

2021 Open Enrollment Guide

Arkansas State Employees



Employee Benefits Division
Department of Transformation and Shared Services



Health Advantage

An Independent Licensee of the Blue Cross and Blue Shield Association

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2021 Open Enrollment

Open Enrollment is when State employees can enroll or make changes to their Health Insurance Plan or add voluntary products 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 your spouse
- ❖ Drop or add a dependent
- ❖ Cancel coverage
- ❖ Change from pre-tax to post-tax deduction
- ❖ Change your plan level (excludes Medicare Retirees)
- ❖ Enroll in vision and/or dental coverage
- ❖ Sign up for voluntary products

The dates for the 2021 Open Enrollment are as followed:

Arkansas State Employees Benefit Advisors (ARSEBA): September 1 – October 31, 2020.

- Colonial Life
- Delta Dental
- Humana
- AFLAC
- Manhattan Life
- Identity Guard

ARBenefits Health Insurance Plans: October 1 – October 31, 2020.

- Health Advantage Premium
- Health Advantage Classic
- Health Advantage Basic
- Connect Your Care Health Savings Account (HSA)
- Connect Your Care Flexible Spending Account (FSA)

If your Health Insurance Plan and/or voluntary products 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 (premium rate changes may apply due to increases between Plan year).

Employees who would like to contribute to a Flexible Spending Account (FSA) for 2021 or who would like access to rollover funds from their 2020 FSA must submit an FSA Election Form during Open Enrollment.

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 with the State to be eligible for Retiree Coverage.

Eligible Employees

Arkansas State Employees who meet one or more of the following are eligible to enroll in coverage:

- ❖ Regular full-time employees of a participating department or constitutional office:
 - In a budgeted position.
 - In a position recognized by the General Assembly.
 - Not seasonal or temporary.
 - Working 1,000 or more hours each year.
- ❖ A member of the General Assembly.
- ❖ An elected Constitutional Officer.
- ❖ An appointed or elected member of a Board or Commission on a full-time, salaried basis.

Eligible Dependents

If your dependent is your legal spouse, he or she may join; however, spouses who are eligible for coverage through their employer are not eligible for coverage under the State.

Note: Former spouses are not eligible to join the Plan even if there is a Court Order to include them in a Plan.

To add a child as a dependent to your Health Plan, you must answer yes to one of the following:

- ❖ Is this your birth child, adopted child, stepchild, or do you have legal guardianship for this child?
- ❖ 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

*to drop a spouse from coverage, submit an Enrollment Form.

Required Documentation for Adding a Dependent:

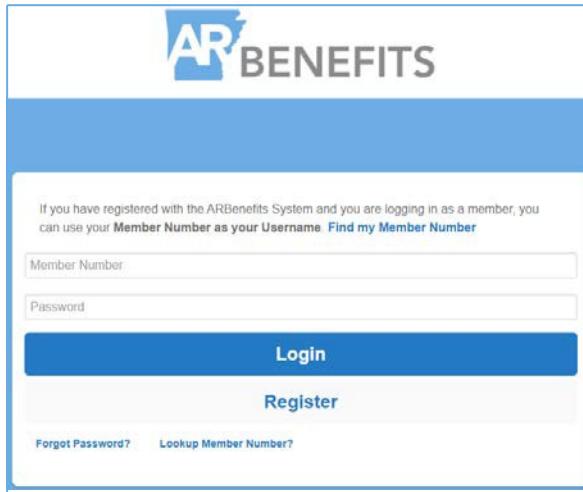
- ❖ Enrollment Form
- ❖ Birth Certificate; Announcement if newborn up to age 6 months; or court approved adoption papers.
- ❖ Stepchild: Marriage license showing relationship to step-parent and step-child's birth certificate.
- ❖ Legal Guardian: Court approved guardianship papers.

NON-ELIGIBLE: The following are not eligible to be enrolled as dependents **under an ASE Plan:** (1) former spouse, the day following the final divorce date; (2) common-law spouse (not recognized in the State of Arkansas); (3) parent; (4) grandparent; (5) step-parent; (6) niece or nephew, etc.; (7) foster child (unless legally adopted); and (8) dependent children over the age of twenty-six (26).

The Preferred Way: Enroll Online

The online portal is the easiest way for new employees to enroll and for existing employees to make changes 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 the **ARBenefits** Member Portal, and click **Log into ARBenefits Member Portal**.



Once you click **Register**, you may 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 an added bonus, when you register online with your email, you will receive alerts on the progress of your changes.

If you do not have access to a computer to register for the Online Member Portal, you may access one at the State Library or at any Public Library within the State. To find one near you, go to library.arkansas.gov. If this option is not available, you may 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).

Coinurance: after the deductible 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 services 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: January 1 through December 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 cost 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

Arkansas State Employees (ASE), 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 and more.
- ❖ Access to specialists without a referral. Some services may require pre-certification.
- ❖ In-network providers 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 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 \$500 individual /\$1,000 family deductible that must be met before the Plan begins to pay for some services. The Plan consists of a \$3,000 individual and \$6,000 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 Plan includes a prescription plan, with copays.

ARBenefits Classic

The [Classic Plan](#) is a High-Deductible PPO Plan. This Plan has a \$2,500 individual/\$5,000 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/ \$12,900 family medical out-of-pocket maximum. Eligible active employees are advised to have a Health Savings Account (HSA). There are no copays (exception for hearing and vision services). Prescriptions, medical services, and 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 \$6,450 individual/\$12,900 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.

NOTE: The ARBenefits Medicare Premium Plan for Retirees will coordinate as if Medicare Part A and Part B are both in force at the time of service. If the member does not have Part B, the Plan will pay as though the member does have Medicare Part B, and the member will have full financial responsibility for incurred claims.

Connect Your Care

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

Health Savings Accounts (HSA)

Health Savings Accounts (HSA) allow employees 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 **ARBenefits Classic or Basic Plan**. Employees on the Premium Plan are not eligible to contribute to an HSA. Employees with an HSA own their account even if they leave employment with the State.

There is no limit on the amount of funds that employees can roll over year-to-year with an HSA. HSA funds also earn interest and give the account holder the opportunity invest their funds once their balance reaches \$1,000. The State makes a monthly contribution towards employee HSA accounts of \$25 for individual health coverage and \$50 for any of the family tiers. HSA holders must have funds in their account to use them. There is no set enrollment period. You can establish an HSA and change your contribution at any time.

Flexible Spending Accounts (FSA)

By participating in an FSA, the amount employees elect to contribute are tax free. Contributions are deducted from their gross pay prior to taxes being withheld. Employees who are eligible for benefits can elect to contribute to an FSA even if they are not covered on the ARBenefits Plan.

FSAs are yearly accounts. Employees who wish to have access to FSA funds for 2021 must submit an FSA Election Form during Open Enrollment. ConnectYourCare offers three different Flexible Spending Account options to employees: Health Care, Dependent Care, and a Limited-Purpose option.

- ❖ A Health Care FSA can be used to pay for eligible medical, dental, and vision care expenses not covered by the Health Plan. The amount you elect to contribute towards the account is available to use at the start of the new year and up to \$550 can be carried over from the previous year.
- ❖ A Dependent Care FSA is a pre-tax benefit that allows employees to pay for eligible dependent care services such as preschool, after school programs, child, and elder day care. With a Dependent Care FSA, once the account is funded, the balance may be used to reimburse employees.
- ❖ The Limited-Purpose FSA is available for employees who contribute to an HSA. Limited-Purpose FSAs are funded at the start of the year and can only be used for eligible dental and vision expenses.

For more information on HSA or FSA, go to www.connectyourcare.com/m/arbeneftis/.

Wellness Program

The health and well-being of our employees is important, which is why the State provides a wellness program to members. The [ARBenefitsWell Program](#) allows the State to reduce increasing claim costs and encourage participants 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 ARBenefitsWell Program members who meet the wellness criteria.

Program Requirements

To qualify for the monthly premium discount, active employees and covered spouses must complete the following:

Biometric Screening (Wellness Visit)

ARBenefits partners 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 checkup (biometric screening). Members and covered spouses 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 \(PCP\)](#).

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 are due 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). Completion of the telephonic coaching entitles members to receive the nicotine replacement aids at no cost. Members interested in utilizing the telephonic program can contact New Directions at 1-877-300-9103.

Voluntary Products

The Arkansas State Employees Benefit Advisors (ARSEBA) offers voluntary products to all State employees. ARSEBA is a joint venture between H&H Employee Benefits Specialists and the State Employee Benefit Corporation (SEBCO). This endeavor was undertaken with the intent to provide a single voluntary brokerage service for employees of the State of Arkansas.

ARSEBA and SEBCO bring with them a history of providing voluntary benefits to State employees. Their primary goal is to work together so that they may increase leverage when negotiating the best price for the best benefits for State employees. An example of voluntary products available through ARSEBA include dental, vision, cancer, accident, critical illness, hospital indemnity, short term disability, identity theft protection, and life insurance.

Delta Dental

While we often think of improving our physical health by improving our diet, exercising more often, and visiting our primary care doctor for an annual checkup, it is important to remember the role oral health plays. Signs and symptoms of more than 120 medical conditions can first be detected by an oral exam of the mouth, throat, and neck. ARSEBA offers two dental plans. Delta Dental is the provider for both the Premium and Base plans. Plans focus on preventative care and offer both in and out-of-network benefits.

Humana Vision

Our eyesight matters, and vision coverage can help protect it. Taking care of your eyes as part of your normal healthcare will help you see for years to come. State employees have a vision plan available to them through ARSEBA with Humana serving as the provider. The VisionCare Plan offers you and your family a benefit plan that covers all routine eye care, including eye exams and eyeglasses (lenses and frames) or contacts.

For more information on ARSEBA, please go to [www.ARSEBA.com](http://wwwARSEBA.com)

Questions? Contact us:

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