2021
Open Enrollment Guide

Public School Employees

Employee Benefits Division

Department of Transformation and Shared Services

AR BENEFITS

Health Advantage

An Independent Licensee of the Blue Cross and Blue Shield Association

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2021 Open Enrollment

Open Enrollment is when public school employees, and non-Medicare Retirees enroll or make changes to their Health Insurance Plans without the requirement for a qualifying event. During Open Enrollment, employees may make changes for the 2021 Plan year, such as:

- Enroll in coverage
- Add their spouse
- Drop or add a dependent
- Cancel coverage
- Change from pre-tax to post-tax deduction
- Change Plan levels (excludes Medicare Retirees)

If your Health Insurance Plan will not change for Plan year 2021, you do not need to submit an Enrollment Form. The coverage you selected in 2020 will continue for 2021.

Note: Any Open Enrollment changes, excluding qualifying events, received prior to the first date of Open Enrollment or after the deadline, will not be processed.

Employees who plan on retiring in Plan year 2021 must be actively covered on an ARBenefits Health Insurance Plan on their last day of employment to be eligible for Retiree Coverage.

Eligible Employees

To be eligible, a public school employee must be:

- A full time employee.
- Working 30 hours or more per week each school year.

It is the responsibility of each district to determine if an employee is eligible for coverage.

Eligible Dependents

If your dependent is your legal spouse, he or she may join; however spouses who are eligible for coverage through their own employer are not eligible for coverage.
To add a child as a dependent to your Health Plan, you must answer yes to one of the following questions:

- Is this your birth child, adopted child, stepchild, or do you have legal guardianship?
- Is the child under the age of twenty-six (26)?
- Is the child a Qualified Medical Child Support Order (QMCSO) dependent under the age of twenty-six (26), and do you have a judgement, decree, or order issued under State law?
- Is he or she qualified disabled dependent and been medically certified as Totally Disabled due to a mental or physical incapacity?

Required Documentation for Adding Your Legal Spouse:

- Enrollment Form
- Spousal Affidavit
- Copy of Marriage License

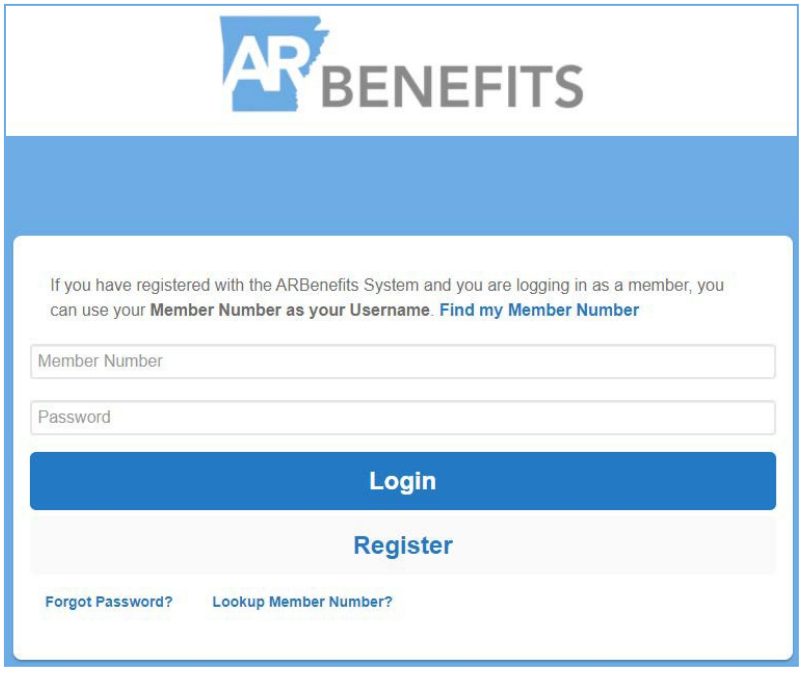
Required Documentation for Adding a Dependent:

- Enrollment Form
- Birth Certificate; Announcement if newborn up to age 6 months; or court approved adoption papers.
- Stepchild: Marriage license showing relationship to stepparent along with stepchild's birth certificate.
- Legal Guardian: Court approved guardianship papers.

To drop a spouse from coverage, please submit an Enrollment Form.

The Easy Preferred Way: Enroll Online

The online portal is the fastest and easiest way for new employees to enroll in a Health Plan and for existing employees to make changes to their Plans during the Open Enrollment period. The online portal is available to new employees during the first sixty (60) days of employment and for the Open Enrollment period for existing employees. Non-Medicare Retirees can also access the online portal to make changes during Open Enrollment. To register for the online portal, go to www.transform.ar.gov/employee-benefits/arbenefits/ and select the arrow next to **ARBenefits** Member Portal, click **Log into ARBenefits Member Portal**.



Once you click **Register**, you can sign up for user access. When you enroll through the online portal, you may upload documents, make changes, and review and verify existing information. Additionally, you will receive instant confirmation on any elections you have made in the online portal as they are being processed. If more documentation is needed, TSS EBD will notify you. As a bonus, when you register online, you will receive email alerts on the status.

You may also fax or mail your Enrollment Form along with supporting documentation to the Department of Transformation and Shared Services Employee Benefits Division. If you use mail or fax, please retain a copy of your completed form, and make sure to keep your fax submission receipt.

Department of Transformation and Shared Services, Employee Benefits Division
P.O. Box 15610 | Little Rock, AR 72231-5610
Fax: 501.683.0983

Check out the Enrolling Online with ARBenefits Guide

Common Health Insurance Terms

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

Coinsurance: after the deducible is paid, coinsurance is cost sharing between the Plan and member for covered services.

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

Deductible: The amount the member pays before the Plan starts to contribute for medically necessary covered services.

Out-of-Pocket Maximum: Maximum amount paid towards covered medical service for Plan year. Once reached, Plan pays 100% for covered services for remainder of Plan year. Amounts contributed to deductible and out-of-pocket maximums reset with the start of a new Plan year.

Premium: The amount members pay for coverage whether services are utilized.

Open Enrollment: Annual period allowing employees to make changes without qualifying event. Open Enrollment changes go into effect the following January.

Plan-Year: Jan 1 through Dec 31. The ARBenefits Plan starts a new Plan year every January 1 that runs through December 31 of that year. Amounts contributed to deductible and out-of-pocket maximums reset with the start of a new Plan year.

Preventative Care: Set of preventative services at no costs to Plan members even if members have not hit their deductibles. Note that some screenings may only be for a specific age group and if the screening becomes a diagnostic, then it is not considered preventative after that point.

Qualifying [Life] Event: Triggers a special enrollment period for employees who undergo major life changes such as birth, death, marriage, and/or loss/gain of other group coverage. This special enrollment period

provides active employees 60 days and retirees 30 days to submit changes along with proof of the qualifying event.

Third Party Administrator (TPA): Health Advantage is the TPA as they process claims for ARBenefits and ARBenefits follows the coverage policies of Health Advantage.

Voluntary Products: Optional benefits such as life dental, vision, cancer, short/long-term disability, etc. Providers are separate from the Health Insurance Plan.

ARBenefits Health Plans

Public School Employees (PSE), non-Medicare Retirees, and members with COBRA have three Plan levels to choose from with ARBenefits. Each Plan level is self-insured with Health Advantage serving as the third-party administrator (TPA). MedImpact serves as the Plan's administrator for all pharmacy benefits.

The Three Plan Levels Under Health Advantage Offer the Following:

- Coverage for care including doctor visits, hospital stays, prescriptions, rehabilitation services and more.
- Access to specialists without a referral. Some services may require pre-certification.
- In-network providers in Arkansas and access to providers nationwide through BCBS provider network.
- Eligible preventive care covered 100% with no deductible requirement.
- Plan benefit of $160 towards the purchase of a breast pump and supplies.
- Plan benefit of $1,400 per ear, every three years, towards the cost of hearing aids.
- 24x7 Nurse Line available to members who are not sure if they need to go to the emergency room.
- 24-hour care for medical emergencies in or out-of-network.
- Access to Health Advantage's “My Blueprint" portal.
- Access to Health Advantage's “Blue 365” Deals Program where members can access discounts.

ARBenefits Premium

The Premium Plan is a POS (Point of Service) Plan and is considered the “richest” of the Plan options as it contains the maximum amount of benefits with copays and coinsurance. It also has the highest monthly premium cost to the member. This Plan has a $750 individual /$1,500 family deductible that must be met before the Plan begins to pay for some services. The Plan consists of a $3,250 individual and $6,500 family medical in-network out-of-pocket maximum. There is not an out-of-pocket maximum for out-of-network services. The copays are $25 for a primary physician and $50 for a specialist. The Premium Plan includes a prescription drug plan, with copays.

ARBenefits Classic

The Classic Plan is a High-Deductible PPO Plan. This Plan has a $1,750 individual/$2,850 family deductible. The family deductible includes an embedded individual deductible of $2,800. When an individual on a Classic family Plan meets the $2,800 amount, the Plan will begin applying coinsurance for that member.

The Plan consists of a $6,450 individual/ $9,675 family medical out-of-pocket maximum. Eligible active employees are advised to have a Health Savings Account (HSA) with this Plan. There are no copays (exception for hearing and vision services). Prescriptions, medical services, and any copays apply to the deductible limit, and can be paid with HSA funds.

ARBenefits Basic

The Basic Plan is a High-Deductible PPO Plan. It features the lowest monthly premium of any Plan. The Plan has a $4,000 individual/$8,000 family deductible. There is no coinsurance for the Basic Plan. Once the deductible is met, the Plan pays at 100% for allowable services. Eligible active employees are advised to have a Health Savings Account (HSA) with this Plan. There are no copays (exception for hearing and vision services). Prescriptions, medical services, and any copays apply to the deductible limit and can be paid with HSA funds.

ARBenefits non-Medicare Retiree

A retiree not eligible for Medicare may choose from Premium, Classic or Basic until the retiree or spouse reaches age of 65 or becomes Medicare eligible. There is only one option for Medicare-eligible members: the Medicare Primary Plan. Once the member becomes eligible for Medicare, the member and dependents will automatically be moved to the Medicare Primary Plan if currently enrolled in Classic or Basic. Medicare Primary members will not have to use the Health Advantage network of Providers. However, dependents on the Medicare Primary Plan not eligible for Medicare, will be required to use the Health Advantage network to receive In-Network benefits.

Connect Your Care

Connect Your Care is the Third-Party Administrator (TPA) for the State's Health Savings Accounts (HSA). Health Savings Accounts are benefits available to public school employees to set aside pre-tax money for medical expenses not covered by insurance.

Health Savings Accounts (HSA)

Health Savings Accounts (HSA) allow you to contribute pre-tax funds towards eligible medical expenses not covered by insurance. Employees must be enrolled a High Deductible Health Plan to establish and contribute towards an HSA. This means employees must be enrolled in the **Classic** or **Basic Plan**. Employees on the Premium Plan are not eligible to contribute. Employees with an HSA have complete ownership of their account, meaning even if they leave employment, they will still have full access to their HSA.

There is no limit on the amount of funds that employees can roll over year-to-year with their HSA. HSA funds also earn interest and give the account holder the opportunity invest their funds once their balance reaches $1,000. HSA holders must have funds in their account to use them. There is no set enrollment period for HSAs. You can establish an HSA at any time of the year and can change your contribution amount at any time of the year.

For more information on HSA, please go to https://www.connectyourcare.com/m/arbenefits/.

Wellness Program

The health and well-being of our public school employees is important, which is why the State of Arkansas provides a wellness program to Plan members. The ARBenefitsWell Program allows the State to reduce ever-increasing claim costs and encourage participants of the ARBenefits Plan to actively engage in their own health and well-being. Participants in the ARBenefitsWell program receive a monthly discount in premium when certain wellness criteria are met during the Plan year. Premium discounts are effective January 1 of the new Plan year. For 2021, the monthly premium discount is $50 for participating members who meet the wellness criteria.

Program Requirements

To qualify for premium discounts, public school employees and covered spouses must meet the following:

Biometric Screening (Wellness Visit)

ARBenefits partnered with Catapult Health to provide on-site preventative health checkups at State departments and school districts. There is no charge to an employee or covered spouse to participate in a Catapult Health on-site preventative checkups (biometric screening). Members and covered spouse may choose to have their primary physician conduct their biometric screening instead of using Catapult's free services. If participants opt for this, they will need to have their physician complete a Primary Care Provider Form (PCP). Biometric Screening must include:

- Blood work (cholesterol, blood glucose) & Body Mass Index (BMI)
- Blood Pressure Reading & Nicotine Screening Result

Health Assessment

Members and covered spouses must each complete a health assessment. Employees and covered spouses have two options to complete their health assessment depending on the wellness visit type they chose. Members and covered spouses who participate in a Catapult Health on-site preventative checkup will complete their health assessment during their checkup. Members who use their own physician to conduct their screening can complete an online health assessment by logging in to their My Blueprint account at healthadvantage-hmo.com. Health Assessments must be completed by October 31, 2020.

Tobacco Cessation

Members who test positive for nicotine can still complete program requirements by enrolling in a Tobacco Cessation Program through Health Advantage. A telephonic cessation program is available through New Directions Behavioral Health (EAP). Members interested in utilizing the telephonic program can contact New Directions at 1-877-300-9103.

Questions? Contact us:

Department of Transformation and Shared Services, Employee Benefits Division
501 Woodlane Street, Suite 500 | Little Rock, Arkansas 72201

Mailing Address:
P.O. Box 15610 | Little Rock, AR 72231
501.682.9656 | 877.815.1017 toll free

AskEBD@dfa.arkansas.gov