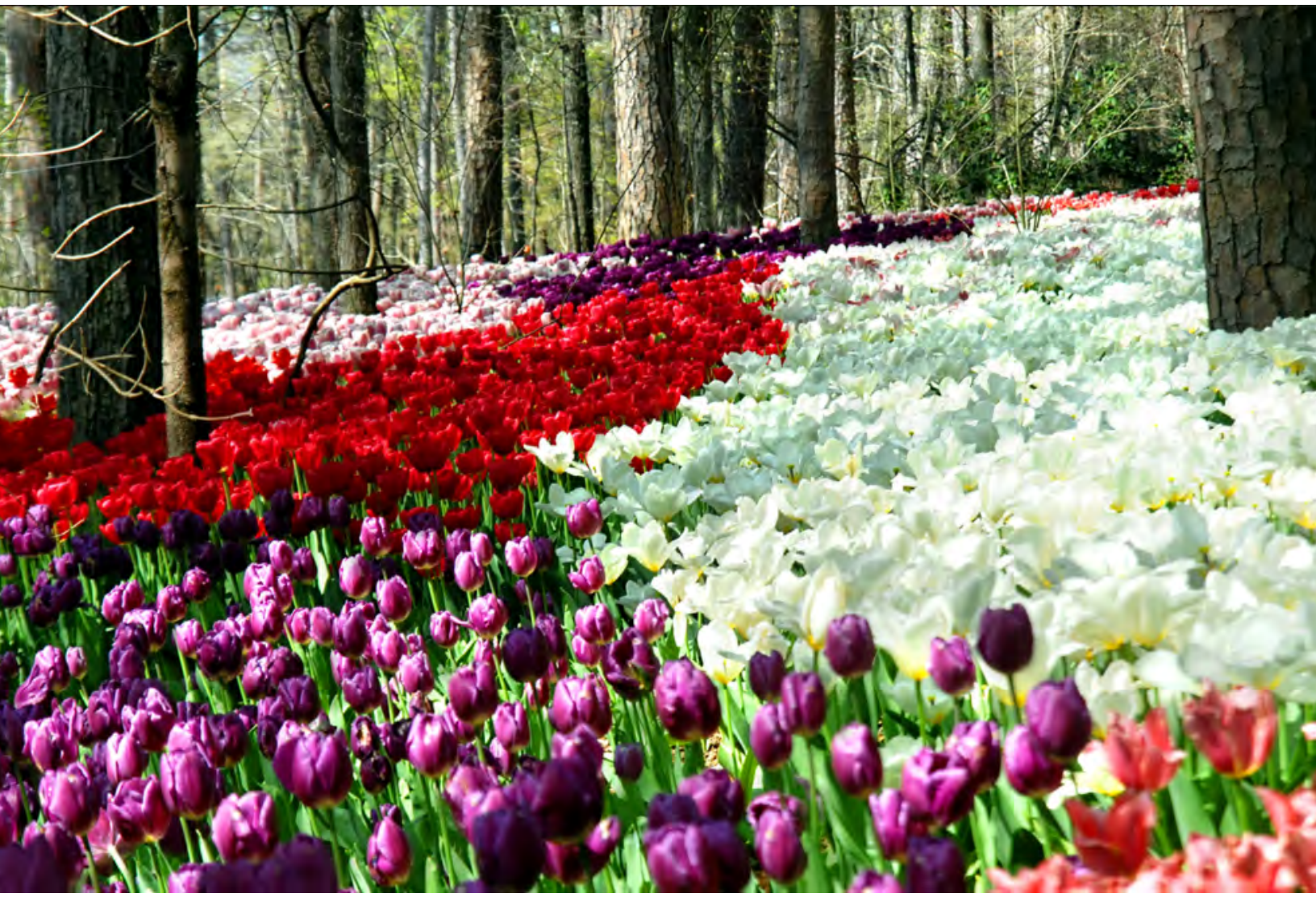
Arkansas State Employee New Hire Benefits Information



2023

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Arkansas State Employees
New Hire Benefit Guide

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Books provided by ARSEBA

Benefits are a valuable part of any compensation package. State employees are offered a wide variety of benefits. These benefits are available through payroll deduction and are available on a pre-tax basis when appropriate.

This benefit book is to outline the benefits that are subsidized by the state as well as the voluntary benefits that are wholly employee paid.

Eligibility – You are eligible to participate in the benefits program if you receive a regular paycheck, meaning you are not a seasonal or contract employee and working 1,000 or more hours each year. An extra help employee whose agency has agreed to pay the State match for their coverage and is willing to be responsible for all costs for participating in the Plan.

Dependents Eligible for Coverage – In most cases, eligible dependents include:

- Your legal spouse. Spouses eligible for coverage through his or her employer are not eligible for coverage.
- Your dependent child(ren) who are under age 26
- Dependent child(ren) are defined as your or your spouse's natural or legally adopted child(ren)
- To verify eligibility of newly added dependents, you may be requested to provide supporting documentation (i.e. birth certificates, marriage certificate).

When your dependents no longer meet eligibility requirements, their coverage ends the last day of the month they become ineligible. You may be responsible for any cost for services received while your dependent was incorrectly listed as eligible.

Coverage Effective Date – Coverage is effective the first day of the month following the date of application and following your qualifying event. Note: The qualifying event is not the date of eligibility.

Qualifying Events – For qualifying events, active members have 60 days from the date of the qualifying event to enroll/drop a spouse and/or dependent to the plan. Please note, retirees have only 30 days. List of approved qualifying events:

- Marriage, divorce, legal separation
- Birth or adoption of a child
- Death of a spouse or child
- You or one of your covered dependents gain or lose other benefits coverage due to a change in employment status
- Loss of eligibility for group health coverage or health insurance coverage

Pre-tax Premiums – Most products available to the state employees are available on a pre-tax basis. Pre-tax premiums increase your take-home pay because your insurance premiums will be deducted from your salary before taxes are calculated. For products such as health, dental, and vision insurance, you will automatically be in a pre-tax status unless you stipulate otherwise.

Below is a snapshot of benefits covered by the ARBenefits plan for each of our 2023 Arkansas State Employee plan levels. A full schedule of benefits for each plan level is available at www.transform.ar.gov.

Questions? Contact EBD Member Services at 1-877-815-1017 or e-mail AskEBD@arkansas.gov.

Health Advantage An Independent Licensee of the Blue Cross and Blue Shield Association	PREMIUM		CLASSIC		BASIC
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Individual Deductible	$500	$2,000	$2,500	$4,000	$6,450
Family Deductible	$1,000	$4,000	$2,800/$5,000	$8,000	$12,900
Individual Medical Out-Of Pocket Max	$3,000	N/A	$6,450	N/A	$6,450
Family Medical Out-Of Pocket Max	$6,000	N/A	$12,900	N/A	$12,900
	You Pay		You Pay		You Pay
Covered Services	In Network	Out of Network	In Network	Out of Network	In-Network
Physician's Office Visit	$25 copay	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Specialist's Office Visit	$50 copay	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Other Physician Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Advanced Imaging (Radiology)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Emergency Room Visit & Observation	$250 copay	0%	20% after deductible	40% after deductible	0% after deductible
In-patient Hospital Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Outpatient Hospital Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Diagnostic Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Urgent Care Center	$100 copay	0%	20% after deductible	40% after deductible	0% after deductible
Physical Exams/Preventative Care	0%	40% after deductible	0%	40% after deductible	0%
Immunizations	0%	0%	0%	0%	0%
Well Baby/ Child Care visits	0%	40% after deductible	0%	40% after deductible	0%
Vision Screening	$50 copay	$50 copay	$50 copay	$50 copay	$50 copay
Hearing Screening	$50 copay	$50 copay	$50 copay	$50 copay	$50 copay
Insulin Pump	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Glucometers	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible

- Members must meet their plan's deductible amount before coinsurance begins for covered services.
- The family deductible is the deductible amount for any tier above Employee Only coverage (Employee + Spouse, Employee + Children, Family).
- Copays do not count towards the satisfaction of your deductible amount.
- The out-of-pocket maximum includes the deductible, copays and coinsurance amounts you have paid towards covered in-network services.
- Employees on the Premium plan can have the $250 ER copay waived if they are referred to the ER by the 24/7 Nurse Hotline (1-866-458-0408). The 24/7 Nurse Hotline is not intended for use during a medical emergency.
- The plan will pay 100 percent for individuals on family coverage when they reach the individual out-of-pocket maximum amount.
- No out-of-network coverage for Basic Coverage.

Prescription Drugs	PREMIUM	CLASSIC	BASIC
Tier 1 - Generic	$15 copay	20% after deductible	0% after deductible
Tier 2 - Preferred	$40 copay	20% after deductible	0% after deductible
Tier 3 - Non-Preferred	$80 copay	20% after deductible	0% after deductible
Tier 4 - Specialty	$100 copay	20% after deductible	0% after deductible
Reference Priced Drugs	Plan pays certain amount per unit; the member is responsible for the remaining cost.	Not covered	Not covered
Individual RX Out of Pocket Max	$3,100	N/A	N/A
Family RX Out of Pocket Max	$6,200	N/A	N/A

* Employees on the Classic or Basic plans must meet their plan medical deductible amounts prior to starting 20% coinsurance for covered drugs.

ARKANSAS STATE ACTIVE EMPLOYEES MONTHLY PREMIUMS

2023 Plan Year Rates - Effective January 1, 2023 - December 31, 2023

	Base Monthly Premium	State & Plan Contribution	Total Monthly Employee Cost	Per-Payroll Deduction (24 payroll)
Premium				
Employee Only	$547.78	$375.78	$172.00	$86.00
Employee & Spouse	$1,369.45	$875.23	$494.22	$247.11
Employee & Child(ren)	$1,040.78	$731.04	$309.74	$154.87
Employee & Family	$1,862.45	$1,231.93	$630.52	$315.26
Classic				
Employee Only	$476.23	$377.53	$98.70	$49.35
Employee & Spouse	$1,190.58	$870.34	$320.24	$160.12
Employee & Child(ren)	$904.84	$724.66	$180.18	$90.09
Employee & Family	$1,619.18	$1,218.92	$400.26	$200.13
Basic				
Employee Only	$420.32	$420.32	$0.00	$0.00
Employee & Spouse	$1,050.80	$870.58	$180.22	$90.11
Employee & Child(ren)	$798.60	$722.24	$76.36	$38.18
Employee & Family	$1,429.08	$1,214.48	$214.60	$107.30
The Basic plan meets the minimum essential coverage required under A.C.A.				

State Contribution is funded by legislation

Plan Contribution is funded by ASE Trust Fund as Claims Reserve Allocation

ARBENEFITS

This form is to be used for Open Enrollment and New Enrollees ONLY. Please use the Change Form for Qualifying Events.

ACTIVE STATE & PUBLIC SCHOOL ENROLLMENT ELECTION FORM

Part 1: Employee Information

First Name	MI	Last Name	Date of Birth	Gender ☐M ☐F	Social Security Number

Agency/School District Name (Required):	Group#	Home/Cell Phone Number	Work Phone Number

Home Address	City	State	Zip Code

Part 2: Coverage

Reason for Enrollment

☐ Open Enrollment
☐ New Hire Period
☐ Qualifying Event

Type of Action

☐ Enroll in the Plan
☐ Decline Coverage
☐ Add/Drop Dependent

Select a Benefit Option

☐ Premium ☐ Classic ☐ Basic

Select a Coverage Level

☐ Employee Only ☐ Employee & Child(ren)
☐ Employee & Spouse ☐ Employee & Family

☐ *Please only check this box if you wish to have your premiums withheld on a post-tax basis.*

Part 3: Add Dependents

Check the appropriate column to ADD eligible dependents not currently covered and/or DROP currently covered dependents.
Proof of a dependent's eligibility must be submitted with this application for all dependents.

To complete the RELATIONSHIP column, use the number that describes your dependent(s).
Spouse - 1, Child - 2, Permanent Legal Guardianship - 3

Add	Drop	Name (First, MI, Last)	Date of Birth	Social Security Number	Male	Female	Relationship
☐	☐				☐	☐	
☐	☐				☐	☐	
☐	☐				☐	☐	
☐	☐				☐	☐	
☐	☐				☐	☐	

Part 4: Subscriber Certification

I authorize deductions of the required contributions (if applicable). I understand that my elections can only be changed during the next open enrollment period or if I have a qualifying status change event as defined in the ARBenefits Summary Plan Description. I understand I must request such changes within 60 days of the qualifying event. On behalf of myself and anyone enrolled on or added to this form, I authorize any health care professional or entity to give the health plan/insurer or any of their designees, any and all records or information pertaining to medical history or services rendered to the health plan/insurer, for any administrative purpose, including evaluation of an application or a claim. I also authorize on behalf of health plan/insurer the use of a Social Security Number for the purpose of identification. A photocopy of this authorization will be as valid as the original. Please note that falsifying documents, misrepresenting dependent status or using other fraudulent actions to gain coverage may be criminal acts and can lead to permanent termination of coverage. I understand by signing the election form, it means I have read and agree with the attached instruction page and understand the options I chose on the election form.

Employee Signature	Date	Email Address:

SUBMISSION TO EBD IS FINAL

ARBenefits • Department of Transformation and Shared Services • Employee Benefits Division
Post Office Box 15610 • Little Rock, AR 72231-5610 • Fax: 501.683.0983

Instruction Page

ALL PORTIONS OF THE ELECTION FORM MUST BE COMPLETED OR IT WILL BE SENT BACK FOR COMPLETION PRIOR TO PROCESSING.

Social Security Numbers are required for enrollment. If you do not provide a Social Security Number for yourself or your dependents, health insurance coverage cannot be provided. Exception: A newborn's Social Security number will be accepted after enrollment but must be sent in once it is received.

You must drop all of your ineligible dependents. When your dependents no longer meet eligibility requirements, their coverage ends the last day of the month they became ineligible. You may be responsible for any cost for services received while your dependent was incorrectly listed as eligible.

If you experience a qualifying event that allows you to cancel your health insurance, you can only enroll again during the next annual open enrollment period or if you have a qualifying status change event. Qualifying status change events include marriage, birth and loss of group coverage.

You should receive plan information and ID cards in a timely manner from ARBenefits. If you do not, call ARBenefits at 1-877-815-1017 (When you hear the recording, Just Press One).

Your elections will remain in effect for the remainder of the calendar year unless you experience a qualifying status change event, as defined by the ARBenefits Summary Plan Description.

Your effective date of coverage will be the first of the month following date of application and following your qualifying event. Note: The qualifying event is not the date of eligibility.

Pre-tax premiums increase your take-home pay because your insurance premiums will be deducted from your salary before taxes are calculated. You will automatically be in a pre-tax status unless you otherwise notify your payroll clerk.

Members who turn age 65 or become eligible for Medicare must send in a copy of their Medicare card to ARBenefits.

Supporting documentation is required for proof of dependent eligibility. For changes being made due to a qualifying event, documented proof a qualifying event has occurred is also required such as a Certificate of Credible Coverage (COCC). More information available in the ARBenefits Summary Plan Description.

Adding a spouse:

* Copy of marriage license
* Completed ARBenefits Spousal Affidavit available at www.transform.ar.gov/employee-benefits

Adding a dependent child:

* Newborns - Birth certificate or hospital birth announcement that includes child's parents and date of birth (up to 6 months of age)
* Child - Copy of child's birth certificate
* Step-child - Copy of marriage license to the step-child's parent and a copy of the child's birth certificate
* Legal Guardianship - Court-approved guardianship papers (with signature & seal)

Completed election forms can be submitted to EBD by fax, mail, or online through the ARBenefits Member Portal at www.transform.ar.gov/employee-benefits/arbenefits.

For assistance, contact ARBenefits at 1-877-815-1017 Monday through Friday, from 8:00 a.m. to 4:30 p.m. CST. Learn more about plans, costs and provider at www.transform.ar.gov/employee-benefits

Affidavit of Spousal Health Care Coverage

This Affidavit must be completed for consideration to cover a spouse.

Employee Name:		**Employee SSN:**	
Spouse Name:		**Spouse SSN:**	

To be completed by employee electing to enroll a spouse in coverage.

Pursuant to Arkansas Code §21-5-407(4), any spouse who is offered coverage for Medical Benefits under any other employer-sponsored health plan is NOT eligible to be covered under the Plan.

1. Is your spouse currently employed?

   ☐ **Yes** (If yes, please proceed to question #2)

   ☐ **No** (If no, sign and return this form along with your election form and a copy of your Marriage License.)

2. Is your spouse currently employed by an Arkansas state agency or public school district?

   ☐ **Yes** (If yes, sign and return this form along with your election form and a copy of your Marriage License.)

   ☐ **No** (If no, proceed to question #3)

3. Does your spouse's employer offer health insurance coverage?

   ☐ **Yes** ☐ **No**

4. Is your spouse covered by his/her employer sponsored health plan?
   ** If No, please submit information from your spouse's employer as to why your spouse is not covered.*

   ☐ **Yes** ☐ **No**

5. Does your spouse's employer sponsored coverage meet the Affordable Care Act (ACA) minimum guidelines?
   ** If No, please provide information from your spouse's employer stating that coverage does not meet ACA guidelines.*

   ☐ **Yes** ☐ **No**

For any questions or concerns, contact EBD Member Services at 1-877-815-1017x1

By signing this affidavit, I certify that the information provided above is accurate. I understand that any misrepresentation in the information I provided above will permit the Plan to terminate my coverage. If applicable, I authorize the release of the information noted above, and agree to its use in the application process for ARBenefits plan coverage.

Employee Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

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MyARFamily AT A GLANCE

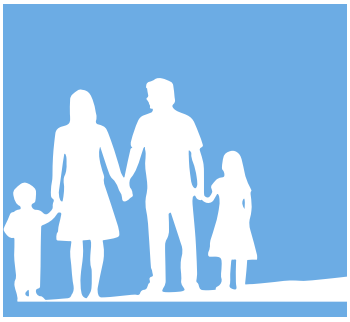
- Maternity Leave
- FMLA
- Nursing Moms
- ARBenefits

- Health Prevention
- Adoption
- Foster Care
- Arkansas 529 Plan

- CPR Training
- Maternal and Child Health
- Newborn Screening
- Birth Certificate Services

- Adoption Assistance
- Postpartum Support
- WIC Assistance
- Imagination Library

and many other resources in one convenient location.

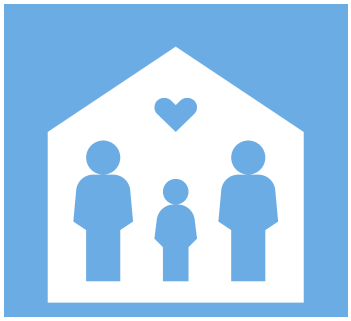


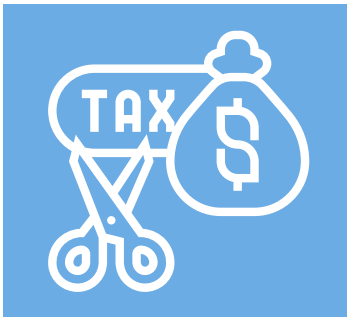
FMLA

Under the Family and Medical Leave Act (FMLA), eligible parents are entitled to receive up to twelve weeks of unpaid leave. Both mothers and fathers are entitled to family leave to care for a new baby, newly adopted child, or newly placed foster child.

Arkansas Adoption Assistance

Federal and state adoption assistance programs are designed to help parents who are thinking about or are in the process of adopting a child or children with special needs from foster care.





Arkansas 529 Plan

The Arkansas 529 Plan is an educational savings account that offers up to $10,000 in state tax deductions for contributions. Savings in Arkansas 529 can grow tax deferred through a variety of investment options. Money can be withdrawn tax free to pay for qualified higher education and vocational school.

Check out MyARFamily by visiting www.transform.ar.gov/personnel/myarfamily/ or by scanning the QR code.

ARSEBA
ARKANSAS STATE EMPLOYEES
BENEFIT ADVISORS

For more information please contact: Arkansas State Employees Benefit Advisors

Phone:(501)224-5234 or (888)224-5233 E-mail: service@arseba.com

Website: www.arseba.com

For provider search please visit www.deltadentalar.com

DELTA DENTAL

State of Arkansas	Base Plan		Premium Plan		Plan Differences
	In Network	Out of Network	In Network	Out of Network	
	Delta Dental PPO (4 out of 10 dentist in Arkansas)		**Delta Dental PPO Plus Premier (9 out of 10 dentist in Arkansas)**		*Network Access*
Calendar Year Maximum (Preventative, Basic and Major Expenses)	**$1,000**		**$2,000**		*Annual Maximum*
Calendar Year Deductible Per Individual / Per Family	$25 / $75		$25 / $75		
Preventative and Diagnostic Services	**100%**	**80%**	**100%**	**80%**	
	No Deductible	No Deductible	No Deductible	No Deductible	
Oral exams and Cleanings	**1 Per Year**	**1 Per Year**	**2 Per Year**	**2 Per Year**	*1 Exam &Cleaning versus 2*
X-Rays(Bitewing, Panoramic, Full Mouth)	**Bitewings**- as required, **Full mouth** - 1 in 60 consecutive months	**Bitewings**- as required, **Full mouth** - 1 in 60 consecutive months	**Bitewings**- as required, **Full mouth** - 1 in 60 consecutive months	**Bitewings**- as required, **Full mouth** - 1 in 60 consecutive months	
Fluoride Application	1 per year for dep children to age (19)	1 per year for dep children to age (19)	1 per year for dep children to age (19)	1 per year for dep children to age (19)	
Sealants	dep children to age (16)	dep children to age (16)	dep children to age (16)	dep children to age (16)	
Basic and Major Services- Deductible applies					
Space Maintainers	80%	60%	80%	60%	
Minor emergency treatment	80%	60%	80%	60%	
Simple Extractions	80%	60%	80%	60%	
Fillings	60%	50%	80%	60%	*Fillings at 60% versus 80%*
Crowns	60%	50%	60%	50%	
Prosthodontics(Dentures and Bridges)	60%	50%	60%	50%	
Surgical Periodontics	60%	50%	60%	50%	
Oral Surgery	Not covered	Not covered	60%	50%	*Oral Surgery coverage*
Non-Surgical Periodontics	Not covered	Not covered	60%	50%	*Non-Surgical Periodontal*
Periodontal Maintenance	Not covered	Not covered	60%	50%	*Periodontal Maintenance*
Endodontics(Root Canal)	Not covered	Not covered	60%	50%	*Endodontics coverage*
Riders					
Child Orthodontia (through age eighteen (18))	Not covered	Not covered	60%	50%	*Orthodontia coverage*
Lifetime Orthodontia Maximum	Not covered	Not covered	$1,000		
Carryover Benefit *Added 2018**	Carryover Benefit: $250 Claims Threshold: $499 Carryover Benefit Maximum: $1,000		Carryover Benefit: $500 Claims Threshold: $999 Carryover Benefit Maximum: $2,000		*Carryover Benefit*
Other Items Waiting Periods	6 Month on Major services		6 Month on Major & Orthodontic Services		
Monthly Rates Guaranteed for 1 Year from 1/1/2023-12/31/2023					*Monthly Rate Difference*
Employee	$ 20.60		$ 30.72		*$ 10.12*
Employee + Spouse	$ 41.06		$ 61.22		*$ 20.16*
Employee + Children	$ 40.12		$ 59.78		*$ 19.66*
Family	$ 66.48		$ 99.08		*$ 32.60*

DELTA DENTAL

DENTAL ENROLLMENT/CHANGE FORM

Fax Form to ARSEBA

(501) 663-1445

Arkansas State Employees Benefit Advisors
1301 West 7th Street, Little Rock, AR 72201
Questions? Call (501) 224-5234 or (888) 224-5233

ARSEBA
ARKANSAS STATE EMPLOYEES BENEFIT ADVISORS

AGENCY NAME:_____

For internal use only:

Delta Dental Group Number:_____

Effective Date:_____ (MM)_____(DD)_____(YY)

LAST NAME: _____ FIRST: _____ MI: _____

SSN: _____ PERSONNEL NUMBER: (employee ID) _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: ( ) _____ EMAIL: _____

DATE OF HIRE: _____(MM)_____(DD)_____(YY) GENDER: ☐ MALE ☐ FEMALE

DATE OF BIRTH: _____(MM)_____(DD)_____(YY) MARITAL STATUS: ☐ SINGLE ☐ MARRIED

1. COVERAGE CHANGES

*Please check the box(es) next to the reason for your change

Type of coverage selected & plan option (choose one)

Base Dental

- ☐ Employee $20.60
- ☐ Employee/Spouse $41.06
- ☐ Employee/Child(ren) $40.12
- ☐ Employee/Family $66.48

Premium Dental

- ☐ Employee $30.72
- ☐ Employee/Spouse $61.22
- ☐ Employee/Child(ren) $59.78
- ☐ Employee/Family $99.08

Monthly Rates effective January 1, 2023 – December 31, 2023

- ☐ Open enrollment
- ☐ New Hire
- ☐ Agency Change
- ☐ Term Coverage
- ☐ Status Change
- ☐ Address Change

Reason(s) for Status Change:

- ☐ Marriage*
- ☐ Divorce*
- ☐ Birth or adoption of child*
- ☐ Loss of spouse's coverage*
- ☐ No longer dependent child*
- ☐ Death of dependent*
- ☐ Name Change
- ☐ Other

*Date of event above: _____

2. LIST ALL MEMBERS TO BE ENROLLED OR AFFECTED BY CHANGE

Add	Remove	Last Name	First Name	MI	Spouse or Dependent	Gender M/F	Birthdate (MM/DD/YY)
☐	☐						
☐	☐						
☐	☐						
☐	☐						
☐	☐						
☐	☐						

3. AUTHORIZATION

I authorize dentists, dental office personnel, and other health care professionals and entities to disclose to Delta Dental of Arkansas, its agents and employees (including, without limitation, its claims and customer servic e personnel) a ll information necessary to determ ine (1) eligibi lity for cover age and (2) covered benefits. This authorization is made for each individual to be enrolled or aff ected by this change. The authorization is valid for 30 months from the date this form is signed for the purpose of collecting informat ion in connection w ith enrollment, coverage reinstatement, or requests t o change benefits. The a uthorization is valid for the term of coverage for the purpose of collecting information in connection with claims for benefits. The applicant or the applicant's authorized representative is entitled to receive a copy of the authorization form.

4 CERTIFICATION

I certify that the information supplied by me on this form is accurate to the best of my knowledge. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

☐ I authorize payroll deductions.

Signature: _____ Date: _____ 011 DAR-ENR-12

Note: For new hires, the effective date will be first of the month following the signature date provided on this form.

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Humana Vision 130

ARKANSAS

State of Arkansas

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary	$5	Up to $30
• Retinal imaging[1]	Up to $39	Not covered
Contact lens exam options[2]		
• Standard contact lens fit and follow-up	Up to $55	Not covered
• Premium contact lens fit and follow-up	10% off retail	Not covered
Frames[3]	$150 allowance 20% off balance over$150	$65 allowance
Standard plastic lenses[4]		
• Single vision	$15	Up to $25
• Bifocal	$15	Up to $40
• Trifocal	$15	Up to $60
• Lenticular	$15	Up to $100
Covered lens options[4]		
• UV coating	$15	Not covered
• Tint (solid and gradient)	$15	Not covered
• Standard scratch-resistance	$15	Not covered
• Standard polycarbonate - adults	$40	Not covered
• Standard polycarbonate - children <19	$40	Not covered
• Standard anti-reflective coating	$45	Not covered
• Premium anti-reflective coating	Premium anti-reflective coatings as follows:	Premium anti-reflective coatings as follows:
- Tier 1	$57	Not covered
- Tier 2	$68	Not covered
- Tier 3	80% of charge	Not covered
• Standard progressive (add-on to bifocal)	$15	Up to $40
• Premium progressive	Premium progressives as follows:	Premium progressives as follows:
- Tier 1	$110	Not covered
- Tier 2	$120	Not covered
- Tier 3	$135	Not covered
- Tier 4	$90 copay, 80% of charge less $120 allowance	Not covered
• Photochromatic / plastic transitions	$75	Not covered
• Polarized	20% off retail	Not covered
Contact lenses[5] (applies to materials only)		
• Conventional	$150 allowance, 15% off balance over $150	$104 allowance
• Disposable	$150 allowance	$104 allowance
• Medically necessary	$0	$200 allowance

Humana®

Humana Vision 130

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Frequency		
• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 24 months	Once every 24 months
Diabetic Eye Care: care and testing for diabetic members		
• Examination - Up to (2) services per year	$0	Up to $77
• Retinal Imaging - Up to (2) services per year	$0	Up to $50
• Extended Ophthalmoscopy - Up to (2) services per year	$0	Up to $15
• Gonioscopy - Up to (2) services per year	$0	Up to $15
• Scanning Laser - Up to (2) services per year	$0	Up to $33
Optional benefits		
• Polycarbonate Lenses for Children <19	Provides for standard polycarbonate lens with $0 copay. Not available in AK, CT, ID, & OH.	

[1] Member costs may exceed $39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
[2] Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.
[3] Discounts available on all frames except when prohibited by the manufacturer.
[4] Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
[5] Plan covers contact lenses or frames, but not both.

Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

Please note that limitations and exclusions can be found in your policy or by contacting ARSEBA.

Provider Search Tool: Humana Vision Insight Network Provider Search

Humana®

Humana.

State of Arkansas

ARSEBA

ARKANSAS STATE EMPLOYEES BENEFIT ADVISORS

VisionCare Enrollment/Change Form

Arkansas State Employees Benefit Advisors
1301 West 7th Street
Little Rock, Arkansas 72201
(501) 224-5234, Toll Free (888) 224-5233

Current Agency Name: _____			Employee Number:	Group Number:
If this is an agency change, previous Agency Name: _____				
Social Security No.	Last Name	First	MI	**Date of Birth**
Home Address				**Date of Hire**
City		State	Zip Code	Gender M ☐ F ☐
Home Phone	Business Phone			Marital Status Single ☐ Married ☐

List all members to be enrolled or affected by change

Add	Remove	Last Name	First Name	MI	Spouse or Dependent	Gender M/F	Date of Birth (MM/DD/YYYY)
☐	☐						
☐	☐						
☐	☐						
☐	☐						
☐	☐						
☐	☐						
☐	☐						

Coverage Changes

*Please check the box(es) next to the reason for your change

Type of Coverage (Select One)	☐ Open enrollment	Reason(s) for Status Change:
		☐ Marriage*
☐ Employee Only **$8.24** (Monthly)	☐ New Hire	☐ Divorce*
		☐ Birth or Adoption of Child*
☐ Employee Family **$21.42** (Monthly)	☐ Agency Change	☐ Loss of spouse's coverage*
		☐ Dependent no long eligible*
Plan Code: VISION	☐ Status Change	☐ Death of Dependent*
		☐ Name Change
Agent Number: 1738312	☐ Term Coverage	☐ Address Change
		☐ Other _____
EFFECTIVE DATE: _____		* Date of Event Above: _____

I wish to enroll/change in the plan indicated above as offered through my employer. I understand that this is a minimum one (1) year contract. I hereby authorize my employer to deduct all applicable contribution amounts from my salary or other compensation for the plan year, and for future renewal period(s). I understand that such contribution rate is subject to change on the anniversary date of the plan.

I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

FAX COMPLETED FORM TO ARSEBA: (501) 663-1445

Signature: _____ Date: _____

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Colonial Life

Group Term Life Insurance with Accidental Death & Dismemberment (AD&D) Insurance for Active Employees

How secure is your family's financial future without you?

If something happened to you, would your family be able to maintain their way of life? How would they cover ongoing living expenses? Colonial Life's group term life insurance can help provide financial security for your family.

There are two convenient options to enroll:

1. Enroll with a telephonic Colonial Life benefits counselor.

Ask benefits questions and complete your enrollment by calling:

833-703-1967, Employer Code: 8038317 | Monday-Friday | 7 a.m. to 7 p.m. CT

Benefit confirmation forms can be emailed to you at the conclusion of the enrollment.

2. Self-enroll online.

Access the enrollment site URL: **Harmony.benselect.com/SoA**

Use the following login information:

- **Log In: MEMBER ID (This is also your Health ID number.)**
- **Personal Identification Number: The last four digits of your Social Security number and the last two digits of your birth year (six digits total)**

During your online enrollment, you will be prompted to accept or decline each coverage type, premiums will be displayed for your selections and the appropriate health questions will be displayed, when applicable. Benefit confirmation forms can be printed or saved at the conclusion of the enrollment.

Enrollment opportunities:

1. During annual enrollment
2. 60-day new hire eligibility period
3. Within 60 days of a qualifying event, such as marriage, birth or adoption

Employees who are eligible for ARBenefits health insurance are also eligible for Group Term Life with AD&D insurance. Employees should allow a minimum of 7 business days from their new hire date before accessing the enrollment site or the telephonic enrollment. This will allow time for employees' eligibility data to be uploaded into the enrollment platform.

Your basic and optional coverages

Coverage options	Who pays	Benefit amount(s)	
Basic group term life with AD&D insurance	Employer	**$10,000**	Your employer is providing this benefit, and you will be automatically enrolled.
Expanded basic group term life with AD&D insurance	Employee	**$1,000** increments up to **$40,000**	Health questions are not asked during the 2023 Plan Year Open Enrollment and new hire enrollment.
Supplemental employee group term life with AD&D insurance	Employee	**$1,000** increments up to **$250,000**	Health questions are not asked during the 2023 Plan Year Open Enrollment and new hire enrollment for benefit amounts up to $100,000. Any benefit amount over $100,000 is subject to evidence of insurability.
***Supplemental spouse group term life with AD&D insurance**	Employee	**$1,000** increments up to **$50,000**	Health questions are not asked during the 2023 Plan Year Open Enrollment and new hire enrollment for spouse benefit amounts up to $10,000. Any benefit amount over $10,000 is subject to evidence of insurability.
***Supplemental dependent child(ren) group term life with AD&D insurance**	Employee	**$1,000** increments up to **$50,000**	Health questions are not asked during the 2023 Plan Year Open Enrollment and new hire enrollment for spouse and coverage up to $10,000. Any benefit amount over $10,000 is subject to evidence of insurability.

** Employee must elect supplemental group term life with AD&D insurance on themselves in order to elect supplemental group term life with AD&D insurance for the spouse or dependent child(ren). Effective 1/1/2020, the spouse and/or child supplemental group term life with AD&D benefit amount must be either equal to or lower than the employee's supplemental group term life with AD&D benefit amount.*

2023 Rates (per $1,000) Monthly cost of coverage

Expanded basic group term life with AD&D insurance

$0.27 per $1,000

Supplemental group term life with AD&D insurance

Age	Employee
Under 25	$0.10
25-29	$0.10
30-34	$0.13
35-39	$0.14
40-44	$0.22
45-49	$0.36
50-54	$0.57
55-59	$0.83
60-64	$1.24
65-69	$2.42
70-74	$ 3.94
75+	$ 7.85

Supplemental spouse group term life with AD&D insurance

All eligible ages	$0.75

Supplemental dependent child(ren) group term life with AD&D insurance

All eligible ages	$0.12

A person may only be insured once under this plan. Married employees eligible for ARBenefits life insurance may not be insured both as an employee and as a spouse, and a child may only be insured by one employee.

EXCLUSIONS AND LIMITATIONS

Losses Not Covered Under Your Life Insurance Benefit:

Your life insurance benefit does not cover any losses where death is caused by, contributed to by, or results from suicide occurring within 24 months after a covered person's initial effective date of insurance or after the date any increases or additional insurance becomes effective, whether sane or insane.

This applies to any amounts of insurance for which you pay all or part of the premium.

This applies to any amount subject to evidence of insurability requirements and we approve the evidence of insurability form and the amount you applied for at that time.

You will be given credit for any period of time applied toward the satisfaction of the suicide provision, if any, under your Employer's prior group life insurance plan.

Losses Not Covered Under the AD&D Insurance Benefit:

Your AD&D benefit does not cover any losses that are caused by, contributed to by, or resulting from:

- an attempt to commit or commission of suicide or intentional self-inflicted injury while sane or insane;
- active participation in a riot;
- an attempt to commit or commission of a felony or engaging in an illegal occupation;
- voluntary use of any drugs, poisonous substance, intoxicant or narcotic, except any drugs taken as prescribed by a physician and taken as prescribed. Accidental exposure to any poisonous substance will not be excluded;
- the presence of that percentage of alcohol in the covered person's blood which raises a presumption that the covered person was under the influence of alcohol. The blood-alcohol level which raises this presumption is governed by the laws of the state in which the accident occurred;
- disease of the body, mental infirmity or diagnostic, medical or surgical treatment;
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release; or
- investigational or experimental procedures, surgery, or drugs, including complications arising from having experimental or investigative procedures, surgeries, or drugs.

Termination

Coverage terminates:

- if the group policy ends;
- the date you no longer meet eligibility requirements;
- the end of the grace period if we do not receive the required premium for your insurance; or
- the date the next premium is due after you ask us to end your coverage.

If you are no longer eligible for coverage as an active employee, you may be eligible to port your group term life and AD&D coverage, or you may convert your group term life and AD&D coverage to an individual life insurance policy. Premiums may be higher than those paid by active employees.

Evidence of Insurability means a statement of medical history which we will use to determine if an applicant is approved for coverage. Blood profiles and medical examinations, if applicable, will be provided at our expense. Evidence of Insurability is required for any amount of life insurance over the maximum guaranteed issue amount.

Premium will vary based on plan options and face amount selected.

The effective date of your coverage will be delayed if you are not a member of an eligible class on the coverage effective date. The coverage will be effective on the date that you return to status as a member of an eligible class. If the certificate covers your spouse and/or dependent children, their coverage will be effective on the date that you return to status as a member of an eligible class.

Applicable to policy number GTL1.0-P-AR-SOA and certificate number GTL1.0-C-AR-SOA. This is not an insurance contract and only the actual policy provisions will control.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC
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NEW DIRECTIONS®

EMPLOYEE ASSISTANCE PROGRAM - EAP

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

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

We've got your back.

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

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

We're here for you, always.

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

Support Line
Call anytime
877-300-9103

Mobile app
Search for New Directions EAP

Web
Visit ndbh.com for resources

SERVICES

- ☑ Counseling
  - In-person
  - Telephone
  - Text messaging
  - In-the-moment
  - Video
- ☑ Consultation on
  - Finances
  - Legal needs
  - Managing employees
  - Life
- ☑ Crisis support
- ☑ Coaching
- ☑ Adult and child care resources
- ☑ Personal and professional training
- ☑ Digital behavioral health tools

ndbh.com
877-300-9103

Services are free and your employer will not know you reached out.

FSA/HSA

Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA) are a benefit available to state of Arkansas employees as a way to set aside pre-tax money for medical expenses not covered by insurance.

Three types of FSAs are available: Health Care, Limited-Purpose and Dependent Care.

Healthcare FSAs provide tax savings on your out-of-pocket health expenses. A Limited Purpose FSA allows you to pay for dental and vision expenses until your deductible.

While employees cannot contribute to a Health Care FSA and an HSA at the same time, employees with an HSA can establish a Limited-Purpose FSA. Limited-Purpose FSAs can be used for dental and vision expenses only.

Employees can use their account funds on expenses such as: dental work, eye glasses and contact lenses, prescription drugs, and physical therapy just to name a few.

A Dependent Care FSA is a pre-tax benefit that allows you to pay for eligible dependent care services such as preschool, before/after school programs, child and elder day care. Once your account is funded, you can use the balance to be reimbursed for eligible expenses.

If you have questions regarding FSA/HSA, you can contact EBD Member Services at 1-877-815-1017 x1 and by e-mail at AskEBD@dfa.arkansas.gov.

	Health Savings Account (HSA)	**Flexible Spending Account (FSA)**
Eligibility	Must be enrolled in an ARBenefits High-Deductible Health Plan (Classic or Basic).	No eligibility requirements. You can have an FSA on any plan level, and even if you do not have ARBenefits coverage.
Annual contribution limits	2023 Limits: Individual: $3,850 Family: $7,750 *Persons aged 55 and older may contribute an additional $1,000 annually above those limits.*	2023 Limits: Health and Limited: $3,050 Dependent Care: $5,000
Changing contribution amount	Employees can adjust their contribution amount anytime during the year.	Contributions can only be adjusted at open enrollment, or with a qualifying change in employment or family status.
Re-Enrollment	Employees do not have to re-enroll their HSA every year.	Employees must submit an election form every year during open enrollment to establish their FSA.
Rollover of funds	Unused funds roll over year-to-year.	Employees can rollover up to $610 year-to-year. Any amount unused over $610 will be forfeited after the annual run-out period.
When can I use funds?	You must have the funds in your account in order to use them.	The amount you elect to contribute is available for you to use at the start of the year with the exception of Dependent Care FSA.
Connection to employer	You can take your HSA with you as you change employers. You own your account.	You will lose your FSA funds when you term employment with the State.
State contribution	The State of Arkansas contributes $25 for individuals and $50 for families per month with an HSA. **The state contribution counts towards your annual maximum contribution limit.**	No state contribution

AR BENEFITS

Optum Financial®

Flexible Spending Account Enrollment Form

Form Instructions: Please complete all entries on this form. Please print, sign and date this form, and submit to your Human Resources Benefits Department.

Enrollee Personal Information

First Name:	Last Name:	Change Effective Date:

Employer Name:	Employee ID:

Permanent Address:	City:	State:	Zip Code:

Day Time Phone Number:	Email Address:
Social Security Number: __ __ __ / __ __ / __ __ __ __	Date of Birth: (Month/Day/Year) __ __ / __ __ / __ __ __ __
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed	Enrollment Status: ☐ New enrollment ☐ Re-enrollment

Flexible Spending Account (FSA) Elections

Health Care FSA ☐ Select Full Coverage FSA ☐ Select Limited Purpose FSA ☐ Decline Health Care FSA

I. Annual Employee Contribution*	II. Contribution per pay period (I divided by 24)

Dependent Care FSA ☐ Select Dependent Care FSA ☐ Decline Dependent Care FSA

I. Annual Employee Contribution*	II. Contribution per pay period (I divided by 24)

*For calendar year 2023, Health Care FSA pretax contribution limits are $3,050, and Dependent Care FSA (DCFSA) pretax contribution limits are $5,000.

Authorization and Certification

I understand that:

- I am authorizing my employer to reduce my compensation by the amount specified. This election will expire at the end of the plan year, and I must make a new election each year.
- I am not permitted to change my elections during the plan year unless the change is due to and in accordance with certain recognized IRS regulations for change in status events.
- I must report any administrative errors to my payroll administrator or human resources department within 10 days of my first payroll deduction of the plan year.
- Funds left in my Dependent Care Account at the close of the plan year will be forfeited. Funds left in my Health Flexible Spending Account may be forfeited, per plan rules. See plan documents for more details.

I will receive an Optum Financial Payment Card to access funds in my account. I certify that:

- The card will only be used for eligible medical and/ or dependent care expenses.
- Claims I pay with the card have not been reimbursed and I will not seek reimbursement from any other plan covering health or dependent care benefits. I understand that supporting documentation may be requested.

Employee Signature:	Date:

FSAs, HRAs and RRAs are administered by Optum Financial, Inc., or ConnectYourCare, LLC (collectively, “Optum Financial”).

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AR BENEFITS
Optum Financial®

Health Savings Account (HSA) Enrollment Form

Follow these easy steps:
1. Complete all entries on this Enrollment Form. Please print.
2. Sign and date this form.
3. Submit it to your Human Resources Department.

For Employer Use
Date of Hire (MM/DD/YYYY):
Benefits Effective Date: (MM/DD/YYYY)

Personal Information

Employee Name: (last name, first name)	Social Security Number:
Street Address: (cannot be PO Box)	City, State, Zip Code:
Mailing Address: (if different)	City, State, Zip Code:
Day Time Phone Number:	Email Address:
Date of Birth (MM/DD/YYYY):	Enrollment Status ☐ New Enrollment ☐ Re-enrollment

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Health Savings Account Qualification

Your health savings account is your financial asset even if you change employers or health plans. To open a health savings account you must meet three criteria:
1) You must be covered by a qualifying high deductible plan.
2) You cannot be covered by another health plan, including Medicare or Flexible Spending Account. (You may be covered by a Limited Purpose Flexible Spending Account).
3) You cannot be claimed as a dependent on another individual's tax return.

Health Savings Account

☐ Select HSA ☐ Decline HSA Monthly Employer Contribution: **Individual $25.00** **Family $50.00**

I. Annual Employee Contribution (Not to Exceed Contribution Maximums*)	
II. Number remaining pay periods	
III. Contribution per pay period (I divided by II)	

Authorization and Certification

I accept the terms of the ConnectYourCare HSA enrollment form. I understand that:
- I am authorizing my employer to reduce my compensation by the amount specified. I understand the HSA election I have made will remain in place from year-to-year until I notify my employer of a change to my HSA election.
- I must report any administrative errors to my payroll administrator or HR department within 10 days of my first payroll deduction of the plan year.

I will receive Payment Card to access funds in my account. I certify that:
- The card will only be used for eligible medical expenses.
- Claims I pay with the card have not been reimbursed and I will not seek reimbursement from any other plan covering health or dependent care benefits. I understand that supporting documentation may be requested.

Employee Signature _____ Date _____

HSAs are individual accounts offered or administered through ConnectYourCare, LLC, an IRS-Designated Non-Bank Custodian of HSAs and subsidiary of Optum Financial, Inc. Neither Optum Financial, Inc. nor ConnectYourCare, LLC is a bank or an FDIC insured institution.

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Optum Financial®

Health Savings Account (HSA) Enrollment Form

PER THE USA PATRIOT ACT:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open the account, we will ask for your name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

*The total combined amount of both employer and employee contributions cannot exceed IRS maximum contributions limits.

IRS regulations are indexed annually for inflation. If you want to contribute the total annual amount for a tax year in which you were only HSA eligible for a portion of that year, you must remain HSA eligible through the end of the next tax year or face tax penalties.

HSAs are individual accounts offered or administered through ConnectYourCare, LLC, an IRS-Designated Non-Bank Custodian of HSAs and subsidiary of Optum Financial, Inc. Neither Optum Financial, Inc. nor ConnectYourCare, LLC is a bank or an FDIC insured institution.

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Let's talk about the future

Have you thought about how to begin building the income you'll need for the future?

While your pension and Social Security offer you a good start, they may not be enough to fund the lifestyle you want in retirement. The AR Diamond Plan – your employer's 457 Plan – is here to help you generate the income you may need by offering you an easy, tax-deferred way to save. The AR Diamond Plan provides you with additional flexibility to save and invest for your future. To help you get started in the Plan, you'll be automatically enrolled into the AR Diamond Plan on your first day of employment. You'll be enrolled saving 3% each pay period on a pre-tax basis, and be invested in a Retirement Target Date Fund based on your birth year, assuming a retirement date of age 65, unless you choose to decline enrollment by logging in to the AR Diamond Plan website at **myplan.voya.com** or by calling the Plan Information Line at **800-905-1833** before your first payroll is processed.

Once you're enrolled, you can choose to not participate (or opt out) in the Plan at any time. If you opt out within the first 90 days after your first payroll is processed, you can request a refund of any contributions made into the Plan. If you choose to opt out on day 91 and beyond, normal qualifying 457 distribution rules will apply.

What's in it for you – key benefits of the AR Diamond Plan

- **Pre-tax savings** – you may pay less in taxes today
- **Roth savings** – you pay taxes today but not in retirement*
- **Tax-deferred investing** – your employer's savings plan grows tax deferred. Contributions and any earnings are tax-deferred and will be taxed as ordinary income when distributed.
- **A choice of investments** – so you can create a portfolio that's right for you
- **Qualifying withdrawals** – should you need to take a withdrawal before retirement
- **24/7 account access** – by smartphone or computer
- **Automatic enrollment** – easy enrollment starting at a 3% pre-tax contribution rate

To learn more about the Plan, go to **myplan.voya.com**.

* For Roth contributions and earnings to be eligible for tax-free withdrawals, your initial Roth deposit must have been in your account for at least five years and you must be at least age 59½ (or in the event of your disability or your death)

Your contributions

You can save up to the annual IRS contribution limit on a pre-tax basis, after-tax with Roth contributions or a combination of both. If you are age 50 or older in any given year or within three years of your Normal Retirement Age, you can make additional catch-up contributions. You can change your contribution rate at any time. Please refer to **www.voya.com/IRSlimits** for current limitations.

About Voya Financial®

At Voya (NYSE: VOYA) we're dedicated to helping people feel more confident about the future. For more than 40 years, we've helped millions of people like you prepare for it through employer-sponsored retirement plans and other financial solutions.

As the plan record keeper for the AR Diamond Plan, we will manage the daily servicing of your Plan and provide you with plan information, transaction processing, account statements, saving and investing education and more.

Ready to make a move for your future?

If you are a new employee of the State of Arkansas, you will receive a Personal Identification Number (PIN) by mail.

If you misplace your password or previously opted not to enroll, it's easy to request a new password.

- Go to the **Plan website** at myplan.voya.com and click on "Forgot Password?" or
- Call the **Plan Information Line** at 800-905-1833. Customer Service Associates are here to help Monday through Friday, 7:00 AM to 7:00 PM CT (excluding New York Stock Exchange holidays).

A new password will be mailed to your home address within seven business days.

Want to meet with a Plan Advisor to learn more about the Plan?

Your local Arkansas Diamond Plan Advisors are available to meet with you one-on-one at your convenience. Call 501-301-9900 (or 866-271-3327) during standard business hours except on New York Stock Exchange holidays to schedule a time.

- Cheryl Daughenbaugh (Central AR)
- Nancy Lewis (Southern AR)
- Brete Garland (Northern AR)

See how your savings translate into estimated monthly retirement income with **myOrangeMoney®,** an interactive educational experience. You'll find it on the Plan website and **Voya Retire** mobile app.**

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This material is intended to provide educational information on the subjects covered. It is general in nature and the strategies suggested may not be suitable for everyone. It is not intended to provide specific tax, legal or other professional advice. You should seek advice from your tax and legal advisors regarding your individual situation.

Plan administrative services are provided by Voya Institutional Plan Services, LLC, a member of the Voya family of companies. **Representatives who provide investment services to the Arkansas Diamond Deferred Compensation Plans or to Plan Participants are Registered Representatives of Stephens Inc.** There is no affiliation between the Arkansas Diamond Deferred Compensation Plans, any of the Voya family of companies and/or Stephens Inc.

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New hire enrollment

State of Arkansas is pleased to have Arkansas State Employees Benefit Advisors assist with your enrollment. During the enrollment, each of you are encouraged to attend a quick, private 1-to-1 session with a benefits counselor. In that session, you'll discuss all of your current benefits as well as new and updated benefit options. Your benefits counselor will answer any questions you may have and offer you simple, straightforward advice as you sort through your choices.

Contact your office HIR to find out when a benefit counselor will be at your office!

THE FOLLOWING VOLUNTARY BENEFITS WILL BE OFFERED DURING ENROLLMENT:

Accident insurance provides a benefit for a range of accidental injuries.

Group specified disease insurance provides a benefit to help you manage the financial impacts of a critical illness.

Term life insurance offers a predictable way to provide more life coverage at more affordable prices during high-need years.

Whole life insurance provides a benefit to help protect your family's way of life in the event of your death.

These benefits are being offered for a limited time with no medical underwriting to qualify for coverage. Eligibility requirements apply.

IF YOU ARE UNABLE TO ATTEND A 1-TO-1 BENEFITS COUNSELING SESSION, CONTACT THE ENROLLMENT CALL CENTER TO APPLY

Phone: 833-703-1967

Employer Code: 1395219

Time: 8 a.m. – 5 p.m. CT

Here's how it works:

1. Gather any information you may need to apply, such as dependents' names, birth dates, ages, Social Security numbers and addresses.
2. You can speak with a benefits counselor to answer any questions you may have or leave a message for a callback. A benefits counselor can complete your enrollment over the telephone.
3. You will receive an Election Form confirming your voluntary benefit elections via secure email.

For more details contact: Arkansas State Employees Benefit Advisors

888-224-5233 | 501-224-5234 | www.arseba.com

Colonial Life

ColonialLife.com

The policies, their names or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Policy forms marketed by the company vary by product and are too numerous to list in the advertisement, but a list can be provided upon request.

Colonial Life Insurance products are underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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Open enrollment planning isn't complete until you have Aflac

Aflac for State of Arkansas

Health insurance wasn't designed to cover everything. That's why there's Aflac. Aflac can help take care of what health insurance doesn't cover, so you and your employees can focus on caring for everything else.

Aflac supplemental benefits

Our product portfolio is as broad as your needs, with individual and group plans that help cover the expected – and unexpected – that's sure to come life's way.

Hospital Confinement Indemnity: Hospital stays are expensive. An Aflac hospital confinement indemnity insurance policy can help ease the financial burden of hospital stays by providing cash benefits.

To learn more, contact your Aflac agent, Arkansas State Employees Benefit Advisors, 100172283 at service@arseba.com or (501) 224-5234.

Aflac®

This is a brief product overview only. Coverage may not be available in all states. Benefits/premium rates may vary based on plan selected. Optional riders may be available at an additional cost. The policy/certificate has limitations and exclusions that may affect benefits payable. Refer to the specified policy/certificate for complete details, benefits, limitations and exclusions. For availability and costs, please contact your local Aflac agent.
Individual coverage is underwritten by Aflac. Group coverage is underwritten by Continental American Insurance Company (CAIC), a wholly owned subsidiary of Aflac Incorporated. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico or the Virgin Islands. For groups sitused in California, coverage underwritten by Continental American Life Insurance Company. For individual coverage in New York or coverage for groups sitused in New York, coverage is underwritten by Aflac New York. Continental American Insurance Company | Columbia, SC. WWHQ | 1932 Wynnton Road | Columbus, GA 31999.

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EXP 4/23

ManhattanLife
Standing By You. Since 1850.℠

State of Arkansas

State of Arkansas is now making the following ManhattanLife Assurance products available to its employees.

CANCER CARE PLUS

"Limited Cancer and Dread Disease Policy"

Portable And Renewable For Life! *

BENEFIT PACKAGE OPTIONS	LOW PLAN	HIGH PLAN
CANCER SCREENING TEST - Payable for one annual cancer screening test. Not payable if received through any free-testing program or for any other cancer screening test for which a charge is not made. Payment based on benefit amount selected.	Pays $50 per calendar year	Pays $100 per calendar year.
FIRST OCCURRENCE BENEFIT (RIDER) - Payable when a covered person is diagnosed with cancer for the first time. Payable only once for each covered person and not payable for skin cancer. Not available for ages 65 and above.	Pays $2,500.	Pays $10,000.
DAILY HOSPITAL CONFINEMENT BENEFIT - Payable when a covered person is confined to the hospital for the treatment of cancer or a dread disease. Payment is based on the daily benefit amount selected. Payable for the first 70 days of each period of confinement.	Pays $150 per day.	Pays $150 per day.
SURGICAL BENEFIT - Payable for surgeries performed in or out of the hospital to treat cancer or a specified dread disease. Benefits for surgical procedures are calculated as a percentage of the per-surgery maximum benefit amount selected.	Pays max per surgery $3,000.	Pays max per surgery $4,000.
RADIATION, CHEMOTHERAPY AND IMMUNOTHERAPY* - We will pay the actual charges for Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drugs, and Anti-Nausea and Immunotherapy drugs, as indicated in the policy, for the treatment of cancer or a specified dread disease. Benefits are based on the maximum monthly benefit amount selected. Actual Charges means the amount(s) actually paid by or on behalf of the Covered Person and accepted by the provider as full payment for the covered services provided. This benefit is not payable if treatment is received in a government or charity hospital. **Note - Immunotherapy must be FDA approved*	Pays actual charges, max $5,000 per month.	Pays actual charges, max $5,000 per month.

This plan covers an additional 27 dread diseases.

** Subject to company's right to change premium.*

CENTRAL CARE DISABILITY INCOME

SHORT-TERM DISABILITY

The ManhattanLife Central Care Group Disability Income Insurance Policy provides a monthly disability benefit payable to an insured employee in the event of a total disability resulting from an off-the-job, covered accident or sickness.

Benefit coverage for up to 65% of salary, excluding bonuses and overtime.

MONTHLY BENEFIT AMOUNT

- $500 - $6,000

ELIMINATION PERIOD

(Refers to the number of consecutive days you must be Totally Disabled before the policy begins to pay the Monthly Benefit for Total Disability)

- 0/7 or 0/14 (Accident/Sickness)

BENEFIT DURATION

- Total Disability - 6 months

This is not a policy of workers' compensation insurance. The employer does not become a subscriber to the Workers' Compensation System by purchasing this policy, and if the employer is a non-subscriber, the employer loses those benefits that would otherwise accrue under the Workers' Compensation Laws. The employer must comply with the Workers' Compensation Law as it pertains to the non-subscribers and the required notifications that must be filed and posted.

For more information about enrolling, policy benefits, limitations and exclusions, please visit:

Arkansas State Employees Benefits Advisors

(888) 224-5233 or email service@arseba.com

POLICY FORM NUMBERS: CP4000 AR 4/04, DIMSTR and DICERT

OPEN ENROLLMENT DISCLAIMER: Not all products offered are guaranteed to issue and may include a pre-existing condition waiting period; please consult your agent representative for policy underwriting parameters.

Coverage is subject to policy exclusions and limitations that may affect benefits payable. This is not a complete disclosure of plan qualifications and limitations. See your ManhattanLife benefits counselor for complete details.

Underwritten by ManhattanLife Insurance Company of America, 107777 Northwest Freeway, Houston, Texas 77092

Arkansas State Employees

Long Term Disability Insurance

How does it work?

This coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Consider your expenses

Utilities	$
Housing	$
Groceries	$
Transportation	$
Child care/Elder care	$
Medical/Personal care	$
Education	$
Insurance	$

For questions contact Arkansas State Employees Benefit Advisors at 501-224-5234

What else is included?

Survivor Benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

Work-life balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week. Choose to cover 60%, 60% or 50% of your monthly income, up to a maximum payment of $5,000. The monthly benefit may be reduced or offset by other sources of income. *See the Legal Disclosures for more information.

If you didn't get coverage when you were first eligible, you'll have to answer health questions now. If you're newly eligible, you may not have to answer health questions. If you already have coverage, you can increase it up to the maximum available. You may have to answer health questions. New coverage may be subject to pre-existing condition limitations.

Elimination period (EP)

Your elimination period is 180 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits up to the Social Security (SS) normal retirement age, for 5 years or for 5 years.

Calculate your cost

- Follow the instructions on the worksheet at right to determine your cost per paycheck.
- For step 2, enter the amount that is less: 1) your annual earnings or 2) the maximum covered annual earnings listed on the rate chart, based on your age and coverage percentage amount you want.

(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date.)

Disability worksheet

1 Enter your annual earnings and calculate your maximum monthly benefit available.

$_____ ÷ 12 = $_____ x ____% = $_____

Your annual earnings | Your monthly earnings | (The % plan that you want) | Max monthly benefit available (if the amount exceeds the plan max of $5,000, enter $5,000)

2 Calculate your cost per paycheck

$_____ ÷ 100 = $_____ x $_____ = $_____ ÷ 12 = $_____

Your annual earnings | Rate for the option you choose | Number of paychecks per year | Total cost per paycheck

Rates

Percent of monthly income ›	Option 1 60% EP: 180 days BD: SS retirement age	Option 2 60% EP: 180 days BD: for 5 years	Option 3 50% EP: 180 days BD: for 5 years
Age: 15-24	$0.240	$0.170	$0.140
25-29	$0.390	$0.230	$0.190
30-34	$0.750	$0.410	$0.310
35-39	$1.260	$0.600	$0.470
40-44	$1.800	$0.850	$0.610
45-49	$2.350	$1.220	$0.850
50-54	$2.770	$1.510	$1.120
55-59	$3.040	$2.310	$1.750
60-64	$3.270	$3.900	$2.710
65-69	$2.460	$3.620	$2.600
70+	$1.890	$1.940	$1.420

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band.

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Benefit duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Definition of disability

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.
You must be under the regular care of a physician in order to be considered disabled.
The loss of a professional or occupational license or certification does not, in itself, constitute disability.
"Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.
Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation law
- State compulsory benefit laws
- Automobile liability insurance policy
- No fault motor vehicle plan
- Third-party settlements
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans, if applicable
- Retirement payments
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification;

The loss of a professional or occupational license does not, in itself, constitute disability.
Unum will not pay a benefit for any period of disability during which you are incarcerated.
The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Disabilities based primarily on self-reported symptoms are limited to 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related.
Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

Unum's LTD contracts standardly include a provision called the Social Security Claimant Advocacy Program. With this feature, claimants can receive expert advice and assistance from us regarding their Social Security Disability claim during the application and appeal process. Social Security advocacy services are provided by GENEX Services, LLC or Brown & Brown Absence Services Group. Referral to one of our advocacy partners is determined by Unum.
Worldwide emergency travel assistance services are provided by Assist America, Inc. Work-life balance employee assistance program services are provided by HealthAdvocate. Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.
Underwritten by:
Unum Life Insurance Company of America, Portland, Maine
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The Arkansas State Employees Association is a non-profit association that works with the State Legislature and Governor's office for the betterment of Arkansas State Employees, as well as ensuring an efficient and effective state government. It also offers its members optional, additional benefits and opportunities.*

*ASEA membership is not a requirement.

An ASEA membership offers many unique benefits to save you time and money.

For only $2 a pay period, members receive:

- Scholarships - Each year ASEA awards scholarships. Members and their dependents are eligible to apply.
- Retail Discounts - Our extensive network of retail discount partners can save you money.
- Representation - ASEA represents Arkansas state employees on all your issues year around.
- **Pay, Health Insurance, Retirement Plan, and Benefits** - What matters to you most is our priority.
- Benevolent Fund - Our fund assists members' survivors with up to $1,000 paid upon death.
- **Member's Only Website -** Only members have access to our reporting and discount codes.
- ASEA Newsletter - As a member you can receive a subscription to our newsletter (print or digital available).

3 WAYS TO JOIN:

Online at aseaar.org • Mail form to: P.O. Box 1588, Little Rock, AR 72203 • Fax form to: 501-378-0113

ARKANSAS STATE EMPLOYEES ASSOCIATION, INC. • An Independent Organization

APPLICATION FOR MEMBERSHIP AND REPRESENTATION • Please complete for payroll deduction

By _____
(PRINT) Last Name First Name Middle Name

I work for _____
Agency/Institution Work Location Personnel Number

Effective _____ I hereby authorize you to deduct from my earnings each pay period the amount of $ _____ , as my current dues. The amount deducted shall be paid to the Treasurer of Arkansas State Employees Association. This authorization shall remain in effect unless terminated in writing by me.

_____
Employee's Signature

_____
Mailing Address (street, route or P.O. Box)

_____
City, State and Zip Code

_____
E-mail Address

_____
Referred by (if applicable)

☐ **I prefer to pay dues on annual basis and enclose check for $52.00.**

☐ **I prefer to have my newsletter emailed to me.**

IRS regulations require ASEA to notify its members regarding a reasonable estimate of the portion of their annual dues that are allocable to lobbying and political expenses and will be nondeductible for individual tax reporting. Currently, up to 5% of membership dues received may be used for lobbying and political expenses.

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Contact information for Benefits

Benefit	Contact	Phone	Address
Health Insurance	Employee Benefits Division (EBD) Transform.ar.gov/employee-benefits/ e-mail: askEBD@arkansas.gov	(877) 815-1017 Press 1, then 2	501 Woodlane St., Ste 500 Little Rock, AR 72201
Dental and Vision Insurance	ARSEBA – Arkansas State Employees Benefit Advisors www.arseba.com e-mail: service@arseba.com	(501) 224-5234 (888) 224-5233 (501) 663-1445 Fax	1301 West 7th Street Little Rock, AR 72201
Health Savings Account/Flexible Spending Account	Optum Financial https://www.myoptumfinancial.com/arbenefits	(833) 229-4431	
Group Term Life Insurance	Colonial Life Transform.ar.gov/employee-benefits/	(855) 868-6009	PO Box 1365 Columbia, SC 29202
Deferred Compensation	Arkansas Diamond Plan – Voya https://myplan.voya.com	(501) 301-9900 (866) 271-3327	
Other Voluntary Insurance: Accident Cancer Critical Illness Hospital Indemnity Life Insurance (Individual Term, Universal and Whole) Short Term Disability Long Term Disability Identity Guard	ARSEBA – Arkansas State Employees Benefit Advisors www.arseba.com e-mail: service@arseba.com	(501) 224-5234 (888) 224-5233 (501) 663-1445 Fax	1301 West 7th Street Little Rock, AR 72201
AR State Employees Association	ASEA - www.aseaar.org	(501) 378-0187 (800) 950-8139	PO Box 1588 Little Rock, AR 72203
Employee Assistance Program - EAP	New Directions www.ndbh.com	(877) 300-9103	

Additional information and forms including Notice of Privacy Practices and HIPAA information can be found at: https://www.transform.ar.gov/employee-benefits

Arkansas State Employee New Hire Benefits Information 2023