

2022 Open Enrollment Decision Guide

University of Arkansas System

What's Inside

What's New for 20221
What You Need to Do2
Medical and Prescription
Drug Benefits
Medical Plans Comparison6

Pay Less for Your Medical Care	7
Dental Coverage	3
Real Appeal: Get Real About	
Your Health	3
Vision Insurance)

Flexible Spending Accounts1	0
Voluntary Benefits1	1
Are You Contributing Enough to	
Your University Retirement Plan?1	3
Contacts1	4

What's New for 2022

Premiums

Premium information for 2022 is available through your campus Human Resources office or on the Health Premiums page under Health & Wellness at uasys.edu/benefits.

Medical Benefits

For the Classic and Premier Plans, there will be changes to the annual deductibles and certain copays, including emergency room, advanced imaging, and outpatient surgery. Review the 2022 plan changes on page 6.

Vision Benefits

Starting January 1, 2022, your vision benefits will be administered by EyeMed. It's important that you confirm your current vision providers are in the EyeMed Insight network. If you go out-of-network for care, you may pay more.

There will also be changes to the plan design for 2022, including new copays, updated lens allowances, and an enhanced network of providers. Refer to the benefit summary on page 9 for details.

Good news! Vision premiums are decreasing in 2022.

Disability Insurance

This year is an open enrollment for Buy-Up and Voluntary Short-Term Disability (STD) Insurance, which means you can increase your coverage level without being subject to a preexisting condition limitation on that coverage.

The preexisting condition limitation will not apply for 2022 Open Enrollment only! In other words, if you enroll after Open Enrollment, you will be subject to the preexisting condition limitation that excludes coverage for disabilities for which you sought medical treatment during the three months prior to your coverage effective date or for disabilities diagnosed within four months after your coverage effective date.

Life Insurance

This year is an open enrollment for Optional Life Insurance, which means you can increase your coverage level without providing evidence of insurability (EOI). EOI is not required for Supplemental Life Insurance elections up to the lesser of:

- 3 times your annual base salary; OR
- \$500,000

If you want to elect a higher amount of Supplemental Life Insurance, you will be required to submit EOI. Changes will go into effect on January 1, 2022.

Auto and Home Insurance

Starting November 1, 2021, Farmers GroupSelect will provide discounts on individual Auto and Home Insurance policies. If you have an Auto and Home Insurance policy through Liberty Mutual, your existing policy will continue through the renewal date. At that time, you can choose to continue your Liberty Mutual coverage or switch to a Farmers GroupSelect option. Switching to Farmers GroupSelect will likely save you money. Auto and Home Insurance premiums will continue to be direct bill—you will pay premiums to Farmers (not through payroll deductions).

$ P_1 $

Open Enrollment Is October 25 -

November 12, 2021. If you want to make changes to your coverage, add or remove dependents, or contribute to a Flexible Spending Account (FSA), you must enroll. Changes made during Open Enrollment will be effective January 1, 2022.

()

Check Out Our Benefits Website. The University of Arkansas System benefits website provides you easy access to the benefits information you need. Visit uasys.edu/benefits to learn more about 2022 Open Enrollment and the benefits available to you through the University.

What You Need to Do

Review Your Options

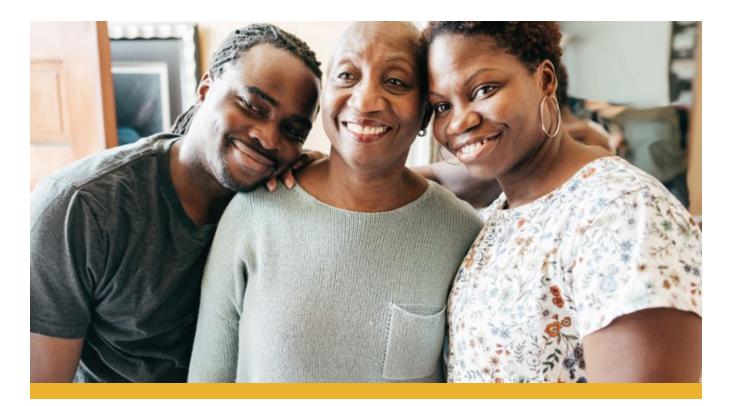
- Attend the virtual benefits fair at uasys.edu/benefits.
- Contact your campus Human Resources office with any questions.
- Review your current benefits, then consider any major life events and/or anticipated medical or dental expenses that might affect next year's benefits needs for you and your family.
- Compare and contrast the three medical plans carefully to ensure you make the best choice for your situation.
- Complete the *Tobacco Pledge and Notice* during Open Enrollment to avoid the tobacco surcharge in 2022.
 Remember, EVERYONE must complete the *Pledge* every year during Open Enrollment, even if you do not use tobacco products and/or you completed the *Pledge* last year. See page 7 for details.
- To enroll, make changes to your benefits coverage, or contribute to a Flexible Spending Account, visit the 2022 Open Enrollment page under Enrolling at uasys.edu/benefits, or contact your campus Human Resources office for enrollment details.

Making Your 2022 Elections

For all campuses EXCEPT the University of Arkansas for Medical Sciences (UAMS), complete your enrollment—including the *Tobacco Pledge and Notice* through Workday. The Workday team will provide you with more information closer to enrollment.

For UAMS, there is no change to how you complete your enrollment for 2022. Log in to the Employee Self-Service (ESS) portal to make changes to your benefits for 2022 and complete the *Tobacco Pledge and Notice*.

Open Enrollment is a great time to review your beneficiaries for retirement benefits, and Life and AD&D insurance. Be sure to confirm your current beneficiary designations and make changes, if necessary.



Medical and Prescription Drug Benefits

Your three medical plan options—the Health Savings Plan, the Classic Plan, and the Premier Plan—all:

- Cover the same care and services, including no-cost preventive care. The Health Savings Plan and the Premier Plan offer coverage for out-of-network care; the Classic Plan does not.
- Offer a nationwide network of providers and facilities.
- Include prescription drug coverage through MedImpact, which has a nationwide network of pharmacies, including most chain and local, independent pharmacies.

See page 6 for coverage details.

Find Helpful Information on Choosing Coverage!

It is important to think carefully about which plans will be best for you and your family for 2022. Visit the **Choosing Coverage** page under **Health & Wellness** at **uasys.edu/benefits** for examples of out-of-pocket costs for three employees with different health care needs. The scenarios include comparisons of all benefits: medical, dental, vision, and disability. There's also helpful information on how to choose the best medical plan, including:

- Anticipating your medical costs
- The Health Savings Account vs. the Healthcare Flexible Spending Account
- Premiums



To find an in-network provider, visit umr.com/oss/cms/UMR/UAS and select Search for a provider, or call UMR at 888.438.6105.

Classic Plan

This plan has mid-range monthly premiums.

Here's how the plan works

- You pay copays for doctor and specialist visits, certain other expenses, and prescription drugs.
- You pay all other expenses in full until you meet your annual deductible.
- Once you meet your annual deductible, you and the University share the cost of covered services.
- If you reach the medical annual out-of-pocket maximum, the plan pays 100% of all eligible expenses for the rest of the Plan Year.
- Benefits are not paid for services received outside the network, except in emergencies. Find a list of local and national in-network providers at **umr.com**.

Health Savings Plan

This plan has the lowest monthly premiums of all our medical plans. It features a Health Savings Account (HSA)—a tax-advantaged account with contributions made by you and the University. The plan meets IRS requirements for a qualified high-deductible health plan.

Here's how the plan works

- You pay for all medical and prescription drug expenses until you reach the annual deductible, excluding preventive care which is covered fully by the plan. You can use money from your HSA to pay for these expenses.
- Once you meet the annual deductible, you and the plan share the cost of covered medical and prescription drug expenses through coinsurance.
- If you reach the medical annual out-of-pocket maximum, the plan pays 100% of all eligible expenses for the rest of the Plan Year.
- You have the option to see an out-of-network provider, but you will pay more for your care.

2022 HSA Contribution Maximum

Contribution maximums include University contributions (see below) and your optional payroll-deducted pre-tax contributions.

- Individual: \$3,650 pre-tax
- Family: \$7,300 pre-tax
- \$1,000 additional catch-up contribution allowed if you are 55 or older by December 31, 2022

\$

What's Right for You? IRS rules say that you can't participate in a general purpose Healthcare FSA and an HSA at the same time. The HSA has many attractive features

compared to a Healthcare FSA. However, an HSA is only available if you elect the Health Savings Plan. For more information, including an HSA/FSA comparison, visit the Health Savings Account page under Health & Wellness at uasys.edu/benefits.

Using the Health Savings Account

Once you're enrolled in the Health Savings Plan, you will be eligible to open a Health Savings Account with Optum Bank. You'll receive a debit card to pay for your eligible health care expenses, along with detailed information about your account. You must accept the terms of an HSA through Optum Bank.

University Contributions

The University will contribute up to \$500 (for individual coverage) or up to \$1,000 (for family coverage) to your HSA. University contributions are paid monthly. Contributions for new hires will be prorated based on your benefits start date. These contributions are tax-free!

Your Own Contributions

You can have pre-tax contributions deducted from your paycheck and deposited directly into your HSA. However, your contributions plus University contributions cannot exceed the Internal Revenue Service (IRS) annual contribution maximum (see above).

Contributing to the Health Savings Account

If you want to make changes to your Health Savings Account contribution, you will need to log in to Workday to make the change. **Note:** If you work at UAMS, you should log in to the Employee Self-Service (ESS) portal to make a change to your HSA contribution.

Pay for a Variety of Health Care Expenses

You can use your HSA to pay eligible medical, prescription drug, dental, vision, and hearing expenses. HSA payments for qualified health care services are tax-free. For a full list of qualified expenses, visit **irs.gov/forms-pubs/about-publication-969**.

It's Your Money

Money in your HSA is always yours. If you don't use your entire account balance during the year, it will roll over to the next year. Also, if you leave the University or retire, you can take the account with you.

Account Growth

Your HSA grows through:

- · Contributions made by the University
- Optional pre-tax (payroll deducted) and post-tax contributions made by you
- Transfers from any existing HSAs that you have
- Interest and investment earnings once your account balance reaches a certain amount



Your HSA Is Always Yours! Your HSA will roll over each year, so any money you don't spend will accumulate for future use. If you leave the University or retire, you take your HSA with you.

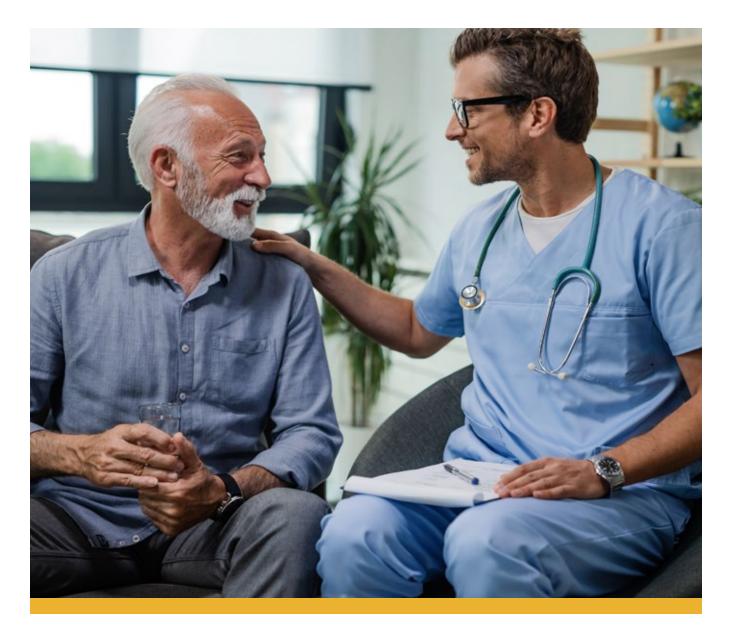
That means you can use it for health care expenses in retirement.

Premier Plan

This plan has the highest monthly premiums, but you'll pay the least out-of-pocket of all the medical options when you receive care from in-network providers.

Here's how the plan works

- You pay copays for doctor and specialist visits, certain other expenses, and prescription drugs.
- You pay all other expenses in full until you meet your annual deductible.
- Once you meet your annual deductible, you and the University share the cost of covered services.
- If you reach the medical annual out-of-pocket maximum, the plan pays 100% of all eligible expenses for the rest of the Plan Year.
- You have the option to see an out-of-network provider, but you will pay more for your care.



Medical Plans Comparison

This table shows what you pay for health care services under each medical plan, assuming you see in-network providers. Note that you can lower these costs by completing the wellness program steps and/or participating in SmartCare. See page 7 for details. Changes for 2022 are shown in red below.

IndividualNo contributionNo contribution\$500FamilyNo contributionNo contribution\$1,000Annual Deductible\$1,350\$800\$2,800Individual\$1,350\$800\$2,800Family\$2,700\$1,600\$5,400Annual Dut-of-Pocket Maximum\$5,250Individual\$5,250\$3,050\$6,750Family\$10,500\$6,100\$13,300Medical Service10% after deductible is metCoinsurance25%\$2510% after deductible is metSpecialist Visit\$355\$4510% after deductible is metPreventive CareNo costNo costNo costUrgent Care\$100 (waived if admitted)\$100 (waived if admitted)10% after deductible is metSpecialist Visit\$550 copay\$100 copay10% after deductible is metAdvanced Imaging*25% after deductible is met and \$100 copay\$100 (waived if admitted)10% after deductible is metAdvanced Imaging*25% after deductible is met and \$100 copay\$100 copay10% after deductible is met and \$300 copay10% after deductible is met and \$300 copayInfertily Treatment and Sevrices***25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayInfertily Treatment and Sevrices***25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay10% after d		Classic Plan	Premier Plan	Health Savings Plan	
FamilyNo contributionNo contribution\$1,000Annual Deductible\$1,350\$800\$2,800Family\$2,700\$1,600\$5,400Annual Out-of-Pocket Maximum\$5,250\$3,050\$6,750Family\$10,500\$6,100\$13,300Medical Service25%20%10% after deductible is metCoinsurance25%\$2510% after deductible is metSpecialist Visit\$35\$2510% after deductible is metSpecialist Visit\$55\$4510% after deductible is metPreventive CareNo costNo costNo costUrgent Care\$50\$100 (waived if admitted)\$100 (waived if admitted)Advanced Imaging*25% after deductible is met and \$150 copay\$100 (waived if admitted)10% after deductible is met \$2000 copay (waived if admitted)Outpatient Surgery25% after deductible is met and \$150 copay\$20% after deductible is met and \$300 copay10% after deductible is met \$300 copayInstaint Services***25% after deductible is met and \$300 copay\$20% after deductible is met and \$300 copay10% after deductible is met \$300 copayInfertility Treatment and Perscription Drug25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$55 evaluation copay10% after deductible is met and \$45 evaluation copayInfertility Treatment and Perscription Drug25% after deductible is met and \$5520% after deductible is met and \$55 evaluation copay10% after deductible is met and \$55 evaluation	2022 Annual University HSA Contribution				
Annual DeductibleIndividual\$1,350\$800\$2,800Family\$2,700\$1,600\$5,400Annual Out-of-Pocket MaximumIndividual\$5,250\$3,050\$6,750Family\$10,500\$6,100\$13,300Medical ServiceZ0%10%PCP Visit\$35\$25Coinsurance25%\$2510% after deductible is metSpecialist Visit\$55\$4510% after deductible is metSpecialist Visit\$55\$5010% after deductible is metCareNo costNo costNo costUrgent Care\$55\$5010% after deductible is metEmergency Room25% after deductible is met and \$150 (waived if admitted)\$100 (waived if admitted)Advanced Imaging*25% after deductible is met and \$160 copay20% after deductible is met and \$300 copay20% after deductible is met and \$300 copayInfertility Treatment and Sow after deductible is met20% after deductible is met and \$55 evaluation copay10% after deductible is met and \$55 evaluation copayInfertility Treatment and Pescription Drug25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$55 evaluation copaySpeech, Occupational, and Physical Therapy (30 visit combined maximum)\$18\$1410% after d	Individual	No contribution No contribution		\$500	
Individual \$1,350 \$800 \$2,800 Family \$2,700 \$1,600 \$5,400 Annual Out-of-Pocket Maximum Individual \$5,250 \$3,050 \$6,750 Family \$10,500 \$6,100 \$13,300 Medical Service Coinsurance 25% 20% 10% after deductible is met Specialist Visit \$35 \$25 10% after deductible is met PCP Visit \$35 \$45 10% after deductible is met Specialist Visit \$55 \$45 10% after deductible is met Preventive Care No cost No cost No cost No cost Urgent Care \$55 \$50 10% after deductible is met \$350 copay (waived if admitted) Ambulance \$100 (waived if admitted) Advanced Imaging* 25% after deductible is met and \$150 copay \$100 (waived if admitted) Advanced Imaging* 25% after deductible is met and \$150 copay \$100 (waived if admitted) \$100 (waived if a	Family	No contribution	No contribution No contribution \$1,000		
Family \$2,700 \$1,600 \$5,400 Annual Out-of-Pocket Maximum	Annual Deductible				
Annual Out-of-Pocket MaximumIndividual\$5,250\$3,050\$6,750Family\$10,500\$6,100\$13,300Medical ServiceCoinsurance25%20%10%COP Visit\$35\$2510% after deductible is metSpecialist Visit\$55\$4510% after deductible is metPreventive CareNo costNo costNo costUrgent Care\$55\$5010% after deductible is met and \$350 copay (waived if admitted)20% after deductible is met and \$350 copay (waived if admitted)20% after deductible is met and \$150 copayAdvanced Imaging*25% after deductible is met and \$150 copay\$100 (waived if admitted)10% after deductible is met 10% after deductible is met \$100 copayOutpatient Surgery25% after deductible is met and \$160 copay20% after deductible is met and \$300 copay20% after deductible is met and \$300 copaySpeech, Occupational, and Physical Therapy (30-visit combined maximum)21% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copayPrescription Drugs11% after deductible is met and \$5710% after deductible is met and \$45 evaluation copayPrescription Drug Out-of-Pocket Maximum\$1,700\$1,700Combined with medical annual	Individual	\$1,350	\$800	\$2,800	
Individual\$5,250\$3,050\$6,750Family\$10,500\$6,100\$13,300Medical ServiceCoinsurance25%20%10%CPC Visit\$35\$2510% after deductible is metSpecialist Visit\$55\$4510% after deductible is metPreventive CareNo costNo costNo costUrgent Care\$55\$5010% after deductible is metEmergency Room\$500 copay (waived if admitted)\$100 (waived if admitted)3500 copay (waived if admitted)Ambulance\$100 (waived if admitted)\$100 (waived if admitted)10% after deductible is metOutpatient Surgery25% after deductible is met and \$150 copay20% after deductible is met and \$100 copay10% after deductible is metInfertility Treatment and Syst ocopay25% after deductible is met \$300 copay10% after deductible is met \$300 copay10% after deductible is met \$300 copayInfertility Treatment and Syst after deductible is met syst and syst evaluation copay20% after deductible is met \$300 copay10% after deductible is met \$300 copayPrescription Drugo25% after deductible is met \$300 copay20% after deductible is met \$300 copay10% after deductible is met \$300 copayPrescription Drugo Ut-of-Pocket Maximum25% after deductible is met \$30020% after deductible is met \$300 copay10% after deductible is met \$300 copayInfertility Treatment and Systex after deductible is met and \$55 evaluation copay20% after deductible is met \$300 copay10	Family	\$2,700	\$1,600	\$5,400	
Family\$10,500\$6,100\$13,300Medical ServiceCoinsurance25%20%10%PCP Visit\$35\$2510% after deductible is metSpecialist Visit\$55\$4510% after deductible is metPreventive CareNo costNo costNo costUrgent Care\$55\$5010% after deductible is metSa50 copay (waived if admitted)\$100 (waived if admitted)\$100 (waived if admitted)Ambulance\$100 (waived if admitted)\$100 (waived if admitted)10% after deductible is metAdvanced Imaging*25% after deductible is met and \$150 copay20% after deductible is met and \$100 copay10% after deductible is metOutpatient Surgery25% after deductible is met and \$100 copay20% after deductible is met and \$100 copay10% after deductible is metInpatient Services**25% after deductible is met \$100 copay20% after deductible is met and \$100 copay10% after deductible is metSpeech, Occupational, and Physical Therapy (30-visit25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayPrescription Drugo\$18\$1410% after deductible is met and \$5510% after deductible is met and \$57Prescription Drug Out-of-P-ctet Maximum\$1,700\$1,700Combined with medical annual	Annual Out-of-Pocket Max	imum			
Medical ServiceCoinsurance25%20%10%PCP Visit\$35\$2510% after deductible is metSpecialist Visit\$55\$4510% after deductible is metPreventive CareNo costNo costNo costUrgent Care\$55\$5010% after deductible is metEmergency Room25% after deductible is met and \$350 copay (waived if admitted)20% after deductible is met and \$350 copay (waived if admitted)10% after deductible is metAmbulance\$100 (waived if admitted)\$100 (waived if admitted)10% after deductible is metAdvanced Imaging*25% after deductible is met and \$150 copay20% after deductible is met and \$100 copay10% after deductible is metOutpatient Surgery25% after deductible is met and \$160 copay20% after deductible is met and \$300 copay10% after deductible is metInfertility Treatment and Services***25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayPrescription Drugs25% after deductible is met and \$5520% after deductible is met and \$5510% after deductible is met and \$45 evaluation copayPrescription Drug Out-of-Pocket Maximum\$18\$1410% after deductible is met and \$45 evaluation copayPrescription Drug Out-of-Pocket Maximum\$1,700\$1,700Combined with medical annual	Individual	\$5,250	\$3,050	\$6,750	
Coinsurance25%20%10%PCP Visit\$35\$2510% after deductible is metSpecialist Visit\$55\$4510% after deductible is metPreventive CareNo costNo costNo costUrgent Care\$55\$5010% after deductible is metEmergency Room\$25% after deductible is met and \$350 copay (waived if admitted)20% after deductible is met and \$350 copay (waived if admitted)Ambulance\$100 (waived if admitted)\$100 (waived if admitted)10% after deductible is metAdvanced Imaging*25% after deductible is met and \$150 copay20% after deductible is met and \$100 (waived if admitted)10% after deductible is metOutpatient Surgery25% after deductible is met and \$100 copay20% after deductible is met and \$300 copay10% after deductible is metInfertility Treatment and Services***25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayPrescription Drugs\$18\$1410% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayPrescription Drug Out-of-Pocket Maximum\$1700\$1,700Combined with medical annualPrescription Drug Out-of-Pocket Maximum\$1,700\$1,700Combined with medical annual	Family	\$10,500	\$6,100	\$13,300	
PCP Visit\$35\$2510% after deductible is metSpecialist Visit\$55\$4510% after deductible is metPreventive CareNo costNo costNo costUrgent Care\$55\$5010% after deductible is metEmergency Room25% after deductible is met and \$350 copay (waived if admitted)20% after deductible is met and \$100 (waived if admitted)10% after deductible is metAmbulance\$100 (waived if admitted)\$100 (waived if admitted)10% after deductible is metAdvanced Imaging*25% after deductible is met and \$150 copay20% after deductible is met and \$300 copay10% after deductible is metOutpatient Surgery25% after deductible is met and \$300 copay20% after deductible is met and \$300 copay10% after deductible is metInpatient Services***25% after deductible is met and \$50 eopay20% after deductible is met and \$300 copay10% after deductible is met and \$300 copayInfertility Treatment and Services***25% after deductible is met and \$55 evaluation copay10% after deductible is met and \$55 evaluation copayPrescription Drugs25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copayPrescription Drug Out-of-Pocket Maximum\$1170\$1,700\$1,700Prescription Drug Out-of-Pocket Maximum\$1,700\$1,700Combined with medical annual	Medical Service				
Specialist Visit\$55\$4510% after deductible is metPreventive CareNo costNo costNo costUrgent Care\$55\$5010% after deductible is metEmergency Room25% after deductible is met and \$350 copay (waived if admitted)20% after deductible is met and \$350 copay (waived if admitted)10% after deductible is metAmbulance\$100 (waived if admitted)\$100 (waived if admitted)10% after deductible is metAdvanced Imaging*25% after deductible is met and \$150 copay20% after deductible is met and \$100 copay10% after deductible is metOutpatient Surgery25% after deductible is met and \$160 copay20% after deductible is met and \$300 copay10% after deductible is metInpatient Services***25% after deductible is met \$300 copay20% after deductible is met and \$300 copay10% after deductible is metSpeech, Occupational, and Physical Therapy (30-visit combined maximum)25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayPrescription Drugs25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayPrescription Drug\$18\$1410% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayPrescription Drug\$18\$1410% after deductible is met and \$45 evaluation copayTier 1\$18\$14<	Coinsurance	25%	20%	10%	
Preventive CareNo costNo costUrgent Care\$55\$5010% after deductible is metEmergency Room25% after deductible is met and \$350 copay (waived if admitted)20% after deductible is met and \$350 copay (waived if admitted)10% after deductible is metAmbulance\$100 (waived if admitted)\$100 (waived if admitted)10% after deductible is metAdvanced Imaging*25% after deductible is met and \$150 copay20% after deductible is met and \$100 copay10% after deductible is metOutpatient Surgery25% after deductible is met and \$160 copay20% after deductible is met and \$80 copay10% after deductible is metInpatient Services**25% after deductible is met and \$300 copay20% after deductible is met and \$300 copay10% after deductible is metSpeech, Occupational, and Physical Therapy (30-visit combined maximum)25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay10% after deductible is met fieldPrescription Drug\$18\$1410% after deductible is met and \$45 evaluation copay10% after deductible is met fieldTier 1\$18\$1410% after deductible is met and \$45 evaluation copay10% after deductible is met fieldPrescription Drug Out-of-Pocket Maximum\$1,700\$1,700Combined with medical annual	PCP Visit	\$35	\$25	10% after deductible is met	
Urgent Care\$55\$5010% after deductible is met and \$350 copay (waived if admitted)Emergency Room25% after deductible is met and \$350 copay (waived if admitted)20% after deductible is met and \$350 copay (waived if admitted)10% after deductible is met adwaived if admitted)Ambulance\$100 (waived if admitted)\$100 (waived if admitted)10% after deductible is met adsiter deductible is met and \$150 copay10% after deductible is met adsiter deductible is met and \$100 copayOutpatient Surgery25% after deductible is met and \$160 copay20% after deductible is met and \$100 copay10% after deductible is met adsiter deductible is met and \$300 copayInpatient Services**25% after deductible is met \$300 copay20% after deductible is met and \$300 copay10% after deductible is met sigon copayInfertility Treatment and Services***25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayPrescription Drug\$18\$1410% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayPrescription Drug Out-of-Pocket Maximum\$170\$170Combined with medical annual \$1,700Prescription Drug Out-of-Pocket Maximum\$1,700\$1,700Combined with medical annual	Specialist Visit	\$55	\$45	10% after deductible is met	
Emergency Room25% after deductible is met and \$350 copay (waived if admitted)20% after deductible is met and \$350 copay (waived if admitted)10% after deductible is metAmbulance\$100 (waived if admitted)\$100 (waived if admitted)10% after deductible is metAdvanced Imaging*25% after deductible is met and \$150 copay20% after deductible is met and \$100 copay10% after deductible is metOutpatient Surgery25% after deductible is met and \$160 copay20% after deductible is met and \$80 copay10% after deductible is metInpatient Services**25% after deductible is met and \$300 copay20% after deductible is met and \$300 copay10% after deductible is metSpeech, Occupational, and Physical Therapy (30-visit combined maximum)25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayPrescription Drugs\$18\$1410% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayTier 1\$18\$1410% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayPrescription Drug\$10\$1700\$1700Combined with medical annualIndividual\$1,700\$1,700Combined with medical annual	Preventive Care	No cost	No cost	No cost	
\$350 copay (waived if admitted)\$350 copay (waived if admitted)Ambulance\$100 (waived if admitted)\$100 (waived if admitted)10% after deductible is metAdvanced Imaging*25% after deductible is met and \$150 copay20% after deductible is met and \$100 copay10% after deductible is metOutpatient Surgery25% after deductible is met and \$160 copay20% after deductible is met and \$300 copay10% after deductible is metInpatient Services***25% after deductible is met and \$300 copay20% after deductible is met and \$300 copay10% after deductible is metInfertility Treatment and Services***25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayPrescription Drugs\$18\$1410% after deductible is met and \$45 evaluation copayTier 1\$18\$1410% after deductible is met and \$45 evaluation copayTier 3\$97\$9210% after deductible is met and \$45 evaluation copayTier 3\$1700\$1,700\$00% after deductible is met and \$45 evaluation copay	Urgent Care	\$55	\$50	10% after deductible is met	
Advanced Imaging*25% after deductible is met and \$150 copay20% after deductible is met and \$100 copay10% after deductible is met andOutpatient Surgery25% after deductible is met and \$160 copay20% after deductible is met and \$80 copay10% after deductible is met andInpatient Services**25% after deductible is met and \$300 copay20% after deductible is met and \$300 copay10% after deductible is met andInfertility Treatment and Services***25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayPrescription Drugs518\$1410% after deductible is met and \$5710% after deductible is met and \$57Tier 1\$18\$1410% after deductible is met and \$5710% after deductible is met and \$45 evaluation copayPrescription Drugs\$97\$9210% after deductible is met and \$1700Individual\$1,700\$1,700Combined with medical annual	Emergency Room			10% after deductible is met	
\$150 copay\$100 copayOutpatient Surgery25% after deductible is met and \$160 copay20% after deductible is met and \$80 copay10% after deductible is metInpatient Services**25% after deductible is met and \$300 copay20% after deductible is met and \$300 copay10% after deductible is metInfertility Treatment and Services***25% after deductible is met sad0 copay20% after deductible is met ad \$300 copay10% after deductible is metSpeech, Occupational, and Physical Therapy (30-visit combined maximum)25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayPrescription Drugs10% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayFier 1\$18\$1410% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayFier 2\$62\$5710% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayFier 3\$97\$9210% after deductible is met and \$1,700\$1,700Individual\$1,700\$1,700Combined with medical annual	Ambulance	\$100 (waived if admitted)	\$100 (waived if admitted)	10% after deductible is met	
\$160 copay\$80 copayInpatient Services**25% after deductible is met and \$300 copay20% after deductible is met and \$300 copay10% after deductible is metInfertility Treatment and Services***25% after deductible is met and \$25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayPrescription Drugs518\$1410% after deductible is met and \$1410% after deductible is met and \$14Tier 1\$18\$1410% after deductible is met and \$1410% after deductible is met and \$16Tier 3\$97\$9210% after deductible is met and \$1700Prescription Drug Out-of-Pocket Maximum\$1,700\$1,700Combined with medical annual	Advanced Imaging*			10% after deductible is met	
\$300 copay\$300 copayInfertility Treatment and Services***25% after deductible is met and \$5% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay and \$45 evaluation copay10% after deductible is met and \$45 evaluation copayPrescription Drugs\$18\$1410% after deductible is met and \$62Tier 1\$18\$1410% after deductible is met and \$171Tier 2\$62\$5710% after deductible is met and \$171Tier 3\$170\$1,700\$1,700	Outpatient Surgery			10% after deductible is met	
Infertility Treatment and Services***25% after deductible is met deductible is met 20% after deductible is met and \$45 evaluation copay10% after deductible is met n0% after deductible is met and \$45 evaluation copaySpeech, Occupational, and Physical Therapy (30-visit combined maximum)25% after deductible is met and \$55 evaluation copay20% after deductible is met and \$45 evaluation copay10% after deductible is met met and \$45 evaluation copayPrescription Drugs10% after deductible is met and \$45 evaluation copay10% after deductible is met metTier 1\$18\$1410% after deductible is met and \$14Tier 2\$62\$5710% after deductible is met metTier 3\$97\$9210% after deductible is metPrescription Drug Out-of-Pocket Maximum\$1,700\$1,700Combined with medical annual	Inpatient Services**			10% after deductible is met	
Physical Therapy (30-visit combined maximum)and \$55 evaluation copayand \$45 evaluation copayPrescription DrugsTier 1\$18\$1410% after deductible is metTier 2\$62\$5710% after deductible is metTier 3\$97\$9210% after deductible is metPrescription Drug Out-of-Pocket MaximumIndividual\$1,700\$1,700Combined with medical annual	Infertility Treatment and Services***	25% after deductible is met		10% after deductible is met	
Tier 1\$18\$1410% after deductible is metTier 2\$62\$5710% after deductible is metTier 3\$97\$9210% after deductible is metPrescription Drug Out-of-Pocket MaximumIndividual\$1,700\$1,700Combined with medical annual	Speech, Occupational, and Physical Therapy (30-visit combined maximum)			10% after deductible is met	
Tier 2\$62\$5710% after deductible is metTier 3\$97\$9210% after deductible is metPrescription Drug Out-of-Pocket MaximumIndividual\$1,700\$1,700Combined with medical annual	Prescription Drugs				
Tier 3\$97\$9210% after deductible is metPrescription Drug Out-of-Pocket MaximumIndividual\$1,700\$1,700Combined with medical annual	Tier 1	\$18	\$14	10% after deductible is met	
Prescription Drug Out-of-Pocket Maximum Individual \$1,700 \$1,700 Combined with medical annual	Tier 2	\$62	\$57	10% after deductible is met	
Individual \$1,700 \$1,700 Combined with medical annual	Tier 3	\$97	\$92	10% after deductible is met	
	Prescription Drug Out-of-P	ocket Maximum			
Family \$3,400 \$3,400 out-of-pocket maximum	Individual	\$1,700	\$1,700	Combined with medical annual	
	Family	\$3,400	\$3,400	out-of-pocket maximum	

* Prior authorization required.

** Includes semi-private room and board, intensive care room and board, ancillary charges, and maternity inpatient charges.

*** \$17,500 medical services/\$7,500 prescription drug lifetime maximums.



Staying In-Network Saves You Money! The Health Savings Plan and Premier Plan offer coverage for out-of-network services, but your out-of-pocket expenses will be higher. See the **Medical** page under **Health & Wellness** at **uasys.edu/benefits** for more information on out-of-network coverage.

Pay Less for Your Medical Care

Why pay more than you have to for medical care? SmartCare and the wellness program help you save money on your medical plan costs. Review program highlights on this page, and then visit the program pages under **Health & Wellness** at **uasys.edu/benefits**.

SmartCare

If you are enrolled in a University medical plan, you can save on health care costs by visiting a SmartCare provider at a University of Arkansas for Medical Sciences (UAMS) facility, the University of Arkansas Fayetteville Pat Walker Health Center, or the University of Arkansas Little Rock Health Center. What you save depends on the medical plan you select, but it ranges from lower coinsurance, deductibles, and out-of-pocket maximums to reduced copays.

No need to sign up for SmartCare—your savings are automatic when you use a SmartCare provider. When you need a service, just visit the **SmartCare Program** page under **Health & Wellness** at **uasys.edu/benefits**. You'll find a link to a provider search tool to search by clinic, institution, department, specialty, and more. Also visit the **SmartCare Program** page for details on what you'll save, how the program works, and how to make an appointment.

Wellness Program

To qualify for the 2022 wellness incentive, you must complete the *Tobacco Pledge and Notice* during 2022 Open Enrollment:

- If you do not use tobacco/nicotine products, you must complete the *Pledge* during Open Enrollment and agree to continue being tobacco-free.
- If you DO use tobacco/nicotine products, you must complete the *Pledge* during Open Enrollment and commit to enrolling in and completing a recognized tobacco cessation program in 2022. Visit the Wellness page under Health & Wellness at uasys.edu/ benefits for a list of FREE tobacco cessation programs.

Only you need to complete the *Pledge*—your covered spouse and dependents do not need to complete it for you to receive wellness program incentives.



Wellness Program Incentives

If you complete the *Pledge*, you'll earn these incentives in 2022, depending on the medical plan in which you're enrolled:

Classic Plan	Premier Plan
Medical out-of-pocket	Medical out-of-pocket
maximum savings of \$1,400	maximum savings of \$500
individual/\$2,800 family	individual/\$1,000 family

Warning! If you do not complete the *Tobacco Pledge* and Notice during Open Enrollment, you will pay a \$50 monthly tobacco surcharge (starting January 2022) that's \$600 a year! You must complete the *Pledge* **every year** during Open Enrollment, even if you do not use tobacco products and/or you completed the *Pledge* the previous year.

Completing Your Tobacco Pledge and Notice

Complete your *Tobacco Pledge and Notice* through Workday. **Note:** If you work at UAMS, you should complete your *Tobacco Pledge and Notice* through the Employee Self-Service portal.



For more information, including details on no-cost tobacco cessation benefits, visit the **Wellness** page under **Health & Wellness** at uasys.edu/benefits.

Dental Coverage

The University's dental plan, administered by Arkansas Blue Cross and Blue Shield, offers coverage for basic, restorative, and preventive dental services, plus orthodontia for children under age 18. If you don't meet your annual benefit maximum during the year, you can carry over up to \$1,500 of the unused maximum amount to the following year.

The table below shows how much you will pay for in-network dental services.

Plan Features	Select PPO Plus Network		
Annual Deductible	\$50 per person (\$100 maximum per family)		
Annual Maximum Benefit	\$1,750 per person		
Preventive Care—cleanings, exams, x-rays	No cost; University covers in full		
Basic Care—fillings, extractions, root canals	20% after the deductible		
Major Care—crowns, bridges, partials, implants	50% after the deductible		
Orthodontia (dependent children under age 18)			
Deductible	None		
Lifetime Maximum	\$2,000 per person		
Coinsurance	50%		

To find an in-network dentist,

visit blueadvantagearkansas .com/portal/uasdental and select Find a dentist. You can

search for a dentist by city, ZIP code, distance, doctor name, or specialty.

Save Money with In-Network Care. If you visit an outof-network dentist, you will pay more for services,

plus 100% of the difference between the full out-of-network cost and the reasonable and customary level set by Arkansas Blue Cross and Blue Shield. So you'll always save money by visiting an in-network dentist.

Real Appeal: Get Real About Your Health

Are you looking to learn more about nutrition and healthy eating? What about exercising and getting in shape? Real Appeal is an online weight loss program available through the University health plan at no additional cost to you. However, it's about so much more than just losing weight.

Through the program, you get a year of personalized support from a Transformation Coach. They will work with you to make a plan that considers your individual health needs and meets your personal goals; then you'll be guided in the right direction. Real Appeal focuses on commitment, compassion, and small, manageable steps. This customized program helps you achieve realistic and lasting results—for your body, your health, and your peace of mind. Plus, Real Appeal ensures that you're not facing this challenge alone.

You get access to a digital content library that has workout videos, tracking tools, progress reports, recipes, and more! Plus, Real Appeal sends you FREE stuff, like a recipe book, weight scale, and resistance bands.

There's no harm in giving it a try (remember, it's available at no cost through the health plan, if you meet certain criteria). Visit realappeal.com to register, or find more information on the Wellness page under Health & Wellness at uasys.edu/benefits.



Vision Insurance

New benefit administrator for 2022! The University's vision plan, administered by EyeMed, covers eye examinations, prescription eyewear, and contact lenses. You have two options for vision coverage: the **Basic Plan** and the **Enhanced Plan**. You have the option to see a provider in the EyeMed national network or an out-of-network provider; however, you'll always pay more for out-of-network services.

Save More with EyeMed PLUS Providers

PLUS Providers are in the EyeMed network and help you boost your vision care savings—like a free eye exam and an additional \$50 frame allowance. When you search for providers on the EyeMed website, PLUS Providers are indicated with a:



Finding a Provider

To find a provider, go to **eyemed.com** and

select **Find an eye doctor.** Then, choose the **Insight Network** from the drop down. You can search by location or doctor name.

For assistance on the go, download the EyeMed Members App. For assistance with LASIK, call 800.988.4221.

The table below shows what you will pay for in-network care.

	Basic Plan	Enhanced Plan
Routine Eye Exam at PLUS Provider (once per year)	\$0	\$0
Routine Eye Exam (once per year)	\$10	\$10
Contact Lens Fitting (Standard) (once per year)	\$25	\$25
Frame at PLUS Provider	\$175 allowance, then 20% off balance; once every other year	\$200 allowance, then 20% off balance; once per year
Frame	\$125 allowance, then 20% off balance; once every other year	\$150 allowance, then 20% off balance; once per year
Lenses (one pair per year)		
Single Vision	\$25	\$20
Bifocal	\$25	\$20
Trifocal	\$25	\$20
Lenticular	\$25	\$20
Progressive (Standard)	\$80	\$20
Anti-Scratch Coating (Standard)	\$15	\$0
Ultraviolet Coating	\$15	\$0
Contant Lenses (in lieu of eyeglass lenses)	·	
Contacts (Conventional)	\$120 allowance, then 15% off balance	\$150 allowance, then 15% off balance
Contacts (Disposable)	\$120 allowance	\$150 allowance
Contacts (Medically necessary)	\$0	\$0

2022 Premiums

Vision premiums are decreasing in 2022.

	Basic Plan	Enhanced Plan
Employee Only	\$4.69	\$9.48
Employee + Spouse	\$9.31	\$18.74
Employee + Child(ren)	\$9.11	\$18.37
Family	\$13.85	\$27.92

Flexible Spending Accounts

Flexible Spending Accounts (FSA) are tax-advantaged accounts that you can use to pay for eligible medical, prescription drug, dental, vision, hearing, and dependent day care expenses, even if you are not enrolled in a University medical plan. Your contributions to an FSA are deducted from your pay before taxes, which lowers your taxable income. You have two FSA options:

- Healthcare FSA
- Dependent Care FSA

You will elect your yearly contribution amount during Open Enrollment—contributions will be taken in equal amounts from your paychecks starting January 1, 2022. During the year, you will not be able to make changes to your contribution amount unless you have a qualifying life event.

See **irs.gov** for a full list of eligible expenses.



	Healthcare FSA	Dependent Care FSA
Eligibility	All eligible employees (employees in the Health Savings Plan CANNOT have a Healthcare FSA)	All eligible employees
Contribution Maximum*	\$2,750	\$5,000 (married and filing jointly or separately) \$2,500 (married and filing separately)
Plan Year Rollover	Any amount from \$50 to \$550	• 2021 Dependent Care FSA: You have until December 31, 2022, to spend your 2021 Dependent Care FSA balance; you must submit claims by March 15, 2023; unused 2021 funds after March 15, 2023, are forfeited
		 2022 Dependent Care FSA: You have until March 15, 2023, to spend your 2022 Dependent Care FSA balance; unused 2022 funds after March 15, 2023, are forfeited
Eligible Expenses	Medical, prescription drug, dental, vision, and hearing expenses, including copays, coinsurance, and deductibles	Dependent care expenses for day care or after- school care expenses for a child under age 13, an elderly person, or a person with disabilities, as long as you claim them as a dependent on your tax return. Expenses must be incurred because you and your spouse are working or looking for work, or you work and your spouse attends school full time.
Paying for Expenses	Pay for expenses directly with a UMR FSA debit card OR receive reimbursement by submitting a Flexible Benefit Plan Reimbursement Form	Receive a reimbursement by submitting a Flexible Benefit Plan Reimbursement Form

* As of the publication date of this guide, the IRS has not issued updated limits for 2022. Given campus-level coding and publication deadlines, the University will apply 2021 maximums in 2022.

If you elect the Health Savings Plan with HSA, you **cannot** contribute to a Healthcare FSA. Consider which savings account is right for you and your family before making the switch. For a comparison of the FSA and HSA, see the **Health Savings Account** page under **Health & Wellness** at **uasys.edu/benefits**.



If you are currently enrolled in the Healthcare FSA and plan to enroll in the Health Savings Account (HSA) for 2022, you must use the money in your Healthcare FSA by December 31, 2021. You will have the option of waiving the automatic rollover of any remaining FSA funds so that you can have an HSA in 2022.

Voluntary Benefits

The University provides the following optional voluntary benefits for you and your family. For more information, visit the Financial Protection section at uasys.edu/benefits, or contact your campus Human Resources office.

Short-Term Disability (STD) Insurance

Optional STD

- 60% salary replacement for up to \$216,000 of salary coverage
- Disability benefits start when you have been out of work for 14 days and have used all accrued leave. (Use of accrued leave is not required for maternity leave.)
- · Disability benefits end when you qualify for Long-Term Disability benefits

Eligibility: Benefits-eligible employees

When to Enroll: Enroll in Optional STD during your new hire eligibility period or during Open Enrollment; if you enroll outside of your new hire eligibility period, any disability attributed to a preexisting condition will not be covered

Some campuses offer additional Short-Term Disability benefits. Visit the Disability Insurance page under Financial Protection on uasys.edu/benefits to learn more.

Long-Term Disability (LTD) Insurance

Payment starts after you are disabled for six months, and continues for as long as you are disabled, up until age 65.

Basic LTD

- You're enrolled automatically; the University pays the entire cost of coverage-there's no cost to you!
- 60% salary replacement for first \$20,000 of your annual base salary (up to \$1,000 benefit per month)

Optional LTD

- Combined with Basic LTD, 60% salary replacement for up to \$500,000 of salary coverage (up to \$25,000 benefit per month)
- · Disability benefits start after 180-day waiting period

Eligibility: Benefits-eligible employees

When to Enroll: Enroll in Optional LTD during your new hire eligibility period or during Open Enrollment; if you enroll outside of your new hire eligibility period, any disability attributed to a preexisting condition will not be covered

Life Insurance

Basic Life

- You're enrolled automatically; the University pays the entire cost of coverage—there's no cost to you!
- If you die, your beneficiary receives an amount equal to your annual base salary, up to \$50,000

Optional Life

• Additional coverage of 1, 2, 3, or 4 times your annual base salary, up to \$500,000

For 2022 ONLY! EOI is not required for elections up to the lesser of:

- 3 times your annual base salary; OR
- \$500,000

If you want to elect a higher amount of Optional Life Insurance, you will be required to submit EOI.

Dependent Life

 Coverage for your spouse and for your children under age 26 of \$10,000, \$15,000, or \$20,000

Eligibility: Benefits-eligible employees and covered dependents

When to Enroll: Enroll in Optional Life and Dependent Life during your new hire eligibility period or during Open Enrollment for Plan Year 2022, or contact Standard Insurance to apply; if you enroll outside of your new hire eligibility period or 2022 Open Enrollment, you must submit evidence of insurability on the entire amount of optional coverage



This year, consider whether adding Optional LTD coverage is right for you. It will provide additional financial protection if you're out of work for an extended period of time due to an accident or significant illness. Learn more by visiting the Financial Protection section at uasys.edu/benefits.

Accidental Death and Dismemberment (AD&D) Insurance

Employee-Only Coverage

- If you die, your beneficiary receives your full benefit
- For certain non-work-related injuries, you receive a portion of your benefit
- Elect up to \$300,000 in coverage, in \$25,000 increments

Family Coverage

- · You elect your own coverage amount
- Your spouse is covered at 60% of your benefit, up to \$25,000
- Your children under age 26 are covered at 20% of your benefit, up to \$25,000

Eligibility: Benefits-eligible employees and covered dependents

When to Enroll: Anytime during the year

Critical Illness Insurance

- Financial support if you or a covered family member is diagnosed with a covered illness, including cancer, renal failure, heart attack, stroke, and a wide variety of other illnesses
- Use payments for bills, groceries, prescriptions, transportation, and more
- Earn additional financial incentives for completing health screenings

Eligibility: Benefits-eligible employees

When to Enroll: Enroll for Critical Illness Insurance during your new hire eligibility period or during Open Enrollment

ID Watchdog

Select Program

- Basic identity monitoring
- Advanced identity monitoring
- Internet black market surveillance
- Email and SMS notifications
- · Credit report and score from one credit bureau

Premium Program

- All Select Program features
- Credit report and score from three credit bureaus
- Full-service identity restoration
- Credit report monitoring
- National provider identifier (NPI) alerts

Eligibility: Benefits-eligible employees

When to Enroll: Anytime during the year; enroll through Workday*

LegalShield

- Unlimited personal advice from a lawyer on topics such as wills, warranties, contracts, loans, mortgages, insurance claims, tax audits, and more
- 25% discount on expenses involving bankruptcy, criminal charges, DUIs, and other matters

Eligibility: Benefits-eligible employees

When to Enroll: Anytime during the year; enroll through Workday*

Farmers GroupSelect Auto and Home Insurance

- Discounts on individual auto and home insurance policies
- · 24-hour emergency roadside assistance
- 24/7 claims service

Eligibility: Benefits-eligible employees

When to Enroll: To receive a coverage evaluation and rate quote, call 800.974.6755 and mention that you work for the University of Arkansas

* Employees at the University of Arkansas for Medical Sciences (UAMS) should enroll through the vendor website and set up convenient, automatic payments (credit card or bank draft).

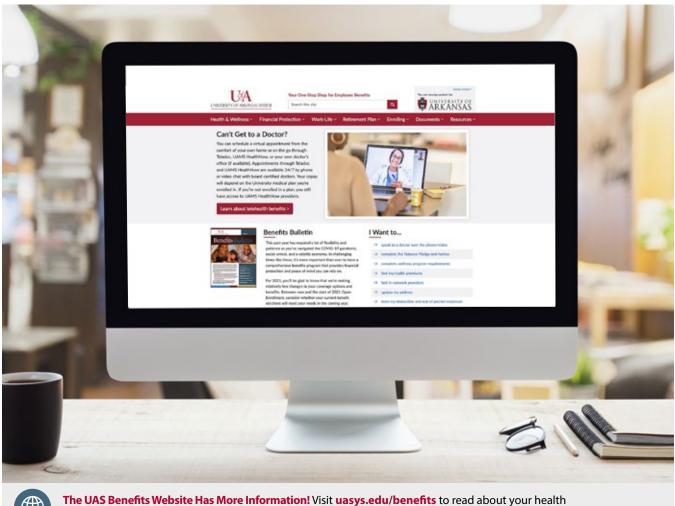
Are You Contributing Enough to Your University Retirement Plan?

Open Enrollment is a good time to review your retirement contributions for the coming year.

While you're reviewing your other coverage elections, take this time to consider increasing your contributions. It's also a good time to review your investment fund and beneficiary selections.

All participants can increase or decrease voluntary contributions (within limits) and change vendors or investment fund selections at any time. This means that increasing your voluntary contribution percentage does not lock you in to that rate for the entire year. And even if you participate in APERS or ARTRS or otherwise aren't eligible for the University matching contributions, you can take advantage of the University Retirement Plan's investment fund lineup and convenient payroll deductions by making unmatched voluntary employee contributions.

Fidelity and TIAA representatives are available by phone to assist you with your retirement-related questions. You can make a change to your voluntary contributions through Workday. If you make a change to your retirement contribution, your change will take effect the first of the following month after you make the change. **Note:** If you work for UAMS, visit **uasys.edu/benefits** to download a **Salary Deferral Form** for your campus.



and wellness benefits, education benefits, voluntary benefits, insurance, leave time, the Retirement Plan, and more!

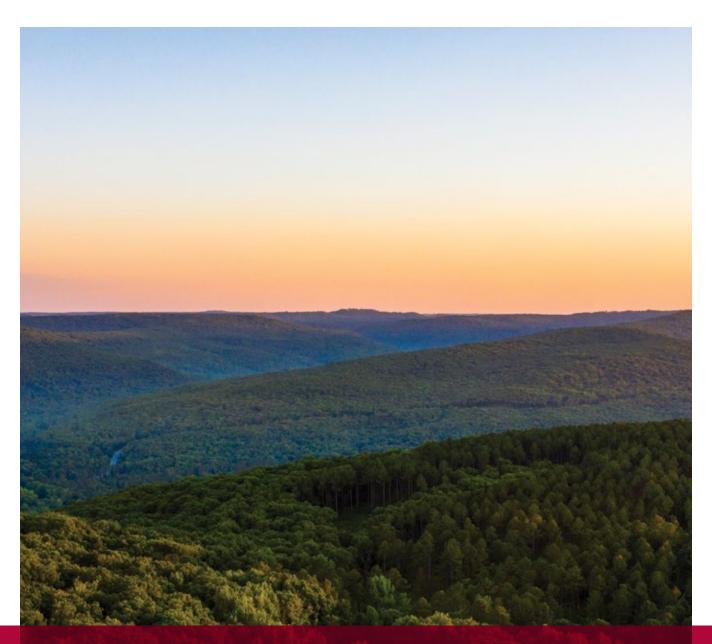
Contacts

Visit **uasys.edu/benefits** and select your campus, or contact your campus Human Resources office for enrollment forms, Summaries of Benefits and Coverage, Summary Plan Descriptions, and other information.

Benefit	Administrator	Phone	Website
Medical Claims, Eligibility, ID Cards, FSAs	UMR (UnitedHealthcare)	888.438.6105	umr.com
Prescription Drugs	MedImpact	800.788.2949	mp.medimpact.com/uas
	Appeals and exceptions: EBRx	833.650.0475 Fax: 877.540.9036	N/A
Wellness	UMR (UnitedHealthcare)	888.438.6105	umr.com
Health Savings Account	Optum	866.234.8913 option 1	optumbank.com
Vision	EyeMed	During 2021: 866.804.0982 Starting January 1, 2022: 866.800.5457	eyemed.com
Dental	Arkansas Blue Cross and Blue Shield	844.662.2281	blueadvantagearkansas.com/portal/uasdental
Life Insurance, Disability Insurance, AD&D Insurance	Standard Insurance	888.641.7194	standard.com
Critical Illness Insurance	UMR (UnitedHealthcare)	800.444.5854 option 1	N/A
Identity Theft Insurance	ID Watchdog	866.513.1518	idwatchdog.com
Legal Assistance	LegalShield	800.770.9820	legalshield.com/info/uas
Auto and Home Insurance	Farmers GroupSelect	800.974.6755	farmers.com







The information provided in this guide is of a general nature only and does not replace or alter the official rules and policies contained in the official plan documents that legally govern the terms and operation of the University of Arkansas System benefit plans. If this publication differs in any way from the official plan documents, the official plan documents always govern. Receipt of this publication does not guarantee eligibility for benefits. The University of Arkansas System has the right to modify benefits at any time.