence of Insurability during this open enrollment.

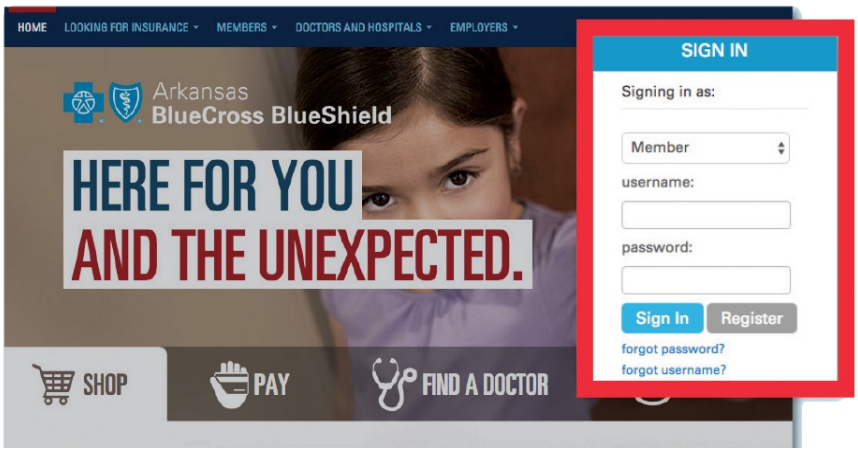
Rates will be calculated for you when you enroll in PlanSource and will vary based on your age and pay schedule.

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) $4,000	OPTION 2: PPO (FSA) $3,000
Calendar Year Deductible		
Individual	$4,000	$3,000
Family	$8,000	$6,000
Out-of-Pocket Maximum		
Individual	$4,000	$6,000
Family	$8,000	$12,000
Coinsurance	0%	30%
Age appropriate annual Wellness Exam	No cost to you	No cost to you
Office Visits		
Primary Care Office Visit	0% after deductible	$40
Specialist Office Visit (consult & evaluation only)	0% after deductible	$80
Urgent Care	0% after deductible	$80
Inpatient Hospital Facility	0% after deductible	30% after deductible
Outpatient Hospital Surgical Services	0% after deductible	30% after deductible
Outpatient Hospital Services (non surgical)	0% after deductible	30% after deductible
Emergency Room	0% after deductible	30% after deductible
Prescription Drugs		$20 copayment
Generic		$50 copayment
Preferred	0% after deductible	$70 copayment
Non-Preferred		$250 copayment
Specialty		2x retail copay per 100 day supply



DID YOU KNOW??

You have 24/7 on-line access to your health plan information by registering for My Blueprint at *www.arkansasbluecross.com*.

- 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

Download the My Blueprint Mobile App on the App Store and Google Play.

VIRTUALHEALTH

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
- Common cold
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever
- Flu
- Headache
- Insect bites
- Nausea
- Pink eye
- Rash
- Respiratory problems
- Sore throat
- Urinary problems
- Vomiting
- 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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Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

Health Advantage
An Independent Licensee of the Blue Cross and Blue Shield Association

MPI 8438 6/19

HSA PREVENTIVE DRUG LIST (10/01/21)

Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

BlueAdvantage Administrators of Arkansas
An Independent Licensee of the Blue Cross and Blue Shield Association

Health Advantage
An Independent Licensee of the Blue Cross and Blue Shield Association

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

emtricitabine/tenofovir disoproxil fumarate 200/300 mg

ANTICOAGULANTS/ ANTIPLATELETS

ANTICOAGULANTS

enoxaparin
fondaparinux
warfarin
Jantoven

PLATELET AGGREGATION INHIBITORS

aspirin 81 mg
clopidogrel
dipyridamole
dipyridamole ext-rel/aspirin
prasugrel

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

ANTICONVULSANTS

carbamazepine
carbamazepine ext-rel
clobazam
clonazepam
divalproex
sodium delayed-rel
divalproex sodium ext-rel
ethosuximide
felbamate
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
rufinamide
tiagabine
topiramate
topiramate ext-rel
valproic acid
vigabatrin
zonisamide
Epitol

CARDIOVASCULAR CONDITIONS - OTHER

ANTIARRHYTHMIC AGENTS

amiodarone
disopyramide
dofetilide
flecainide
propafenone
propafenone ext-rel
sotalol
sotalol AF
Pacerone

ORAL ANTIANGINAL AGENTS

isosorbide dinitrate
isosorbide mononitrate
isosorbide mononitrate ext-rel

Sublingual and chewable formulations are not included on this list.

TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

nitroglycerin transdermal
Minitran

CORONARY ARTERY DISEASE

ANTIHYPERLIPIDEMICS

atorvastatin
cholestyramine
colesevelam
colestipol
ezetimibe
fenofibrate
fenofibric acid
fenofibric acid delayed-rel
fluvastatin
fluvastatin ext-rel
gemfibrozil
lovastatin
niacin ext-rel
pravastatin
rosuvastatin
simvastatin
Niacor
Prevalite

COMBINATION ANTIHYPERLIPIDEMICS

amlodipine/atorvastatin
ezetimibe/simvastatin

DIABETES

ORAL DIABETES AGENTS

acarbose
alogliptin
alogliptin/metformin
alogliptin/pioglitazone
glimepiride
glipizide
glipizide ext-rel
glipizide/metformin
metformin
metformin ext-rel
miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

amlodipine/benazepril
benazepril
benazepril/hydrochlorothiazide
candesartan
candesartan/hydrochlorothiazide
captopril enalapril
enalapril/hydrochlorothiazide
fosinopril
fosinopril/hydrochlorothiazide
irbesartan
irbesartan/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
moexipril
olmesartan
olmesartan/hydrochlorothiazide
perindopril
quinapril
quinapril/hydrochlorothiazide
ramipril
telmisartan
telmisartan/hydrochlorothiazide
trandolapril
trandolapril/verapamil ext-rel
valsartan
valsartan/hydrochlorothiazide

HSA PREVENTIVE DRUG LIST *continued*

BETA-BLOCKERS AND COMBINATION AGENTS
acebutolol
atenolol
atenolol/chlorthalidone
betaxolol
bisoprolol
bisoprolol/hydrochlorothiazide
carvedilol
carvedilol phosphate ext-rel
labetalol
metoprolol
metoprolol succinate ext-rel
metoprolol/hydrochlorothiazide
nadolol
pindolol
propranolol
propranolol ext-rel
timolol maleate

CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS
amlodipine
diltiazem
diltiazem ext-rel
diltiazem XR
felodipine ext-rel
isradipine
nicardipine
nifedipine
nifedipine ext-rel
nisoldipine ext-rel
verapamil
verapamil ext-rel
Cartia XT
Dilt-XR
Matzim LA
Nifediac CC
Taztia XT

DIURETICS
amiloride/hydrochlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide
spironolactone/hydrochlorothiazide
triamterene/hydrochlorothiazide

OTHER ANTIHYPERTENSIVE AGENTS
aliskiren
amlodipine/olmesartan
amlodipine/telmisartan
amlodipine/valsartan/ hydrochlorothiazide
clonidine
clonidine transdermal
guanfacine
hydralazine
minoxidil
olmesartan/amlodipine/ hydrochlorothiazide

MENTAL HEALTH

ANTIDEPRESSANTS
amitriptyline
amoxapine
bupropion
bupropion ext-rel
citalopram
desipramine
desvenlafaxine ext-rel
doxepin
duloxetine delayed-rel
escitalopram
fluoxetine
fluoxetine delayed-rel
imipramine HCl
imipramine pamoate
mirtazapine
nortriptyline
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
trimipramine
venlafaxine
venlafaxine ext-rel
Irenka

ANTIPSYCHOTICS
aripiprazole
asenapine
chlorpromazine
clozapine
fluphenazine
fluphenazine decanoate
haloperidol
loxapine
olanzapine
olanzapine orally disintegrating tabs
paliperidone
perphenazine
quetiapine
quetiapine ext-rel
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone

OBSESSIVE COMPULSIVE DISORDER
clomipramine
fluvoxamine
fluvoxamine ext-rel

OSTEOPOROSIS
alendronate
calcitonin
calcitonin/salmon
ibandronate
raloxifene
risedronate
zoledronic acid 5 mg/100 mL

PREVENTIVE CARE SERVICES

AGENTS FOR CHEMICAL DEPENDENCY
acamprosate calcium
buprenorphine sublingual
buprenorphine/naloxone sublingual
disulfiram
naltrexone
Depade

BOWEL PREPARATIONS
peg 3350/electrolytes
Gavilyte

SMOKING DETERRENTS
bupropion ext-rel
nicotine polacrilex
nicotine transdermal

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

MISCELLANEOUS
cholecalciferol (D3)

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

RESPIRATORY DISORDERS

RESPIRATORY AGENTS
Advair Diskus
budesonide suspension
budesonide/formoterol
cromolyn sodium nebulizer solution
fluticasone/salmeterol
montelukast
zafirlukast
zileuton ext-rel
Wixela Inhub

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS
atovaquone/proguanil
chloroquine
mefloquine
primaquine

DENTAL CARIES PREVENTION
sodium fluoride

HSA PREVENTIVE DRUG LIST *continued*

IMMUNOSUPPRESSIVE AGENTS
cyclosporine caps
everolimus
mycophenolate mofetil
mycophenolate sodium delayed-rel
sirolimus
tacrolimus
Gengraf

MULTIPLE SCLEROSIS AGENTS
dimethyl fumarate delayed-rel
glatiramer

WOMEN'S HEALTH

ANTIESTROGENS
tamoxifen

AROMATASE INHIBITORS
anastrozole
exemestane
letrozole

CONTRACEPTIVES
CONTRACEPTIVES -ALL GENERIC PRESCRIPTION FORMULATIONS

Over-the-Counter (OTC) emergency contraceptive products require a prescription. Coverage may vary by plan.

PRENATAL VITAMINS
folic acid
PRENATAL VITAMINS -GENERIC PRODUCTS

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

Please note: This list represents branded generics in upper-and lowercase Italics, and generic products in lowercase italics.

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

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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 obtain 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)

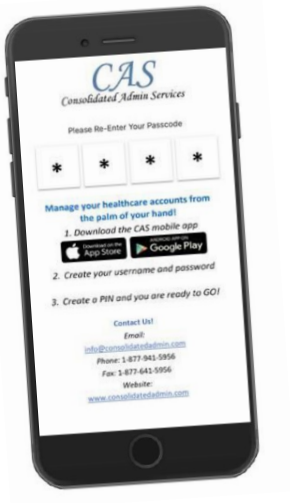
Employees who choose to participate in ATU's $4,000 HDHP (HSA) Deductible Plan may also open a Health Savings Account (HSA). Your pre-tax Health Savings Account Dollars will be accessible on an HSA debit card through CAS. HSA 's work in conjunction with an HDHP. The money you deposit into your HSA up 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 is a valuable tool that allows you to save money for qualified medical expenses on a pre-tax basis, 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 2022 Limits	Individual: $3,650 Family: $7,300
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 interest 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 $550 from the 2021 plan year to the 2022 plan year, reducing your risk of losing dollars at the end of the plan year***. When enrolling in an FSA, you can use pre-tax dollars to pay for medical co-pays, prescriptions, glasses, dental expenses and some over the counter products and reduce your taxable income which increases 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 2022 calendar year. Your contributions will be deducted in equal amounts, from each paycheck, pre-tax, throughout the 2022 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 debit card. Using the card makes it easy to pay for eligible services and products not covered by your health plan such as copays, coinsurance and deductibles at the time service is provided. 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, file claims and upload receipts.

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	**$2,750** (*subject to change for 2022*) You may carry over a balance of up to $550 into the next plan year. Any amount over $550 not used by the end of the plan year will be forfeited.
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 your 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 save money.

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

BABY/CHILD TO AGE 13
- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby /Well Child Care

DENTAL
- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

EYES
- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

HEARING
- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS
- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

MEDICAL EQUIPMENT/SUPPLIES
- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

MEDICAL PROCEDURES/SERVICES
- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*

MEDICATIONS
- Insulin
- Prescription Drugs

OBSTETRICS
- Breast Pumps and Lactation Supplies
- Doulas*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

PRACTITIONERS
- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

THERAPY
- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

HSA Eligible Expenses (Not eligible for FSAs)
- Insurance Premiums
- COBRA Premiums
- Long Term Care Premiums

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

For additional information, please contact Consolidated Admin Services at info@consolidatedadmin.com or by phone at 1-877-941-5956.

BASIC TERM LIFE AND AD&D

Life insurance can be essential to the financial security of you and your family. Basic Group Term Life Insurance provides an affordable way to help your family take care of financial obligations.

GROUP TERM LIFE/ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

ATU offers Basic Group Term Life and 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 option.

If you are not currently enrolled in Basic Group Term Life, you will need to provide Evidence of Insurability (EOI) for medical underwriting review. **Visit www.standard.com/mhs** to submit a medical history statement online. Coverage will not begin until you are notified of your approved status.

- Includes Accelerated Benefit—If you become terminally ill, you may be eligible to receive up to 75% of your Life benefit to a maximum of $75,000.
- Includes Employee Assistance Program (EAP) - 3 Face-to-Face EAP visits per issue, per calendar year. See the EAP Section for additional information.
- Includes Travel Assistance 24/7 when you are traveling at least 100 miles from home. For more information visit www.standard.com/travel-info.
- Includes Life Services Toolkit that allows you and your beneficiaries access to online content for will preparation, identity theft support and other tools and calculators. Provides your beneficiaries with services for grief, and legal and financial matters. For more information visit www.standard.com/mytoolkit-info.
- AD&D includes Family Benefits Package designed to help surviving family members maintain their standard of living and pursue their dreams. Included in the package are benefits to help with child care, career adjustment for your spouse and higher education for your children.

VOLUNTARY TERM LIFE, VOLUNTARY AD&D

VOLUNTARY GROUP TERM LIFE

If you enroll in Basic Term Life/AD&D coverage, you can elect Voluntary Term life insurance for you and your spouse in increments of $10,000 up to $300,00. **For this open enrollment period you and your spouse can enroll in this coverage without providing a medical history statement (EOI) up to $200,000 for you and $50,000 for your spouse**. Coverage over $200,000 up to $300,000 will be subject to medical underwriting approval. Coverage for your children is available in increments of $5,000 up to $25,000 without providing a medical history statement (EOI). Coverage amounts for your spouse and children can't be more than 100% of the amount you elected. Coverage amounts are reduced by 50% at age 70. You must be actively at work to enroll in this coverage.

VOLUNTARY AD&D

In addition to Basic Group Term Life/AD&D insurance, you can elect Voluntary AD&D Insurance for you and your spouse in increments of $10,000 up to $300,000 and up to $25,000 for your children. You **do not need to be enrolled in the Basic Term Life/AD&D coverage to purchase Voluntary AD&D**. To elect coverage for your eligible dependents, you must elect coverage. Coverage amounts for your spouse and children can't be more than 100% of the amount you elected. Coverage amounts are reduced by 50% at age 70. Includes Family Benefits Package. You must be actively at work to enroll in this coverage.

VOL LIFE BENEFIT HIGHLIGHTS
EOI is waived for this Open Enrollment up to the Guaranteed Issue (GI) Amounts below: **Employee GI**—$200,000 **Spouse GI**—$50,000 **Child(ren) GI**—$25,000
Available for **employee**, **spouse**, and **child(ren);** Spouse rate based on employee age
This is a voluntary benefit. You are responsible for 100% of the premium cost. Premiums are deducted post tax so if you ever need it, your benefit payment is not taxed.

VOL AD&D 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 **child(ren);** Spouse rate based on employee age
This is a voluntary benefit. You are responsible for 100% of the premium cost. Premiums are deducted post tax so if you ever need it, your benefit payment is not taxed.

Rates for all products will be calculated for you when you enroll in PlanSource.

Explore the world with confidence.

Rely on Travel Assistance when you're away from home.

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.[1]

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).[2]

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:

- Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories
- Credit card and passport replacement and missing baggage and emergency cash coordination
- Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains[3]
- Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond
- Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization
- Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded
- Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Contact Travel Assistance

800.872.1414
United States, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda

Everywhere else
+1.609.986.1234

Text:
+1.609.334.0807

Email:
medservices@assistamerica.com

Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator

Reference Number:
01-AA-STD-5201

Download on the App Store

GET IT ON Google Play

The Life Services Toolkit

Resources and Tools to Support You and Your Beneficiary

Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Health Advocate℠ to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

Services to Help You Now

Visit the Life Services Toolkit website at **standard.com/mytoolkit** and enter user name "assurance" for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and advance directives.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

Services for Your Beneficiary

Life insurance beneficiaries[2] can access services for 12 months after the beneficiary receives the Life claim letter from The Standard. Recipients of an Accelerated Death Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Care Managers with advanced training are on call to provide confidential grief sessions by phone or in person. Your beneficiaries are eligible for up to six face-to-face sessions.
- **Legal Services:** In addition to online estate planning tools, your beneficiaries can obtain legal assistance from experienced attorneys. They can schedule an initial office visit or a telephone consultation for up to 30 minutes with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25% rate reduction from the attorney's normal hourly or fixed-fee rates.
- **Financial Assistance:** Your beneficiaries can schedule up to 30-minute telephone sessions with financial counselors who can help with issues such as budgeting strategies, and credit and debt management.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. WorkLife advisors can guide them to resources to help manage household repairs and chores, find child care and elder care providers or organize a move or relocation.

Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit **standard.com/mytoolkit (user name: support)** or call the assistance line at **800.378.5742**

EMPLOYEE ASSISTANCE PLAN

If you enroll in Group Term Life/AD&D, you will automatically have access to the Employee Assistance Program (EAP) through the Standard that provides 3 Face to Face visits per issue every 12-months. To reach a health advocate, call 888.293.6948.

A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,[1] which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)[2] and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

EAP services can help with:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation and other legal documents

Contact **EAP**

888.293.6948
(TTY Services: 711)
24 hours a day,
seven days a week

healthadvocate.com/standard3

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit **healthadvocate.com/standard3** to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

DENTAL BENEFITS

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

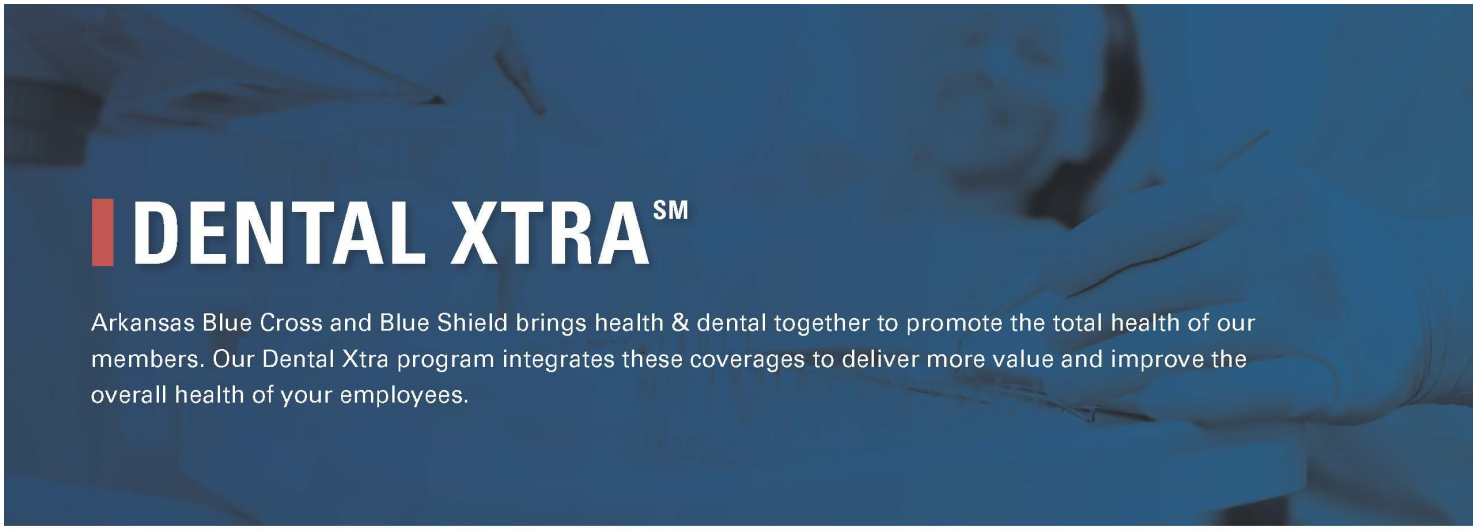
Good dental health is just as important as your annual physical. Dental diseases (if left unattended) can contribute to health issues like heart disease, stroke, pre-term birth, and diabetes. In fact, gum health is as good an indicator of heart disease as high cholesterol is!

Dental plans protect you from major dental expenses such as root canals and crowns, and covers preventive care, like exams and cleanings. **To find a dentist anywhere in the United States, go to arkansasdentalblue.com and select "Find a Doctor"**

DEDUCTIBLE AND PLAN MAXIMUM	
Calendar Year Deductible (applies to Basic and Major Services)	$50 per person (up to three per family)
Calendar Year Plan Maximum—$1,000 per calendar year	

PLAN BENEFITS	WHAT YOU PAY	WHAT YOU PAY
Plan pays…	**In-Network**	**Out-of-Network**
Diagnostic & Preventive Services Exams Cleaning X-rays Sealants	0% Covered in Full (deductible does NOT apply)	10% (deductible does NOT apply)
Basic Services Fillings (white composite) Extractions Endodontics (root canal) Oral Surgery Anesthesia	20% (after deductible)	30% (after deductible)
Major Services Inlays, Onlays, Crown Partials and Dentures Implants Surgical Periodontics	50% (after deductible)	60% (after deductible)
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**



DENTAL XTRA℠

Arkansas Blue Cross and Blue Shield brings health & dental together to promote the total health of our members. Our Dental Xtra program integrates these coverages to deliver more value and improve the overall health of your employees.

Better health for employees; lower costs for everyone

Good dental health is important, especially for those diagnosed with certain medical conditions. Dental Xtra provides enhanced dental benefits that can help manage these conditions. Enrolled members gain:

- **Enhanced dental benefits** equate to more than $1,000 in dental services
- **Program benefits are covered 100%** (in-network), with no out-of-pocket expenses or waiting periods, and the services do not count toward the annual maximum
- **Better health means increased productivity** in the workplace and potentially lower medical and dental costs for you and your employees

Encourage your employees to use their benefits

Dental Xtra can make a big difference in your employees lives. Encourage them to see their dentist and pursue better dental — and overall — health.

Health and dental integration for improved overall health

Our health and dental plans work together to identify employees with eligible medical conditions (see chart below) and automatically enroll them in Dental Xtra. We reach out to these members proactively to educate them about the program and the importance of dental health. Dental-only members can easily enroll online. When you offer your employees benefits through stand-alone carriers, opportunities are missed to achieve better overall health.

Covered Medical Conditions and Enhanced Dental Benefits	Automatic Program Enrollment	Two Additional Cleanings or Periodontal Maintenance Visits per Year	Oral Cancer Screenings Once Every 6 Months & Fluoride Treatments Once Every 3 Months	Periodontal Scaling* Covered 100% with No Out-of-Pocket Expense
Diabetes	✓	✓		✓
Coronary Artery Disease	✓	✓		✓
Stroke	✓	✓		✓
Pregnancy		✓		✓
Oral Cancer	✓	✓	✓	
Head & Neck Cancers (As of January 1, 2020)	✓	✓	✓	
Sjögren's Syndrome	✓	✓	✓	

*A member's plan must include periodontal coverage to receive this benefit.

Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

Learn more at arkansasbluecross.com or talk to your Arkansas Blue Cross and Blue Shield representative.

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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 to find a vision care provider in your area. For additional information call Customer Service at 800.877.7195 Monday through Friday 7 a.m. to 10 p.m.

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

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

DISABILITY BENEFITS VOLUNTARY STD & LTD

Short Term Disability (STD) and Long Term Disability (STD) coverage is available to full-time employees actively at work, working at least 30 hours per week. STD and LTD replaces up to 60% of your pre-disability earnings when you can't work due to a qualifying disability. Even if you are healthy now, it's important to protect yourself and the people who count on our income. This insurance can help you pay your bills when you are unable to work.

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 and sick time. Benefits begin on the 8th consecutive day of a covered disability and are payable up to a maximum of 12 weeks for any one covered disability.

If you do not enroll within 31 days of becoming eligible you will have a 60-day waiting period to satisfy during the first twelve (12) months of coverage before benefits are payable.

You must be actively at work to apply for this coverage.

BENEFIT HIGHLIGHTS

Benefits begin on the 8th day after you have been unable to work due to an accidental injury or illness covered by this plan.

Your benefit will pay **60%** of your weekly earnings up to a **max of $1,250 per week., minus any other income you receive.**

Minimum weekly amount: $15

Maximum benefit period: 12 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. You must be actively at work to apply for this coverage.

Evidence of Insurance is waived for this Open Enrollment Period. If you are not a new hire in your initial enrollment period, after this annual open enrollment ends, you will be subject to medical underwriting approval.

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 up to a maximum of **$7,500** per month.

Minimum weekly amount: $100

The maximum benefit duration is to Social Security

Evidence of Insurability is waived for this Open Enrollment Period.

Rates for all products will be calculated for you when you enroll in PlanSource.

ADDITIONAL ANCILLARY PLANS

In addition to the plans that ATU offers, there are additional ancillary plans you can chose to enroll in through Standard Insurance Co. These options are available to full-time actively at work employees working at least 30 hours per week. Benefits are payable directly to you to use wherever you need it most.

ACCIDENT—TWO PLANS TO CHOOSE FROM—ENHANCED OR PREMIER

- Provides comprehensive coverage for accidental injuries including hospitalization, rehab, and physical therapy
- Provides coverage 24 hours a day—no matter where the accident occurs
- Coverage is guaranteed, no health questions or underwriting is required
- Coverage is available to your spouse and children
- Both Plans are portable; you can take it with you if you leave your place of employment
- Includes a $75 annual wellness screening benefit

HOSPITAL INDEMNITY

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
- Coverage is available to your spouse and children
- This plan is portable; you can take it with you if you leave your place of employment
- Includes a $50 annual wellness screening benefit

CRITICAL ILLNESS

You can choose policy amounts of $10,000, $20,000 or $30,000; Spouse coverage is available in policy amounts of $5,000, $10,000 or $15,000, but not more than 50% of the policy amount you choose. Your child(ren) are automatically covered at 50% of your coverage amount at no additional cost.

- This plan is portable; you can take it with you if you leave your place of employment
- Includes a $75 annual wellness screening benefit

Rates for all products will be calculated for you when you enroll in PlanSource.

ACCIDENT

ACCIDENT—Having an accident doesn't just hurt you, it can also damage your finances. Accident insurance is an affordable way to make sure you can cover the gap between what your medical insurance covers and what you'd owe out of pocket if you or a family member were to get injured. Benefits are payable directly to you to use wherever you need it most. With the Standard, **you can choose between two plans**. **Enhanced or Premier Options**.

WHAT IS COVERED?

- Both provide coverage for accidental injuries including Urgent Care and Emergency Room visits hospitalization visits, rehab, and physical therapy
- Both provide 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. If your child under age 18 is injured while participating in an organized athletic activity you 'll receive an additional 25% payment.
- Both Include an annual $75 Health Maintenance Screening Benefit just for going to the doctor for a covered wellness screening.
- Both provide a portability option that allows you to continue coverage if your employment ends.

WHAT MAKES THEM DIFFERENT?

- The benefit payment amount you receive for medical services received for a covered accident. The Premier Plan has a higher payable amount for services received.
- Both include an Accidental Death and Dismember benefit (AD&D). The Enhanced plan includes a $50,000 AD&D benefit and the Premium plan includes a $100,000 AD&D benefit at no additional cost.

Please refer to the following Accident summaries for additional information.

Rates for all products will be calculated for you when you enroll in PlanSource.

ACCIDENT - ENHANCED OPTION

These are actual benefits you could receive in the event of a covered accident. Benefits are paid once per covered accident unless otherwise noted:

Emergency Care Benefits	
Ambulance — Air	$800
Ambulance — Ground	$300
Emergency Room Visit	$150
Urgent Care Visit	$50
Initial Care Visit (not payable if Urgent Care or Emergency Room Visit Benefit is payable)	$50
Emergency Dental Care — Crown	$200
Emergency Dental Care — Extraction	$100
Outpatient X-ray	$50
Major Diagnostic Exam (such as CT scan, MRI, EEG)	$200
Transfusion Blood, Plasma or Platelets	$300

Specific Injury Benefits	
Burns	$200-$10,000, depending on severity
Coma	$7,500
Concussion	$150
Eye Injury	$200
Lacerations	$75-$500, depending on size
Skin Graft	25% of burn benefit

Follow-Up Care	
Medical Appliance (e.g., wheelchair, cane or brace)	$100
Chiropractic Care (maximum 2 visits per covered accident, 1 per day)	$50 per day
Physician Follow-up (maximum 2 visits per covered accident, 1 per day)	$50 per day
Hearing Device	$500
Prosthesis	One: $500 Two or more: $1,000
Occupational, Speech or Physical Therapy (maximum 3 visits per covered accident, 1 per day)	$50 per day

Dislocations	Non-surgical/Surgical
Ankle, Collarbone (sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	$800/$1,600
Knee (not including kneecap)	$900/$1,800
Collarbone (acromioclavicular), Spine	$400/$800
Finger, Rib, Toe	$150/$300
Hip	$2,500/$5,000
Partial Dislocation	25% of the associated dislocation listed above (non-surgical)

Fractures	Non-surgical/Surgical
Ankle, Arm (shoulder to elbow), Arm (elbow to wrist), Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder Blade, Sternum, Wrist	$550/$1,100
Bones of Face, Coccyx, Nose, Vertebrae	$500/$1,000
Rib	$400/$800
Finger, Toe	$100/$200
Hip	$2,500/$5,000
Leg (hip to knee)	$2,000/$4,000
Leg (knee to ankle), Pelvis, Vertebral Column	$1,200/$2,400
Skull (depressed)	$4,000/$8,000
Skull (non-depressed)	$1,500/$3,000
Chip Fracture	25% of the associated fracture listed above (non-surgical)

Rates for all products will be calculated for you when you enroll in PlanSource.

ACCIDENT - ENHANCED OPTION

Surgical Benefits	
Knee Cartilage (Once per covered accident, regardless of whether one or both knees require repair. If both exploratory and repair surgeries are performed, will pay repair benefit amount)	
Exploratory	$200
Repair	$750
Tendon, Ligament, Rotator Cuff (If two or more surgeries are required for the same covered accident, will pay the highest benefit amount)	
Exploratory	$200
Repair of one	$750
Repair of two or more	$1,000
Ruptured Disc	
Repair	$750
Abdominal/Thoracic Surgery (If more than one surgery required for the same covered accident, will pay the highest benefit amount)	
Exploratory	$200
Laparoscopic Repair Surgery	$750
Open Repair Surgery	$1,500
Surgical Facility Benefit	$150

Hospital Benefits	
Hospital Admission (once per covered accident)	$1,000
Daily Hospital Confinement (maximum 365 days per covered accident)	$200 per day
Critical Care Unit Admission* (once per covered accident)	$750
Daily Critical Care Unit Confinement* (maximum of 15 days per covered accident)	$200 per day
Daily Rehabilitation Facility (maximum 90 days per covered accident)	$100 per day
* Payable in addition to any Hospital Admission and/or Daily Hospital Confinement Benefit you may be eligible to receive.	

MONTHLY RATES

Employee	**$9.77**
Employee + Spouse	**$15.68**
Employee + Child(ren)	**$18.36**
Family	**$28.82**

Additional Benefits	
Lodging (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	$175
Transportation (per trip) (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	$150
Health Maintenance Screening Benefit (once per calendar year)	$75
Youth Organized Sports Benefit	Additional 25% of total benefit payable

Accidental Death and Dismemberment (AD&D)	
Accidental Death You: Spouse: Child:	 $50,000 $25,000 $12,500
In the event of a covered accidental dismemberment or impairment, this policy would pay a percentage of the Accidental Death benefit:	
Loss of both hands or feet	30%
Loss of one hand and one foot	30%
Loss of one hand or one foot	15%
Loss of one digit (finger or toe)	2%
Loss of two or more digits (fingers and/or toes)	5%
Uniplegia	15%
Hemiplegia, Paraplegia or Triplegia	30%
Quadriplegia	50%
Loss of sight (one eye); loss of hearing (one ear)	15%
Loss of sight (both eyes); loss of hearing (both ears)	30%
In the event of an accidental death, this policy would pay the full Accidental Death benefit. In certain scenarios, it would also pay an additional percentage of the Accidental Death benefit:	
Air Bag Benefit	10%
Helmet Benefit	10%
Seat Belt Benefit	10%
Repatriation/transportation of remains	10%
Death that occurs while aboard commercial transportation	100%
In the event of an accidental death, accidental dismemberment or accidental impairment of a public safety officer that occurs in the line of duty, an additional 100% of the accidental death or accidental dismemberment or impairment benefit amount will also be paid:	
Line of Duty Benefit	100% of AD&D Benefit

Rates for all products will be calculated for you when you enroll in PlanSource.

ACCIDENT - PREMIER OPTION

These are actual benefits you could receive in the event of a covered accident. Benefits are paid once per covered accident unless otherwise noted:

Emergency Care Benefits	
Ambulance — Air	$1,500
Ambulance — Ground	$600
Emergency Room Visit	$200
Urgent Care Visit	$60
Initial Care Visit (not payable if Urgent Care or Emergency Room Visit Benefit is payable)	$60
Emergency Dental Care — Crown	$350
Emergency Dental Care — Extraction	$150
Outpatient X-ray	$60
Major Diagnostic Exam (such as CT scan, MRI, EEG)	$300
Transfusion Blood, Plasma or Platelets	$600

Specific Injury Benefits	
Burns	$500-$12,500, depending on severity
Coma	$15,000
Concussion	$200
Eye Injury	$300
Lacerations	$100-$800, depending on size
Skin Graft	50% of burn benefit

Follow-Up Care	
Medical Appliance (e.g., wheelchair, cane or brace)	$200
Chiropractic Care (maximum 2 visits per covered accident, 1 per day)	$60 per day
Physician Follow-up (maximum 3 visits per covered accident, 1 per day)	$70 per day
Hearing Device	$600
Prosthesis	One: $1,000 Two or more: $2,000
Occupational, Speech or Physical Therapy (maximum 4 visits per covered accident, 1 per day)	$50 per day

Dislocations	Non-surgical/Surgical
Ankle, Collarbone (sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	$1,000/$2,000
Knee (not including kneecap)	$1,000/$2,000
Collarbone (acromioclavicular), Spine	$500/$1,000
Finger, Rib, Toe	$200/$400
Hip	$3,500/$7,000
Partial Dislocation	25% of the associated dislocation listed above (non-surgical)

Fractures	Non-surgical/Surgical
Ankle, Arm (shoulder to elbow), Arm (elbow to wrist), Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder Blade, Sternum, Wrist	$650/$1,300
Bones of Face, Coccyx, Nose, Vertebrae	$750/$1,500
Rib	$500/$1000
Finger, Toe	$200/$400
Hip	$3,000/$6,000
Leg (hip to knee)	$3,000/$6,000
Leg (knee to ankle), Pelvis, Vertebral Column	$1,700/$3,400
Skull (depressed)	$5,250/$10,500
Skull (non-depressed)	$2,000/$4,000
Chip Fracture	25% of the associated fracture listed above (non-surgical)

Rates for all products will be calculated for you when you enroll in PlanSource.

ACCIDENT - PREMIER OPTION

Surgical Benefits	
Knee Cartilage (Once per covered accident, regardless of whether one or both knees require repair. If both exploratory and repair surgeries are performed, will pay repair benefit amount)	
Exploratory	$250
Repair	$1,000
Tendon, Ligament, Rotator Cuff (If two or more surgeries are required for the same covered accident, will pay the highest benefit amount)	
Exploratory	$250
Repair of one	$1,000
Repair of two or more	$1,500
Ruptured Disc	
Repair	$1,000
Abdominal/Thoracic Surgery (If more than one surgery required for the same covered accident, will pay the highest benefit amount)	
Exploratory	$400
Laparoscopic Repair Surgery	$1,000
Open Repair Surgery	$2,000
Surgical Facility Benefit	$500

Hospital Benefits	
Hospital Admission (once per covered accident)	$1,500
Daily Hospital Confinement (maximum 365 days per covered accident)	$400 per day
Critical Care Unit Admission* (once per covered accident)	$1,000
Daily Critical Care Unit Confinement* (maximum of 15 days per covered accident)	$200 per day
Daily Rehabilitation Facility (maximum 90 days per covered accident)	$150 per day
* Payable in addition to any Hospital Admission and/or Daily Hospital Confinement Benefit you may be eligible to receive.	

MONTHLY RATES

Employee	**$14.66**
Employee + Spouse	**$23.14**
Employee + Child(ren)	**$27.63**
Family	**$43.24**

Additional Benefits	
Lodging (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	$200
Transportation (per trip) (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	$200
Health Maintenance Screening Benefit (once per calendar year)	$75
Youth Organized Sports Benefit	Additional 25% of total benefit payable

Accidental Death and Dismemberment (AD&D)	
Accidental Death You: Spouse: Child:	 $100,000 $50,000 $25,000
In the event of a covered accidental dismemberment or impairment, this policy would pay a percentage of the Accidental Death benefit:	
Loss of both hands or feet	30%
Loss of one hand and one foot	30%
Loss of one hand or one foot	15%
Loss of one digit (finger or toe)	2%
Loss of two or more digits (fingers and/or toes)	5%
Uniplegia	15%
Hemiplegia, Paraplegia or Triplegia	30%
Quadriplegia	50%
Loss of sight (one eye); loss of hearing (one ear)	15%
Loss of sight (both eyes); loss of hearing (both ears)	30%
In the event of an accidental death, this policy would pay the full Accidental Death benefit. In certain scenarios, it would also pay an additional percentage of the Accidental Death benefit:	
Air Bag Benefit	10%
Helmet Benefit	10%
Seat Belt Benefit	10%
Repatriation/transportation of remains	10%
Death that occurs while aboard commercial transportation	100%
In the event of an accidental death, accidental dismemberment or accidental impairment of a public safety officer that occurs in the line of duty, an additional 100% of the accidental death or accidental dismemberment or impairment benefit amount will also be paid:	
Line of Duty Benefit	100% of AD&D Benefit

Rates for all products will be calculated for you when you enroll in PlanSource.

HOSPITAL INDEMNITY (HSA Qualified)

Medical insurance is important, especially when you have a hospital stay. Planned or unplanned, it can leave you with unexpected bills and out-of-pocket costs. Group Hospital Indemnity Insurance can help cover unexpected expenses such as copays, deductibles and out-of-network charges as well as everyday living expenses. It pays a fixed benefit amount directly to you for hospital stays, regardless of your treatment costs or other insurance coverage you might have.

ATU offers this benefit option to actively at work full-time employees 18 years old or older working at least 30 hours per week. You can choose coverage for your spouse age 18 and older and your children from birth to age 25.

BENEFITS	AMOUNTS PAID TO YOU
Hospital Admission—1 per calendar year (at least 20 consecutive hours in a hospital setting)	$500 per day
Daily Hospital Confinement (max of 15 days per stay for at least 20 consecutive hours in a hospital setting)	$150 per day
Daily Critical Care Unit Confinement (max of 15 days per stay payable in addition to a hospital admission and/or daily hospital confinement benefit)	$150 per day
Waiver of Premium if confined to a hospital for more than 30 days	Premium is waived until the last day of the month of your hospitalization

BENEFIT HIGHLIGHTS

Waiver of Premium if confined to a hospital for more than 30 days your premium is waived until the last day of the month of your hospitalization.

Benefit is portable. You can take it with you if you change jobs.

You may enroll for coverage for you and your dependents if you enroll within 31 days after becoming eligible. If you do not enroll during this period, you may do so during the annual open enrollment period.

MONTHLY RATES

Employee	**$10.23**
Employee + Spouse	**$17.52**
Employee + Child(ren)	**$14.88**
Family	**$26.13**

Rates for all products will be calculated for you when you enroll in PlanSource.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious illness. It pays a lump-sum benefit directly to you upon diagnosis of a covered illness, regardless of your treatment costs or what's covered by your medical insurance. Coverage is available to actively at work full-time employees 18 or older working at least 30 hours per week.

Coverage amounts of $10,000, $20,000 or $30,000 are available for you and coverage increments of $5,000 up to $15,000 are available for your spouse as long as it's not more than 50% of your benefit amount. Your dependent children are automatically covered at 50% of your amount for no additional charge and are also covered for 21 additional childhood diseases including Cystic Fibrosis, Down Syndrome, Muscular Dystrophy, Spina Bifida and Cerebral Palsy.

COVERAGE & OPTIONS	PERCENTAGE OF POLICY AMOUNT
Cancer Diagnosis	100%
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
End-Stage Renal Failure	100%
Coma	100%
Paralysis of two or more limbs	100%
Loss of site	100%
Occupational HIV	100%
Occupational hepatitis	100%
Severe coronary artery disease with bypass surgery	25%
Carcinoma in situ (cancer that hasn't metastasized)	25%

WELLNESS BENEFIT

To promote healthier routines, You and your covered dependents also will receive an annual wellness screening benefit of $75 when visiting a doctor for a covered wellness screening such as a mammogram, Pap test, PSA (Prostate Specific Antigen) test, or colonoscopy.

EMPLOYEE RATES

AGE	$10,000	$20,000	$30,000
18 - 29	$3.60	$7.20	$10.80
30 - 39	$5.40	$10.80	$16.20
40 - 49	$11.00	$22.00	$33.00
50 - 59	$22.60	$45.20	$67.80
60 - 69	$41.60	$83.20	$124.80
70+	$72.90	$145.80	$218.70

SPOUSE RATES

AGE	$5,000	$10,000	$15,000
18 - 29	$1.80	$3.60	$5.40
30 - 39	$2.70	$5.40	$8.10
40 - 49	$5.50	$11.00	$16.50
50 - 59	$11.30	$22.60	$33.90
60 – 65	$20.80	$41.60	$62.40
75+	$36.45	$72.90	$109.35

You may enroll for coverage for you and your spouse up to the maximum amount if you enroll within 31 days after becoming eligible. If you do not enroll during this period or want to increase your coverage up to the maximum amount, you may do so during the annual open enrollment period.

Rates for all products will be calculated for you when you enroll in PlanSource.

AIR AMBULANCE

PEACE OF MIND FOR UNFORESEEN EMERGENCY MEDICAL CARE

Survival Flight Inc. focuses on the quality of care and the safety of patients. Our mission is to serving our customers with unsurpassed and rapid medical services to save lives.

Survival Flight values the importance of family. All Survival Flight vehicles are third-rider equipped to allow a patient's family member to fly with their loved one when necessary. This capability is a true advantage especially in the case when a pediatric patient is flown, because a parent or other loved one can fly with the child.

Survival Flight offers a group rate of $40.00/member provided there are 10 households within the group to sign up. The membership coverage includes the member and everyone living in the member's household for one year. Renewal of membership is required each year.

If you have any questions about Survival Flight membership, please contact:

ACCESS, QUALITY & SAFETY WHEN YOU NEED IT MOST

An **Air Evac Lifeteam** group membership through ATU (participating provider in the AirMedCare Network) costs just $55 per year for your entire household (senior discounts are available). More than 3 million people are covered by the AirMedCare Network. Membership covers you for emergency transport with participating providers across 38 states.

The enrollment and renewal process is fast and easy. You may enroll/ renew online at https://lifeteam.net, or by calling 1.800.793.0010 from 8 a.m. to 8 p.m. CST Monday through Friday.

New memberships start on January 1st each year. The entire premium is withheld from your December payroll. Employees hired after October 1st are eligible to enroll during the next annual open enrollment period.

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. State employees are required to participate in one of the retirement plans available to them. Once a retirement plan has been selected, it cannot be altered during the course of employment at ATU. However, participation in a supplemental plan is at each employee's own discretion.

All new hires are eligible to enroll in the following retirement plan:

	Vesting Period	Retirement Age	Participation Status	Employee Contribution	Employer Contribution
TIAA	Two years	IRS Retirement	Contributory	4%	8%

If you are transferring from a state agency and are already vested with APERS or ARTRS, then you may have an opportunity to continue the enrollment.

	Vesting Period	Retirement Age	Participation Status	Employee Contribution	Employer Contribution
APERS	5 years	Age 65 with 5 years; Any age with 28 years	Contributory	5%	15.32%
ARTRS	5 years	Age 60 with 5 years; Any age with 28 years	Contributory	6.75%	14.75%

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

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

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

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 **$19,500** *(unless you are over 55 and then your maximum annual limit is **$26,000**)*. These limits are set by the IRS each year.

CONTACT INFORMATION

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.

COVERAGE	GROUP #	PHONE	WEBSITE
BlueCross BlueShield **Medical Coverage** **My Blue Print** **Virtual Health** **Prescription Services -CVS Caremark**	**HDHP** 029320 **PPO** 029319	800.238.8379 888.293.3748	arkansasbluecross.com arkansasbluecross.com/myblueprint MyVirtualHealth.com
Consolidated Admin Services (CAS) **Health Savings Account (HSA)** **Flexible Spending Account (FSA)**	ATU	877.941.5956 877.641.5956 Fax	info@consolidatedadmin.com consolidatedadmin.com
Health Advocate—The Standard **EAP Services**	169550	800.293.6948	Healthadvocate.com/standard3
BCBS Dental Select **Dental Coverage**	027957	888.223.4999	arkansasdentalblue.com
BCBS VSP Vision Care **Vision Coverage**	061764	800.877.7195	arkansasbluecross.com/findcare
The Standard **Group Term Life/AD&D** **Voluntary Term Life** **Voluntary AD&D** **Voluntary Dependent Life/AD&D**	169550	800.628.8600	www.standard.com
The Standard **Short Term Disability** **Long Term Disability**	169550	800.368.2859 800.368.1135	www.standard.com
The Standard **Accident**	169550	866.851.5505	www.standard.com
The Standard **Critical Illness**	169550	866.851.5505	www.standard.com
The Standard **Hospital Indemnity**	169550	866.851.5505	www.standard.com
Air Evac **Air Ambulance**		800.793.0010	lifeteam.net
Survival Flight **Air Ambulance**		870.793.0998	survivalflightinc.com
Stephens Insurance **Bobette Leggett**		501.377.2045	bobette.leggett@stephens.com

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Stephens Insurance, LLC