

Your Insurance & Flex Benefits



10-22-2009

Welcome to UAMS!

- We offer an excellent employee benefit package
- Insurance and Section 125 “flex” benefits are covered in this presentation. Retirement benefits are covered in a separate presentation.

Both presentations are posted on our website should you want to review them later.



You are eligible for benefits if...

- You are in a regular staff or faculty position (not temp, not extra help, not student position), and...
- Your appointment is 50% or greater (you work 20 hours or more per week), and...
- You are hired to work for a period of at least 6 months

What insurances are offered?

Core

Basic coverage every employee should have. UAMS pays at least half of the premium.

Medical

Dental

Basic Life

Basic Long Term Disability

Optional

Additional coverage you should consider. You pay the premium but enjoy group rates.

Vision

Optional & Dependent Life

Optional Long Term Disability

Accidental Death & Dismemberment

Critical Illness

Home/Auto

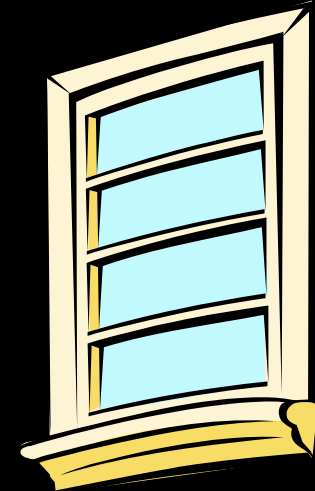
Long Term Care



In your benefits package...

- **Benefits Summary**, a brief guide to the benefits offered to UAMS employees
 - Your best “one place” description of your benefits
 - Detailed Summary Plan Descriptions (SPDs) for each group benefit plan are posted on our website so you can access them 24/7. Help UAMS in its green initiative and save trees by accessing SPDs online. You can also visit our office to view the SPD or ask your department manager to print it for you.
- **Rate sheet** (note the different columns for monthly and biweekly)

Enrollment Window



- One month (up to 31 days)
from your first day in a
benefits-eligible position
- During this time you may enroll in any of the
group benefit plans, no health screenings
[Restrictions may apply to voluntary plans... more details later]
- Mark the one month date on your calendar so
you don't miss the deadline!

Is there a waiting period for coverage to take effect?

- Yes
- Based on the date you sign up (and within your 31 day window), your coverage will start on the first day of the **NEXT** calendar month
- If you turn in insurance forms today, your coverage will take effect on _____.

Examples of Effective Dates

Example 1

Hired Sept 15

Enroll Sept 25

Coverage begins Oct 1

Example 2

Hired Sept 15

Enroll Oct 2

Coverage begins Nov 1

Example 3

Hired Oct 1

Enroll Oct 2

Coverage begins Nov 1

Example 4

Hired Oct 1

Enroll Oct 1 or earlier

Coverage begins Oct 1

More on effective dates

- Please make sure your benefits are in effect before you see a doctor or dentist or fill a prescription
- The deduction from your paycheck will be for past coverage. For example, the deduction from the October 31st monthly paycheck is to pay for October 1-31 coverage.
 - If you're paid monthly, your first deduction will be a full deduction
 - If you're paid biweekly and the pay period does not begin exactly on the 1st day of the month, your first premium will be prorated (a partial deduction)
- Please always look at your pay stub, every time!

Special message to bi-weekly paid employees

- Insurance rates are calculated as annual rates, then divided by number of paychecks during the year
- Normally there are 26 bi-weekly paychecks each year
- But 2009 is special. There are 27 bi-weekly paychecks.
- Therefore the rates deducted in 2009 will be slightly lower to accommodate the extra payday
- Rates will return to “normal” in January 2010... which means annualized premium divided by 26

Who can you cover?

YES, you can cover...

- ✓ Your lawful **spouse** (as recognized in Arkansas)
- ✓ Your unmarried **child** through age 18, or age 19-24 if they are in school full-time. Includes:
 - ✓ Natural child
 - ✓ Adopted or foster child (court documentation required)
 - ✓ Your step-child if they live with you in a parent-child relationship (NOTE: if your spouse is court-ordered to cover their child, you cannot cover that child unless child lives with you)

NO, you cannot cover...

Grandchildren*
Nieces*
Nephews*
Domestic Partners
Common Law Spouses
Parents
Boyfriends
Girlfriends
Fiancées

* not eligible for coverage unless you have full custody and have legally adopted them (court documentation is always required), and a parent of the child does not live with you

Be sure to visit Human Resources within 31 days regarding the eligibility status of a dependent (i.e., marriage, new baby, divorce)

Children over age 18

- Once your child turns 19, you'll need to provide documentation each semester to your medical and dental carriers (QualChoice and Delta Dental) to verify they are full-time students.

We have a form on our website for this.

- **When your child is no longer eligible, you must always notify Human Resources ASAP.** It may affect your premium costs. They will be offered continuation of coverage through COBRA.

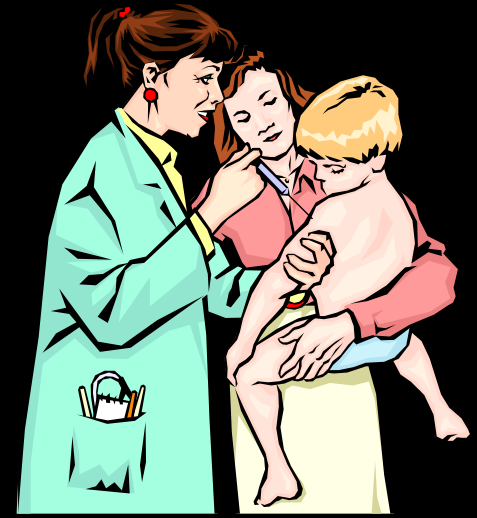
- Fill out form before child turns 19 (if they're not going to school full-time). Coverage will end on their 19th birthday.
- Or fill out drop form the month your child graduates from college. They can be covered under your plan through the end of that month.



Letters from Conexis

You'll receive 2 letters from Conexis, our benefit vendor who handles COBRA and HIPAA notifications. Neither letter requires any action on your part. They're just telling you of your rights.

- HIPAA notice regarding your 31-day period to elect benefits
- COBRA notice regarding your option to continue certain benefits should you leave UAMS or otherwise become ineligible for benefits in the future



Medical Insurance

Medical Insurance

- University of Arkansas medical plan
- We're self-funded and self-insured
- By eliminating the profit margin, we can keep premiums lower than if we were fully insured through an outside company
- We can tailor our plan to reward employees for healthy living and control healthcare costs

Medical Insurance

- UA contracts with these vendors to process claims:
 - Medical benefits – **QualChoice**
 - Prescription benefits – **MedImpact**
- Refer to rate sheet for premiums
UAMS pays at least 65% of the premium for you and your family if you work full-time.

You choose which medical plan

CLASSIC

(Classic Managed Care Plan)

All services must be rendered by your Primary Care Physician or other UA QualChoice network provider. Similar to an HMO.

OR

POS

(Point of Service Plan)

In-network benefits similar to Classic, but also provides some benefits for out-of-network care

- Refer to *Medical Plans Benefit Comparison* for details
- If you (the employee) live in another state without access to QualChoice network providers, ask about the “Alternative” POS plan.

Classic vs. Point of Service

- Once you select one of the two plans, you're not locked into that plan forever
- Annual “Open Election” held each November/December for you to change to the other plan effective January 1. But this only applies to employees who are already enrolled in Medical.
- **We do NOT have open enrollment every year !** But are having one now (first time in 3 years) through 12-18-2009 , for coverage to start 1-1-2010.

In-Network vs. Out-of-Network

- You always get your better benefit by going to a doctor or other provider in the UA QualChoice network, regardless if you're in Classic or POS
- Visit www.qcark.com for the most up-to-date network provider listing
- Little Rock hospitals in the network are **UAMS**, **Ark. Children's Hospital** and **St. Vincent**. Baptist and Heart Hospital are NOT in the network.



When you go **IN-NETWORK** for your medical care...

... some things
are covered in
full by insurance

... some things are
subject to a copay

... some things are
subject to
deductible and
coinsurance

Refer to *Medical Plans Benefit Comparison* for a summary

First, some definitions

Copay: the flat dollar rate you pay per in-network doctor's office visit, hospital stay or prescription

Deductible: the annual fixed dollar amount you pay up front on some medical services before insurance pays. Excludes copays.

Coinsurance: the % of the bill you pay after you've satisfied your deductible and/or copay (i.e. if insurance pays 80% your coinsurance is 20%)

Out-of-Pocket Max: annual maximum coinsurance you would pay per calendar year (excludes copay and deductible); then insurance pays 100% on covered services

Network provider: Physician or other health care specialist who is listed in the UA QualChoice directory

In-Network Preventive Care

You pay \$0, covered in full by insurance

- ✓ annual physical exam by PCP or gynecologist
- ✓ Well baby/child visits & immunizations through age 18
- ✓ Adult flu immunizations
- ✓ Routine screening mammograms (generally starting at age 40)
- ✓ Pap smears
- ✓ Prostate antigen testing
- ✓ Colorectal cancer screening @ 10 years (starting at age 50)
- ✓ Insulin (if you participate in QCARE diabetes management program)
- ✓ “Kick the Nic” smoking cessation (Chantix prescription and 2 office visits free if contact QCare health coach)



In-Network Physician Services

Your share of the cost is a copay

- \$25 copay when you see your Primary Care Physician (“PCP”)
- \$25 copay for annual eye exam (in-network optometrist or ophthalmologist)
- \$40 copay when you see an in-network specialist or physician other than your PCP. No referral needed.
- This copay covers services performed in your doctor’s office that day including labs, chest x-rays and most diagnostic testing.



Good idea to ask your doctor’s office or clinic to verify the services they’re performing, so you know up front what your out-of-pocket cost will be.

How In-Network Deductible and Coinsurance Works

- You pay first **\$750** to satisfy your annual deductible (\$1,500 family)
- Then insurance pays 80% and you pay **20%** coinsurance
- Your in-network coinsurance maximum cost is **\$2,000** per year (\$4,000 family). After this, insurance picks up 100% of eligible expenses.

In-Network services subject to deductible and coinsurance

These in-network benefits have the highest “cost sharing”

- Hospital Admission (+ \$250 inpatient copay)
- Surgery
- Maternity
- Advanced Imaging Services – MRI, CT, PET (prior authorization required)
- Outpatient Diagnostic Testing (includes diagnostic mammograms & breast ultrasounds)
- Physical and Occupational Therapy, Chiropractic (30 visits max)
- Home Health, Hospice



In-Network Maternity



- **Prenatal visits: \$25 copay for initial visit to Obstetrician**
Future prenatal office visits covered in full. One ultrasound covered weeks 16-20. Additional tests and ultrasounds require pre-authorization.
- **Delivery: \$250 copay for inpatient hospital stay + \$750 annual deductible** (if not already satisfied) + **20% coinsurance** (until \$2,000 coinsurance max is reached).
- **Your total cost should not exceed \$3,025**
- **Be sure to add newborn through your Human Resources Office within 31 days of birth in order for the baby to be covered**

Emergency Benefit

(same under both plans, Classic & POS)

- You are covered anywhere in the world for sudden onset of unforeseen illness or accident
- If traveling out of state without access to network providers, lower your costs by going to a provider in the national Private Health Care Systems (PHCS) network, www.phcs.com.
- You must notify QualChoice within 24 hours if you are admitted to any nonparticipating hospital
- If possible, use network hospitals for emergency services. **Let your family know in advance what hospitals are in network.**
- \$150 Emergency Room Copay - waived if admitted
- \$100 Ambulance Copay - waived if admitted



Are there any differences between POS & Classic benefits if I go in-network for all my care?

Except for one minor* benefit, in-network benefits are exactly the same for the two plans.

*Some TMJ benefits are covered in-network under POS, no coverage under Classic.

The big difference between the 2 plans are out-of-network benefits

Classic: No out-of-network coverage other than a true emergency!

POS: Yes, you have benefits if you go out-of-network. But be aware your share of the cost will be higher.

POS out-of-network benefits

- You first pay **\$1,000** (\$2,000 family) as deductible. This is an additional deductible, separate from the in-network deductible.
- Then insurance covers **60%** based on Maximum Allowable Charges. Your out-of-network doctor may “balance bill” you the amount over QualChoice’s fee schedule. Your actual cost may be 40% + difference between actual and allowable expenses. Your coinsurance out-of-pocket max is \$5,000 (\$10,000 family). Similar to the deductible, this is an additional and separate out-of-pocket max than the one that applies to in-network services.
- Separate **\$250** copay for hospital admission
- **Sorry, POS doesn’t cover any preventive care done out-of-network**

We recommend POS if...

- ...you have a child that lives out of state without access to the QualChoice network (e.g. your son lives with your ex-spouse in New Jersey)
- ... or your child is going to school or college out of state, again without access to QualChoice network
- Contact QualChoice about “Healthy Directives” network for your family members who live outside Arkansas. Costs may be lower if they go to Healthy Directives health care providers.

Regardless of the plan you choose...

- **Select a PCP (primary care physician)** to receive your maximum benefit. Check out the list of UAMS PCP's or pick one from QualChoice's online directory. Not necessary for female to select an Ob/Gyn -- you may see any Ob/Gyn in the QualChoice network.
- OK for each family member to have a different PCP
- You may change your PCP at any time. Notify QualChoice by the 25th of a month for it to take effect the 1st of the next month.
- If your PCP refers you to another doctor in the network, no QualChoice referral approval is necessary
- When in doubt as to your coverage or plan benefits, contact QualChoice at **219-5133** (special number for UA employees) or log in at www.qcark.com



Prescription Drug Benefit

- Prescription benefits are the same for POS or Classic.
- **Please refer to the UA Drug Formulary.**
This is the preferred drug list. Visit our website to view the most recent formulary, as it is usually updated quarterly.
- Show this to your physician when drugs are prescribed to see if a less expensive generic drug is available. Please note that some drugs are subject to quantity limits, step therapy or prior authorization.



Prescription Drugs

- You pay a copay for a 30-day supply
 - \$10 Generic (tier 1)
 - \$35 Preferred brand name (tier 2)
 - \$70 Non-preferred brand name (tier 3)
- If you get a 90-day supply, you would pay 3 copays.
- Mail order is available as a convenience for maintenance drugs. You would pay the same copay as if you went to a pharmacy. For example, you would pay \$30/\$105/\$210 for a 90-day supply.

Insurance Cards

- **QualChoice** will send you medical cards for each family member. You will be assigned a unique member ID number. Present this to your doctor's office.
- If you have medical expenses after your coverage begins but before you get your cards, you may have to pay from your own pocket. But you can file a QualChoice claim form and be reimbursed.



- Check out QualChoice's website, www.qcark.com

- After registering as a Member you can...
 - ✓ Check status of claims, print an EOB (explanation of benefits)
 - ✓ Order new ID cards, print temporary cards
 - ✓ Change your PCP
 - ✓ View a description of your benefit plan & drug formulary
 - ✓ Read current and past issues of newsletters
 - ✓ Take a Personal Health Appraisal

2 more benefits from QualChoice

- **Ask a Doc:** Convenience of getting free medical advice from physicians via the Internet, possibly saving an office visit. Also advice from pharmacists and nurses. This is the “edocamerica” program founded by our own Dr. Charlie Smith.
- **QCare:** Disease management and wellness counseling for asthma, diabetes, high blood pressure, high cholesterol, weight management, smoking cessation, etc.



Prescription Card

- MedImpact will send you a prescription benefit card (2 if other family are covered). Present this to your pharmacist when filling a prescription.
- If you need to fill a prescription before you get your card, ask your pharmacist if they can wait and file the claim later, once you're in MedImpact's computer. Or you can pay the full cost of the drug from your pocket then file a claim form to be reimbursed.
- Register as a member at www.medimpact.com to find out what your cost will be for your prescription ahead of time. Lots of other nice resources.



Dental Insurance



Dental Insurance

- UA Dental Plan (we're self funded & self insured)
- UA contracts with a Third Party Administrator, **Delta Dental of Arkansas**, to pay claims
- Preventive plan – sorry, no orthodontia benefits
- See rate sheet for premium cost
UAMS pays 50% of the premium for you and your family if you work full-time.

Dental Benefits

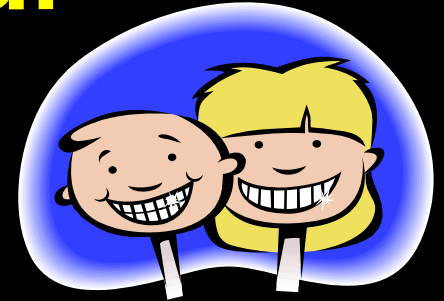
- Covers 2 routine visits per year. Includes periodic exams, x-rays, cleanings, sealants for children.
- Then \$50 deductible must be satisfied before additional benefits are paid.
 - 80% coverage on restorative services such as fillings and extractions
 - 50% coverage on major services such as dentures, bridges, crowns, implants
 - \$1,500 maximum annual benefit per individual. But “carry-over” benefit may allow you to reach a special \$3,000 maximum annual benefit in the future (e.g. use less than \$750 of benefits in one year, carry over \$375 into next year)

Choosing a Dentist

You don't have to pick a dentist. Insurance payment is based on the network your dentist is in.

- **PPO:** you get your best benefit by seeing a dentist in Delta Dental PPO network. Best benefit for restorative or major services.
- Premier: next best benefit. No difference between PPO and Premier for routine services.
- Non-participating dentist: benefit is 90% UCR (“usual, customary and reasonable” fee schedule)

Adding Children to Your Dental Plan



- Our plan lets you add children at any time up through their 3rd birthday
- But if you pre-tax your dental premiums (as most employees do), IRS rules don't allow you to make a change mid-year. You would have to add your child at the end of tax year before they reach age 3. (Coverage would take effect Jan 1 of new calendar year).
- Easy rule of thumb: **check with Human Resources when your child turns age 2**

We do NOT have open enrollment every year

But we are having one now for our dental plan (first time in 3 years). Deadline is 12-18-2009 , for coverage to start 1-1-2010.



Dental Card

- Delta Dental will send you an ID card with a unique ID number
- Show this card to your dentist so they may file a claim electronically through Delta's website. Your dentist can also file a claim with your SSN.
- Once your coverage begins, register as a Subscriber at www.deltadental.com to view benefits and claim status

Campus Dental Services



CHRP Dental Hygiene Clinic

- \$15 cleanings (\$10 for children 6 and under)
- 1st floor, Ward Bed Tower

Vision Plan



Vision Plan

- **Superior Vision Plan** (fully insured through the carrier)
- See rate sheet for your premium cost
See Outline of Benefits for description of benefits
- While open to all benefit-eligible employees, this plan is primarily for those who wear corrective eyewear because you can purchase glasses or contacts at a discount.
- TIP: if you don't wear glasses or contacts, you don't need this plan
- Since you will likely only use the benefit once a year (the plan year is the calendar year), be sure to go to a Superior Vision provider to get your best benefit. FYI, UAMS Jones Eye Institute is in the network for U of A employees.

Vision Benefits - “Basic”

(as long as you go to a Superior Vision network provider)

- You pay \$10 for comprehensive vision exam (or you can file it under your medical and pay \$25 copay)
- You pay \$20 for frames that retail for \$125 or less. That covers the lenses... regular, bifocal, trifocal or lenticular.
- You would pay extra, but get a discount, for add-ons that are not medically required such as “no line”, scratch resistant coating, etc.
- You can get new frames every 2 years, eyeglass lenses every calendar year
- Can get up to \$120 in contact lenses in lieu of eyeglass lenses each year

Vision Benefits - “Enhanced”

(as long as you go to a Superior Vision network provider)

- **New Enhanced option being added 1-1-2010.** Deadline is 12-18-2009 to elect this (during special open enrollment)
- Higher premium
- But increases frame allowance from \$120 to \$150
- And allows frames to be replaced every year instead of every two years
- And covers progressive no-line, UV and scratch coatings

Vision Plan Enrollment

- If you do not enroll now, you may have to wait for next Open Enrollment Period. Annual open enrollment is not guaranteed by the carrier (although we are having one this year through 12-18-2009).
- You are locked into the benefit for the calendar year even if you post-tax your premium. Can't drop mid-year except to take off dependents who become ineligible.
- Can add new dependents within 31 days (e.g. marriage, birth, adoption)
- Notify Human Resources if a dependent becomes ineligible (e.g. ex-spouse, child no longer in school, etc.)



Vision Card

- Superior Vision will send you one ID card with a unique ID number. You may request additional cards for covered family members or simply make photocopies.
- Show this card to your network eye care provider so they may file a claim through Superior. They can also file a claim with your SSN or name.
- Once your coverage begins, register as a Member at www.superiorvision.com to view benefits, print an ID card, and access forms.



Premium Conversion

through Section 125 Flex Plan

Premium Conversion

- Applies to your payroll-deducted **Medical, Dental and Vision** insurance premiums
- You may elect to pay these premiums on a **pre-tax** basis.
 - Decreases your taxable income reported on your W-2
 - Increases your take-home pay because less taxes are deducted
- Most employees elect this benefit to maximize their take-home pay. Great way to reduce your tax liability.

Premium Conversion

- **Your risk:** You can't make a mid-year change to your medical or dental coverage, such as dropping coverage on yourself or family members. You would have to be within 31 days of a **qualifying event** or wait until the end of the calendar year.
- Vision plan doesn't allow you to drop mid-year, regardless of if you pre-tax or post-tax the premium (except to drop dependents who become ineligible)
- **Consider enrolling in Medical or Dental on an after-tax basis if you think you may need to drop coverage before the end of the year and you don't have a qualifying change of status event**
- You may change your Premium Conversion election at the end of each year, to take effect January 1. Deadline this year is 12-18-2009.

OK to change your Medical or Dental coverage due to...

- Gain or loss of dependent
 - Marriage, divorce, legal separation or annulment
 - Death of spouse or dependent
 - Birth or adoption
 - Child no longer eligible (or is newly eligible)
- Spouse loses their job and therefore loses their coverage

Your benefit change must be “on account of and consistent with” the qualifying change in status.

Be sure to notify HR within 31 days!

New coverage would take effect first of the following month



This may be your only chance to enroll in Medical or Dental

The University does not have annual open enrollment nor an “evidence of insurability” (EOI) application process.

However, we are having open enrollment this year, first time in 3 years. Deadline is 12-18-2009.



Are you waiving our plans because you have other coverage?

- If you are declining coverage because you have other coverage, make absolutely sure you remain covered under the other plan. Best to get written verification.
- This is especially true if you are on Medicaid or ARKidsFirst. You must notify them within 10 days of starting a new job to confirm you are still eligible for those benefits.

Life Event Checklists

- Refer to **Life Events/Benefits Matrix** for changes you may make in the future
- Also visit our website for checklists when you experience a one of these events:
 - ✓ Marriage
 - ✓ Divorce
 - ✓ Having a baby
 - ✓ Full-time to part-time
 - ✓ Leave of absence
 - ✓ Military leave
 - ✓ Child dependent status change

Life Insurance



How much life insurance do I need?

- Most experts recommend 3 to 5 times your salary in coverage
- But individual circumstances differ. For example, if you are married or have children, you may need more coverage than a single individual.
- Almost 40% of deaths occur to people between ages 25 and 64, which are the prime working years

Basic Life Insurance

- **FREE!** UAMS provides this coverage for you.
- Coverage is 1 times your base annual salary, up to \$50,000 (Reduced benefits at age 70 and 75)
- Indicate your beneficiary(ies) on the UA Group Benefits Enrollment Form
- Benefits are payable to your designated beneficiary in the event of your death.
We recommend that you do not list minor children as your beneficiaries.
- Fully insured plan through Unum



Optional Life Insurance

- You may increase your life insurance coverage by enrolling in Optional Life (also fully insured through Unum)
- See rate sheet for your age-based premium
- Coverage is available up to four (4) times your base annual salary, up to \$500,000 maximum

Optional Life Insurance

- Combined with Basic Life, you could possibly have 5 times your salary in life insurance
- Indicate your beneficiary(ies) on the UA Group Benefits Enrollment Form
- Your premium, as well as amount of your insurance benefit, will automatically update as your salary changes. Your rate will also automatically increase when you reach a new age bracket.

Calculating Optional Life Premium

Example: **41 year old** employee earns **\$34,350** per year, is paid monthly

- Round salary up to \$35,000
- Multiply by 2 for “**2 x**” coverage
- $\$35,000 \times 2 =$ **\$70,000 Opt Life coverage**
- $\$70,000/1000 = 70$
- $70 \times .11$ (age 40-45) = **\$7.70 monthly cost**

Dependent Life Insurance

- Benefits would be payable to you in the event of your spouse or eligible child's death
- See rate sheet for your premium
- Coverage available: \$10,000, \$15,000 or \$20,000
- 100% benefit payable on spouse, 50% on each eligible child
- Insured through Unum

Optional AD&D

- AD&D = Accidental Death and Dismemberment
- Insured through The Hartford
- Benefits are payable in the event of accidental death or dismemberment
- Coverage is available for **Employee Only** or **Employee & Family**. See rate sheet for your premium.

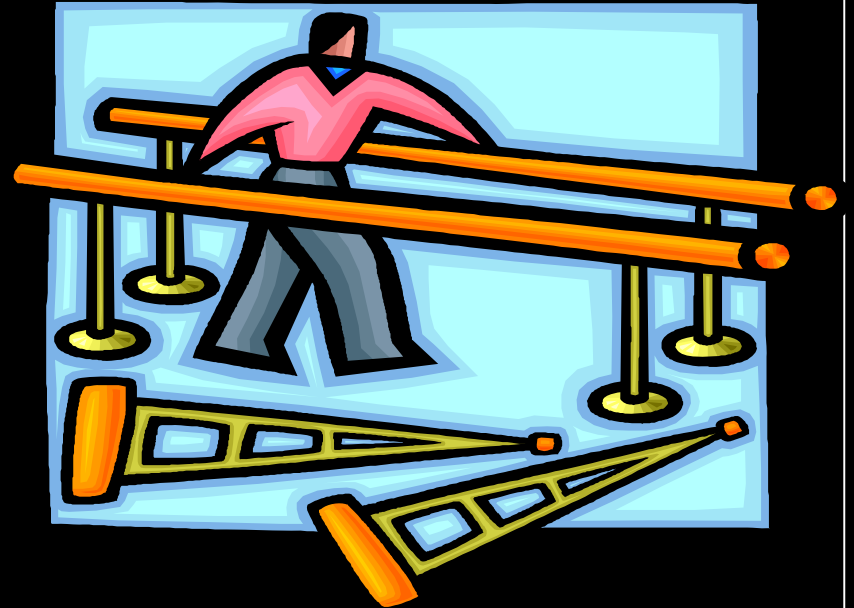
Optional AD&D

- Coverage is available in increments of \$25,000 up to a maximum of \$300,000, but no more than 15 times your base annual salary
If you make less than \$20,000 you are not eligible to elect the maximum \$300,000.
- In event of accidental death, 100% benefit is payable on employee, 60% on spouse, 20% on each eligible child (child covered through age 22 if a full-time student)
- Different levels of coverage payable for different types of dismemberment

Your Life Insurance Coverage

- Optional Life, Dependent Life and AD&D take effect the first day of the **NEXT** calendar month after you enroll
- If you miss your 31-day window, you may apply for coverage through the carrier. Must pass an “evidence of insurability” health screening.
- However, you may sign up for or increase your AD&D coverage at any time, even beyond your 31-day enrollment window Accidents are not predictable.
TIP: Consider signing up for increased AD&D coverage the month before you plan to take a trip, as your “travel insurance.”

Long Term Disability Insurance



Think you will never suffer a long term disability?

- Odds are 3 in 10 that you will become disabled sometime before retiring
- The average disability lasts 2.5 years
- Can you afford to pay your bills if you can't work?
- You insure your life, your home, your car... you also need to protect your income

Basic LTD

- **FREE!** UAMS provides this coverage for you. No forms to sign. Fully insured through Unum.
- Benefit is 60% replacement of your base salary in event of disability and you can no longer perform the duties of your position
- Maximum monthly benefit is \$1,000 a month (in other words, covers first \$20,000 of salary at 60%)
- Benefits begin after you are off work 6 months
- Payments continue to be paid until the first of the date you are no longer disabled, the date you reach age 65, or after 24 months of mental/nervous disability claim payments



Optional LTD

- Applies to employees* with salaries above \$20,000
(* Excludes College of Medicine Faculty Group Practice members and Medical Residents – they have a different LTD plan)
- Provides same 60% protection of your salary, but raises your maximum benefit to \$5,000/month because it covers your salary up to \$100,000
- See rate sheet for premium calculation
- Example: if your annual salary is \$36,475, Optional LTD raises your maximum monthly benefit from \$1,000 to \$1,823.75 at your premium cost of \$7.97. \$38.67 is maximum premium for those making \$100,000 or more.

Your LTD Coverage

- If you enroll in Optional LTD, coverage takes effect the first day of the **NEXT** calendar month after you enroll
- If your salary goes over \$20,000 in the future, you have 31 days to enroll in Optional LTD
- If you miss your 31-day window, you may apply for Optional LTD coverage through the carrier. Must pass “evidence of insurability” health screening.



Flexible Spending Accounts

through Section 125 Flex Plan

UAMS

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

What is an FSA?

- A Flexible Spending Account is a benefit provided by your employer that allows you to set aside pre-tax dollars to pay for eligible out-of-pocket health and dependent care expenses
- Sometimes referred to as “Reimbursement Accounts” or “Cafeteria plan”
- We have 2 separate FSA plans. You can enroll in one or both:
 - **Dependent Care (Daycare) Account**
 - **Health Care (Medical) Account**

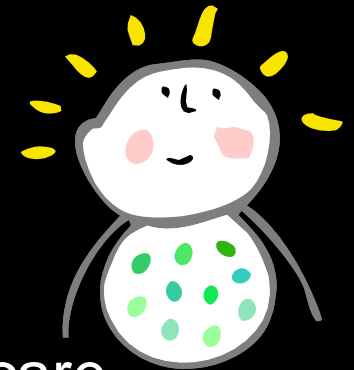
FSA...how do they work?

- Up front, you estimate how much you're going to spend for healthcare and daycare for the plan year
- **Be conservative and include only predictable expenses and those that qualify for reimbursement under an FSA**
- We will deduct that amount from your paycheck, spread out through the calendar year. Your elected annual amount divided by number of paychecks = deduction amount.
- Deduction is **pre-tax**. Deducted **before** federal, state and FICA taxes are calculated, so it reduces your wages that will be reported on your W-2.

FSA...how do they work? (cont)

- You then file a claim to our FSA administrator, Conexis, to reimburse yourself from your own account for eligible expenses
- If you're in a 30% tax bracket, it's like saving 30% on eligible healthcare and daycare expenses
- Health Care FSA's are initially fully funded by UAMS -- you can "spend" it right away, then have rest of the year to pay in. Dependent Care FSA's are different – you have to put in the money before getting reimbursed.
- Visit www.uams.edu/ohr (click on Benefits, then FSA) to view a more detailed presentation on how FSA's work

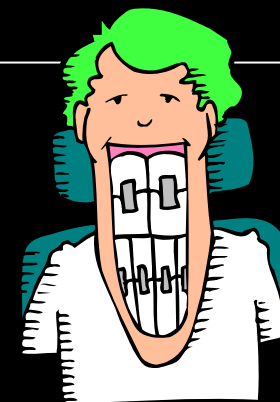
Dependent Care FSA



- Current tax laws allow you to set aside up to **\$5,000** annually to pay for child daycare or adult dependent care (\$2,500 if married and filing separately)
- Child must be age 12 or under
- Daycare expenses must be work-related. Expenses must relate to care that enables you and your spouse to work. Both spouses must be employed.

A Dependent Care FSA may save you more in taxes than using the Child Care Tax Credit when you file your tax returns. But it depends on your income. If your family income exceeds \$24,000 and you are not in the 15% tax bracket, an FSA may generally benefit you more. But consult with your personal tax advisor.

Health Care FSA



- Eligible expenses are **health care expenses** (incurred during the period of coverage) of the employee and eligible dependents which are **not reimbursed by insurance**. Expenses have to be your true out-of-pocket costs.
- See plan booklet or visit www.conexis.org for more details
- Maximum contribution is **\$5,000/year**
Minimum contribution is \$120/year
- Unless your itemized medical expenses exceed 7.5% of your adjusted gross income, you cannot claim them on your IRS Form 1040. But you can save taxes by paying for these medical expenses through a tax-free FSA!

FSA Eligible Healthcare Expenses

(partial list)

- Acne treatments
- Alcohol & drug rehab
- Chiropractor/physical therapy
- **Coinsurance & deductibles**
- **Co-pays**
- Dental visits (non-cosmetic)
- Fertility treatments
- Hearing aids
- Hospital services
- Ob/gyn
- Office visits
- Optometrist
- **Orthodontia/braces**
- Physical exams
- Psychiatrist
- Vaccines
- Vision – laser surgery
- X-rays
- **Most over-the-counter products**
 - Antacids & acid reducers
 - Antihistamines, allergy meds
 - Aspirin & other pain relievers
 - Condoms & contraceptive devices
 - Diaper rash ointments
 - Eye drops
 - First aid supplies
 - Nicotine gum or patches

Health Care FSA “Benefit Card”

- If you enroll in a health care FSA, you automatically will receive a **Conexis benefit card**. Looks like a credit card but it’s really a “prepaid” FSA debit card.
- You don’t have to use the card. You may opt instead to file manual reimbursement claims.
- What is nice about the card? Better cash flow! You don’t have to pay your copay or other eligible expense up front and then file a claim to be reimbursed. Payment is debited directly from your FSA.

Health Care FSA “Benefit Card”

- Using the benefit card does not mean “paperless.” **Keep all receipts.** Conexis will require you to send them if insufficient information was collected by the merchant where you swiped your card.
- You may only use the benefit card to pay for eligible medical expenses as allowed by the IRS
- You can use the card at doctors offices, hospitals and other “solo” healthcare merchants. Can’t use it at pharmacies or retailers unless they have converted to a special computer system called “IIAS”. Wal-Mart, Sam’s Club, Target, Kroger and Walgreens have converted to IIAS.

Flexible Spending Accounts

- Your election to participate starts the first of the next month (after you sign up) and is only good for the tax year. Your FSA automatically ends each December 31.
- Open enrollment is held annually from mid-November to mid-December for you to re-enroll for the new year.
- **Mid-year FSA changes and enrollments are very limited and allowed only within 31 days of a “qualified event”**
- **IMPORTANT!!! Use it or lose it.**
Any funds left in your FSA at the end of the plan year (meaning money you put in but haven't spent yet) will be forfeited. Estimate your FSA amount carefully.

More on FSA's...

- Once you enroll as a new employee, FSA's take effect the first day of the **NEXT** month, same as insurance.
- You may only use your FSA for expenses you incur on or after that date, and through end of your plan year.
- Check out www.conexis.org for forms, your account balance, status of a claim, list of eligible expenses, tips on using the benefit card for health care expenses, etc.
- UA has adopted the IRS 75-day “grace period” for FSAs. This means you can incur medical and daycare expenses through March 15 of the following year instead of normal December 31 deadline. (Helps if you have money left at the end of the year that you haven't spent.)



Voluntary Insurances

Voluntary Insurances

- Long term care insurance
 - Home/auto insurance
 - Critical illness insurance
- Discounted group rates
 - Convenience of payroll deduction
 - Please refer to information in your packet
 - Contact the carrier to enroll or get a rate quote



Voluntary Insurances

- **Long term care insurance**

Enroll in Long Term Care coverage through the carrier, CNA, within 60 days of hire and your policy is guaranteed issue, no medical questions

- **Home/Auto insurance**

You may apply for Home/Auto coverage through Liberty Mutual at any time

- **Critical Illness insurance**

Enroll in Critical Illness coverage through MetLife within 60 days of hire

Benefits Quiz

- When is my deadline to enroll?
31 days from my hire into a benefits-eligible position
- When do my benefits take effect?
1st of next month (if I sign up this month)
- T or F: UA offers an annual open enrollment for the Medical and Dental plans.
False. UA doesn't offer open enrollment every year. But I can make changes within 31 days of a qualifying family event such as marriage, birth or divorce.

Forms to Turn In Today

- **University of Arkansas Group Benefits Enrollment Form**
- **QualChoice University of Arkansas Enrollment Application**
- **Dental Insurance Enrollment Application**
- **Vision Plan Enrollment Application**



If you wish to enroll in a Flexible Spending Account, ask for that form (not in your packet)

Remember, you may change your mind during your 31-day enrollment window

Required for ALL benefits-eligible employees

Check each benefit... yes, you want coverage, or no you don't

Does your spouse work for UAMS or another U of A campus? If so, each family member may only be covered under one insurance plan.

UNIVERSITY OF ARKANSAS GROUP BENEFITS ENROLLMENT FORM

Current Campus: UACCB UACES UAF UALR UASMSA UAMS UAM UAPB OTHER
 I am a Transfer from: UACCB UACES UAF UALR UASMSA UAMS UAM UAPB OTHER

To be completed by Human Resources Department: Effective Date _____

Please complete all sections of this form. Remember, if you elect pre-tax contributions, you may not change your medical, dental or vision elections until the next election period unless you have a change in family status. Return the completed form to your Human Resources Department. PLEASE PRINT CLEARLY.

| | | | | | |
|---|---|---------------------|---|--|--|
| Social Security Number 444-99-9999 | Last Name Doe | First Name Jane | MI R | Date of Birth 7-12-64 | |
| Address 123 Main Street | | City Little Rock | State AR | Zip Code 72203 | |
| Date of Hire or Appointment 12-01-08 | Department or Location Radiology | Sex (M/F) F | Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married | Employment Status: <input type="checkbox"/> 9-month <input type="checkbox"/> 10-month <input type="checkbox"/> 10 1/2-month <input checked="" type="checkbox"/> 12-month | |
| Medical Plan | <input checked="" type="checkbox"/> Enrolled (Complete QualChoice enrollment form) <input type="checkbox"/> Decline - Currently, I have other medical coverage, therefore, I chose to decline coverage at the present time. If I or my dependent(s) should lose current coverage, I understand that I have 31 days to enroll in the UA Medical Plan. I understand that in order to be able to enroll upon a loss of coverage, (1) I must decline because of other coverage (2) the loss of other coverage includes a loss as a result of legal separation, divorce, death, termination of employment, reduction in the number of hours of employment or termination of employer contributions towards the other coverage. Loss of eligibility does not include a loss due to failure to pay premiums on a timely basis or termination of other coverage for cause. <input type="checkbox"/> Decline for other reasons | | | <input type="checkbox"/> No coverage | |
| Dental Plan | <input checked="" type="checkbox"/> Enrolled (Complete Delta Dental enrollment form) | | | <input type="checkbox"/> No coverage | |
| Vision | <input checked="" type="checkbox"/> Enrolled (Complete Superior Vision enrollment form) | | | <input type="checkbox"/> No coverage | |
| Your Contribution | Check which of your eligible contributions you would like to pay on a pre-tax basis under Section 125. <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Vision | | | <input type="checkbox"/> None | |
| Optional Accidental Death & Dismemberment | You may choose coverage for yourself in \$25,000 increments (maximum of \$300,000) not to exceed 15 times your annual salary. Family coverage pays benefits for your spouse at 60% of employee amount and each child at 20%. <input type="checkbox"/> Employee coverage of \$100,000 <input checked="" type="checkbox"/> Family coverage | | | <input type="checkbox"/> No coverage | |
| Optional Life Insurance | This is in addition to the Basic Life Insurance provided by the University, and the maximum benefit is \$500,000. <input type="checkbox"/> 1 X annual salary <input checked="" type="checkbox"/> 2 X annual salary <input type="checkbox"/> 3 X annual salary <input type="checkbox"/> 4 X annual salary | | | <input type="checkbox"/> No coverage | |
| Dependent Life Insurance | You may also purchase dependent life coverage on your eligible dependents. Each child is covered for 50% of the spouse amount elected below. (Children ages 14 days-6 months are covered for \$1,000) <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input checked="" type="checkbox"/> \$20,000 | | | <input type="checkbox"/> No coverage | |
| Optional Long Term Disability | This is available to employees with salaries over \$20,000 in addition to the Basic Long Term Disability provided by the University. <input checked="" type="checkbox"/> 60% of salary (maximum monthly benefit of \$5,000) | | | <input type="checkbox"/> No coverage <input type="checkbox"/> Not eligible | |
| BENEFICIARIES - List below the individual(s) you designate to receive proceeds from your Basic Life Insurance, Optional Life Insurance (if elected), and Optional Accidental Death & Dismemberment Insurance (if elected). Unless otherwise indicated, payment will be made equally to all persons named. If no beneficiary is living at the time of distribution, payment will be made according to the policy terms. This supersedes any other beneficiary designation. The employee is the beneficiary of all dependent death benefits. (If space is needed for additional beneficiary designations, please use separate page and attach.) | | | | | |
| P = PRIMARY S = SECONDARY / B = BASIC O = OPTIONAL AD&D = OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT | | | | | |
| NAME (Last, First, Middle) | | SEX (M/F) | RELATIONSHIP | P/S OR % | BENEFIT CODES |
| Doe, John R. | | M | Spouse | P | <input type="checkbox"/> B <input type="checkbox"/> O <input checked="" type="checkbox"/> AD&D |
| Doe, Judy S. | | F | daughter | S | <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AD&D |
| Doe, Jared L. | | M | Son | S | <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AD&D |
| AUTHORIZATION - I have read the enrollment materials and understand the benefit selections and beneficiary designations I have made on this form. I have had the opportunity to accept or decline coverage. I have been informed about my fringe benefit options, and I understand the effective dates, coverage and premiums. I understand that if I elect family (or dependent) coverage under any university plan, I may not be covered both as an employee and as a dependent under another University of Arkansas employee's plan and that dependent children may be covered only under one parent's plan but not both. I understand I have 31 days from my date of hire to make decisions concerning my benefit elections, and I can change my benefit elections at any time during my first 31 days of employment. I understand my application must be received by Human Resources within 31 days of hire. If I do not elect life and/or LTD coverage within 31 days of hire, I (along with my eligible spouse and/or dependents) will be subject to evidence of insurability requirements. I understand I cannot choose medical and/or dental coverage after 31 days of hire unless I have a qualified family status change or qualified loss of other coverage. If I gain a dependent through marriage, birth, adoption or placement for adoption, I may enroll myself, my spouse and dependent(s) within 31 days. I have been given the opportunity to ask questions, and I understand I may call or visit my Human Resources Office if I have any future questions or concerns. I authorize my employer to deduct from my wages or salary the amount of contributions, if any, required for the benefits I have selected. | | | | | |
| EMPLOYEE SIGNATURE Jane R. Doe | | | DATE 12-01-08 | | |
| BENEFITS REPRESENTATIVE | | | DATE | | |

COPY DISTRIBUTION: WHITE-Human Resources YELLOW-Employee UA Benefit Enrollment 2008

**UNIVERSITY OF ARKANSAS
ENROLLMENT APPLICATION**
(PLEASE PRINT FIRMLY – USE BALL POINT PEN)

| NEW EMPLOYMENT/CHANGES IN ENROLLMENT | | | | | | | | | | | |
|--|--------------|----------|---|----------------|------------------|--|--|--|--------------------|---|--------------------------|
| 1. TYPE OF REQUEST (CHECK ALL APPROPRIATE BOXES) NEW ENROLLMENT: <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> EMPLOYEE & SPOUSE <input type="checkbox"/> EMPLOYEE & CHILD(REN) <input checked="" type="checkbox"/> EMPLOYEE, SPOUSE & CHILD(REN) PLAN SELECTED: <input type="checkbox"/> POINT OF SERVICE <input type="checkbox"/> INDEMNITY <input checked="" type="checkbox"/> CLASSIC CHANGE: <input type="checkbox"/> ADD SPOUSE/DEPENDENT <input type="checkbox"/> CHANGE NAME/ADDRESS <input type="checkbox"/> TERMINATE SPOUSE/DEPENDENT | | | | | | | | | | | |
| EMPLOYEE INFORMATION | | | | | | | | | | | |
| 2. NAME – LAST <u>Doe</u> | | | FIRST <u>Jane</u> | | | INITIAL <u>R</u> | | 3. SOCIAL SECURITY NO. <u>999-99-9999</u> | | 4. DATE OF EMPLOYMENT <u>9-29-03</u> | |
| 5. MAILING ADDRESS <u>123 main Street</u> | | | | | | CITY <u>Little Rock</u> | | STATE <u>AR</u> | | ZIP CODE <u>72203</u> | COUNTY <u>Pulaski</u> |
| 6. HOME PHONE NO. <u>(501) 376-9999</u> | | | WORK PHONE NO. <u>(501) 686-5555</u> | | | 7. MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> X I WOULD LIKE TO PAY ON A PRE-TAX BASIS UNDER SECTION 125 | | | | | |
| SPOUSE/DEPENDENT DATA (COMPLETE THIS SECTION FOR YOURSELF AND COVERED DEPENDENTS. IF MORE THAN THREE DEPENDENTS, USE SEPARATE FORM.) | | | | | | | | | | | |
| 8. LAST NAME | FIRST NAME | INITIAL | 9. SEX (M/F) | 10. BIRTH DATE | 11. RELATIONSHIP | 12. LIST THE NAME & NUMBER OF THE PRIMARY CARE PHYSICIAN FROM THE DIRECTORY FOR EACH MEMBER | | | PHYS. NO. | CURRENT PATIENT (Y/N) | |
| <u>Doe</u> | <u>Jane</u> | <u>R</u> | <u>F</u> | <u>7-2-64</u> | <u>Wife</u> | <u>PCP: Amy Fitzgerald</u> | | | <u>16177000000</u> | <u>N</u> | |
| <u>Doe</u> | <u>John</u> | <u>a</u> | <u>M</u> | <u>9-15-59</u> | <u>Spouse</u> | <u>PCP: David Greenwood</u> | | | <u>10068000000</u> | <u>Y</u> | |
| <u>Doe</u> | <u>Judy</u> | <u>S</u> | <u>F</u> | <u>7-1-90</u> | <u>Child</u> | <u>PCP: Debra Becton</u> | | | <u>11043000000</u> | <u>N</u> | |
| <u>Doe</u> | <u>Jared</u> | <u>L</u> | <u>M</u> | <u>7-1-90</u> | <u>Child</u> | <u>PCP: Debra Becton</u> | | | <u>11043000000</u> | <u>N</u> | |
| 12A. I do not wish to choose a Primary Care Physician. I understand by not choosing a Primary Care Physician that I, and any enrolled dependents, will have either reduced benefits (Point of Service) or no benefits (Classic). | | | | | | | | | | | |
| 13. IF DEPENDENT CHILDREN ARE OVER AGE 19, DO THEY ATTEND SCHOOL ON A FULL-TIME BASIS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO SCHOOL: _____ DEPENDENT NAME: _____ GRAD. DATE: _____ SCHOOL: _____ DEPENDENT NAME: _____ GRAD. DATE: _____ | | | | | | | | | | | |
| 14. IS YOUR SPOUSE EMPLOYED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES PLEASE INDICATE: ADDRESS <u>1500 Markham</u> NAME OF EMPLOYER <u>City of Little Rock</u> TELEPHONE <u>912-2222</u> | | | | | | | | | | | |
| 15. DO YOU OR ANY OF YOUR DEPENDENTS HAVE OTHER GROUP MEDICAL OR DENTAL COVERAGE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, IS COVERAGE <input type="checkbox"/> SINGLE OR <input type="checkbox"/> FAMILY F. YES, NAME OF INSURANCE CARRIER(S): _____ DATE OF BIRTH _____ EFFECTIVE DATE OF COVERAGE _____ POLICY NUMBER: _____ TERMINATION OF COVERAGE _____ | | | | | | | | | | | |
| 16. ARE YOU OR ANY OF YOUR DEPENDENTS ELIGIBLE FOR MEDICARE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, NAME(S) _____ HEALTH INS. NO. _____ PART A – HOSPITAL EFFECTIVE DATE _____ PART B – MEDICAL EFFECTIVE DATE _____ | | | | | | | | | | | |
| SIGNATURES | | | | | | | | | | | |
| 17. I apply for QualChoice enrollment for the persons listed, and agree that I and my family members shall be covered according to the terms of the Plan. I hereby authorize deductions from my earnings of any required contributions. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically-related facility, insurance company, or other organization, institution, or person that has any records or knowledge of me or my family's health to give QualChoice such information. A photographic copy of this authorization shall be as valid as the original. To the best of my knowledge and belief, all statements and answers to questions in this application are complete and true, and I agree that they will be the basis of the issuance of any coverage. I will notify QualChoice promptly in writing concerning any changes in the above information. <u>Jane R. Doe</u> <u>9/29/03</u> Employee Signature Date | | | | | | | | | | | |
| FOR EMPLOYER/OFFICE USE | | | | | | | | | | | |
| EFFECTIVE DATE: _____ DATE OF CHANGE: _____ REASON FOR CHANGE: _____ CAMPUS UAF-02 <input type="checkbox"/> UALR-03 <input type="checkbox"/> UAM-04 <input type="checkbox"/> UAM3-05 <input type="checkbox"/> UAPB-06 <input type="checkbox"/> CES-07 <input type="checkbox"/> COBRA Notified <input type="checkbox"/> UA WALTON CENTER <input type="checkbox"/> CRIMINAL JUSTICE <input type="checkbox"/> UA FOUNDATION <input type="checkbox"/> UA CREDIT UNION <input type="checkbox"/> EN 71-8003252 -- New Hire Notice | | | | | | | | | | | |
| DOCUMENTATION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | |

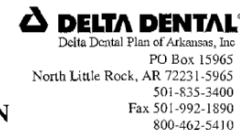
Required for all employees enrolling in the Medical plan

QualChoice needs Social Security numbers for all your dependents.

Don't forget... children ages 19-24 must be full-time students to be eligible. And step-children must live with you.

Required for all employees enrolling in the Dental plan

Same rules on dependent eligibility apply as those for Medical



DENTAL INSURANCE ENROLLMENT APPLICATION
 Entire form must be completed. Coverage subject to approval.

NEW ENROLLMENT: Employee Employee & Spouse Employee & Child(ren) Employee, Spouse & Child(ren)

CHANGE: ADD (circle one or both) Spouse / Child

TERMINATE (circle all that apply) Employee / Spouse / Child

Important Notice: If you elect to drop any portion of Dental coverage, you will not have the opportunity to add coverage again unless you do so within 31 days of a qualified change of status event. The UA does not offer an annual open enrollment period.

I would like to pay on a **pre-tax basis**. I understand that any change I need to make to my dental benefits can only take place within 31 days of a qualifying change of status event, in accordance with Section 125 regulations.

I would like to pay on a **post-tax basis**.

PART A: EMPLOYEE/SUBSCRIBER INFORMATION:

LAST NAME Doe FIRST Jane INITIAL R DATE OF BIRTH 7/12/64
Mo Day Year

HOME ADDRESS 123 Main Street APT# _____ PHONE NUMBER (501) 376-9999

CITY Little Rock STATE AR ZIP 72211 SOC SEC NUMBER 999-99-9999

MARITAL STATUS: Single Married GENDER: Male Female

DO YOU CURRENTLY HAVE OTHER DENTAL COVERAGE N IF YES, COMPLETE THE FOLLOWING:
(Y/N)

POLICYHOLDER'S NAME _____ NAME OF EMPLOYER _____

POLICY# _____ NAME OF CARRIER _____

PART B: DEPENDENT INFORMATION: List the eligible family members you wish to enroll/add/delete.

| | Last Name | First Name | MI | Social Security Number | Date of Birth (Mo/Day/Year) | Sex (M/F) | Other Coverage? (Y/N) |
|--------|------------|--------------|-----------|------------------------|-----------------------------|-----------|-----------------------|
| Spouse | <u>Doe</u> | <u>John</u> | <u>A.</u> | <u>430-11-1111</u> | <u>9-15-59</u> | <u>M</u> | <u>N</u> |
| Child | <u>Doe</u> | <u>Judy</u> | <u>B.</u> | <u>431-22-2222</u> | <u>7-1-92</u> | <u>F</u> | <u>N</u> |
| Child | <u>Doe</u> | <u>Jared</u> | <u>C.</u> | <u>432-33-3333</u> | <u>7-1-90</u> | <u>M</u> | <u>N</u> |
| Child | | | | | | | |
| Child | | | | | | | |

EMPLOYEE SIGNATURE: Jane Doe DATE: 3/13/2008

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.

PART C: TO BE COMPLETED BY THE EMPLOYER:

Effective Date: _____ Campus: UAMS UALR UAF UAM UAPB
 UACCB ASMSA CES Other: _____

Group#: _____ Applicant's Hire Date: _____

Required for all employees enrolling in the Vision plan

Same rules on dependent eligibility apply as those for Medical



Underwritten by: National Guardian Life Insurance Company, Madison, WI
 Administered by: Superior Vision Services, Inc.
 11101 White Rock Road, Suite 150, Rancho Cordova, CA 95670



Vision Plan Enrollment Application

Entire form must be completed. Coverage subject to approval.

I. Check the Appropriate Box

NEW ENROLLMENT: Employee Employee & Spouse Employee & Child(ren) Employee, Spouse & Child(ren)
 I would like to pay on a pre-tax basis under Section 125: Yes No New Hire Change _____

DROP INELIGIBLE DEPENDENT: Spouse (divorce/death) Child (no longer a full-time student/age 25/death)

ADD ELIGIBLE DEPENDENT: Spouse Child

Important Notice: Mid-year drops are not permissible except in the case of employee termination or should a covered dependent become ineligible. Continuation of coverage under COBRA is available under those circumstances. New enrollments may be limited to Open Enrollment Periods or Qualifying Events.

II. Employee Information (please print clearly):

Your Name Doe Jane R
 (Last) (First) (Middle Initial)
 Social Security Number 999 - 99 - 9999 Birth Date 7/12/64 Sex (F or M) F
 Home Address 123 Main Street, Little Rock, AR 72211
 Home Phone (501) 376 - 9999 Work Phone (501) 686 - 5650
 Do you or any of your dependents have other vision insurance? Yes No.
 If yes, please give Policyholder's Name _____ and Insurance Company _____

III. List All Eligible Family Members Below (if electing dependent coverage):

| | First Name | Last Name | Birth Date | Full Time Student? | Sex |
|--------|--------------|------------|----------------|---|--|
| Spouse | <u>John</u> | <u>Doe</u> | <u>9/15/59</u> | not applicable | <input checked="" type="checkbox"/> M <input type="checkbox"/> F |
| Child | <u>Judy</u> | <u>Doe</u> | <u>7/1/92</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> M <input checked="" type="checkbox"/> F |
| Child | <u>Jared</u> | <u>Doe</u> | <u>7/1/90</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> M <input type="checkbox"/> F |
| Child | _____ | _____ | ____/____/____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> M <input type="checkbox"/> F |
| Child | _____ | _____ | ____/____/____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> M <input type="checkbox"/> F |

Employee Signature Jane R. Doe Date 3/13/2008
 Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TO BE COMPLETED BY THE EMPLOYER:
 Effective Date: _____
 Group # 028770
 Hire/Benefit Eligibility Date: _____
 Original: U of A
 Campus: UAMS UALR UAF UAM UAPB UACCB
 ASMSA CES Other: _____
 1st copy: Superior Vision 2nd copy: Employee

Benefit Questions Later?

- Call HR/Employee Services at 686-5650
- Visit the Office of Human Resources, Monday-Friday, 7:30 - 4:30
- Visit our web site at www.uams.edu/ohr

