

AR BENEFITS



2023 State of Arkansas Open Enrollment Guide

FOR ACTIVE EMPLOYEES

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2023 Open Enrollment

Open Enrollment is the annual period when State employees can enroll or make changes to their health insurance plan or add voluntary products without a qualifying event. During Open Enrollment, employees may make changes for the 2024 plan year, such as:

- Enroll/cancel in coverage
- Add/drop your spouse or dependent
- Change from pre-tax to post-tax deduction
- Change your Plan level (Basic, Classic, Premium)
- Enroll in vision and/or dental coverage
- Sign up for voluntary products

The easiest and fastest way to enroll is online through the [ARBenefits Member Portal](#). If you are not making any changes to your insurance plan and/or voluntary products for 2024, you do not need to re-enroll online. The coverage you selected in 2023 will continue for 2024.

Employees who would like to contribute to a Flexible Spending Account (FSA) for 2024 or who would like access to rollover funds from their 2023 FSA must submit an [FSA Election Form](#) during Open Enrollment. Those who already have a Health Savings Account (HSA) do NOT need to re-enroll.

Note: Any Open Enrollment changes, excluding qualifying events, received prior to the first date of Open Enrollment or after the deadline, will not be processed. [All initial submissions to EBD are final.](#)

Eligibility

Employees

State Employees that meet one or more of the following are eligible for health coverage:

1. Regular full-time employees of a participating Department or Constitutional Office that are:
 - In a budgeted position.
 - In a position recognized by the General Assembly.
 - Not seasonal or temporary.
 - Working 1,000 or more hours each year
2. A member of the General Assembly.
3. An elected Constitutional Officer.
4. An appointed or elected member of a Board or Commission on a full-time, salaried basis.



Dependents

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

Former spouses are not eligible to join the Plan even if there is a court order to include them in a Plan.

To add a child as a dependent to your health plan they must be:

- Your birth child, adopted child, stepchild, or have legal guardianship of the child.
- Under the age of 26.
- If you have a Qualified Medical Child Support Order (QMCSO) under the age of 26 and have a judgement, decree, or order issued under state law.



NON-ELIGIBLE: The following are not eligible to be enrolled as a dependent on ASE plan: (1) former spouse, the day following the final divorce date; (2) common-law spouse (not recognized in Arkansas); (3) parent; (4) grandparent; (5) step-parent; (6) niece or nephew, etc.; (7) foster child (unless legally adopted); and (8) dependent children over the age of 26, unless they have been deemed physically or mentally incapacitated.

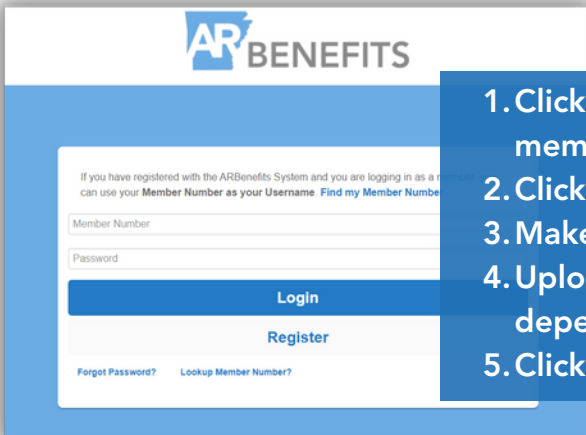
Enrollment

The easiest way to enroll or make changes to your Plan during designated enrollment periods is online through your ARBenefits member portal.

Enrolling through the portal allows you to:

- Obtain instant confirmation that your enrollment elections have been received by the TSS Employee Benefits Division
- Send supporting documentation directly through the portal
- Receive an alert via email from EBD when your forms have been approved or if there is an issue that requires action.

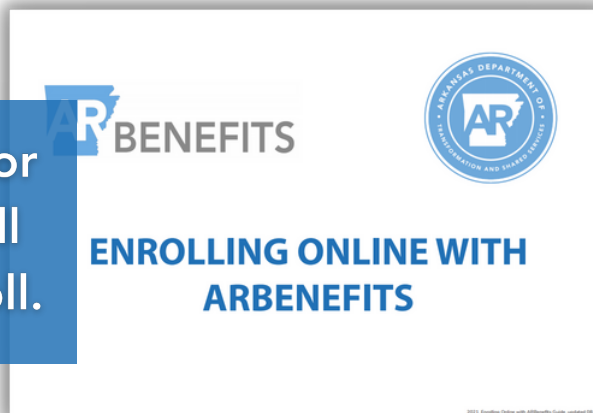
How to Enroll



1. Click on the picture to access the member portal.
2. Click on the "Plan Enroll" tab.
3. Make your selections and click "Next."
4. Upload documents if you are adding dependents.
5. Click "Approve."

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

Click on the picture or [HERE](#) to access a full guide on how to enroll.



**ENROLLING ONLINE WITH
ARBENEFITS**

2021, Enrolling Online with ARBenefits Guide, updated 08/21

Health Insurance Terminology

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

Coinsurance: The amount you pay after you meet your deductible. For ARBenefits, once you meet your deductible, ARBenefits will pay 80% and you will pay 20% for covered services.

Copay: The fixed amount you pay for medical services such as a doctor's office visit, prescription, or an ER visit.

Deductible: The amount you pay before coinsurance begins for covered services.

Out-of-Pocket Maximum: The maximum amount you pay towards covered services for a Plan year. Once reached, ARBenefits will pay 100% for covered services for the remainder of the Plan year.

Premium: The monthly amount you pay for health coverage.

Plan Year: The period of time from January 1 - December 31. Amounts contributed to your deductible and out-of-pocket maximums will reset after this period for the next Plan Year.

Preventive Care: Services covered by the Plan even if you have not met your deductible.

Third Party Administrator (TPA): Health Advantage is the TPA that processes claims for ARBenefits. ARBenefits follows the coverage policies of Health Advantage.

Voluntary Products: Optional benefits such as life insurance, vision insurance, cancer, short or long-term disability, etc.

ARBenefits Plan Options and Benefits

Benefits Available Under All Plans

Coverage for care

including doctors, hospital stays, prescriptions, rehabilitation

In-network providers

nationwide through BCBS provider network.

Access to specialists

without a referral. Some services may require pre-certification.

\$160 towards a breast pump

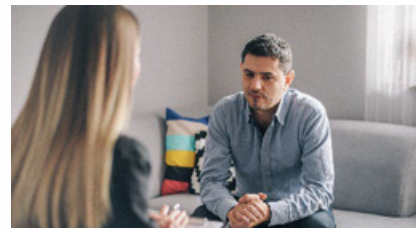
24 hour care for emergencies in or out-of-network.

Eligible Preventive Care covered 100% with no deductible requirement.

\$1,400 paid towards each ear every three years, towards the cost of hearing aids.

Employee Assistance Program

The Employee Assistance Program offers short term counseling, work-life support, legal, and financial guidance to help you and your family handle various issues that may arise.

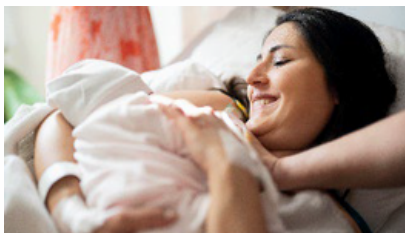


Nurse24

Nurse24 is available 24 hours a day, 7 days a week. When you call, you will speak directly with a nurse, who can answer health questions or help you decide if you need to see a doctor or go to the emergency room. Call 1-866-458-0408 to get started.

Case Management

You can work with a case manager to manage a long term illness or injury to help understand treatment options and your benefit plan. Call 1-800-225-1891 to enroll.



Special Delivery

If you or your dependent is pregnant, you can earn \$250 for going through the program. By focusing on prenatal care earlier, you improve the long-term health of your baby. You can register up to 20 weeks of gestation. To enroll call 1-800-225-1891, ext. 20225

Chronic Condition Management

If you have certain conditions such as asthma, diabetes, high cholesterol, then you are eligible for the Nurse Coaching Program. Call 1-800-482-8416 to get started.

Summary of Benefits

Premium Plan

Deductible

Individual – \$500

Family – \$1,000

Out of Pocket (medical)

Individual – \$3,000

Family – \$6,000

Out of Pocket (pharmacy)

Individual – \$3,100

Family – \$6,200

Eligible to contribute to an FSA

Plan Type

Premium
(per payroll)

Employee only: \$81.07

Employee and Spouse: \$237.12

Employee and Children: \$155.51

Employee and Family: \$306.88

Classic Plan

Deductible

Individual – \$2,500

Family – \$3,200/\$5,000

Out of Pocket (medical & pharmacy)

Individual – \$6,450

Family – \$12,900

Eligible to contribute to an HSA

Maximum Contributions

Individual – \$4,150

Family – \$8,300

Plan Type

Premium
(per payroll)

Employee only: \$42.76

Employee and Spouse: \$144.82

Employee and Children: \$86.36

Employee and Family: \$183.73

Basic Plan

Deductible

Individual – \$6,450

Family – \$12,900

Out of Pocket (medical & pharmacy)

Individual – \$6,450

Family – \$12,900

Eligible to contribute to an HSA

Maximum Contributions

Individual – \$4,150

Family – \$8,300

Plan Type

Premium
(per payroll)

Employee only: \$0.00

Employee and Spouse: \$71.17

Employee and Children: \$31.36

Employee and Family: \$85.35

HSA vs. FSA

Health Savings Account

Eligibility: Must be enrolled in the Classic or Basic Plan.

Contributions: Can be adjusted at any time.

Enrollment: Do not need to re-enroll each year.

Rollover of Funds: Unused funds rollover year to year.

Connection to Employer: Continued account access, even if you change jobs.

Flexible Spending Account

Eligibility: Can only be on the Premium Plan or in a No Health Plan.

Contributions: Can only be adjusted during Open Enrollment, new hire period, or if you experience a qualifying event.

Enrollment: Must submit an FSA Enrollment Form annually.

Rollover of Funds: Unused funds over \$550 do not rollover.

Connection to Employer: Account access is lost once employment is terminated.

Different Types of FSAs

Health Care FSA: Used to pay for eligible medical, dental and vision care expenses not covered by the Health Plan. You must re-enroll each year.

Dependent Care FSA: A pre-tax benefit that allows employees to pay for eligible dependent care services such as preschool, after school programs, child, and elder day care. You must re-enroll each year.

Limited-Purpose FSA: Available for employees who contribute to an HSA and can only be used for eligible dental and vision expenses. You must re-enroll each year.



Voluntary Products

The Arkansas State Employees Benefit Advisors (ARSEBA) offers voluntary products to all State employees including vision, dental, cancer, accident, critical illness, short term disability, etc. Click [here](#) for more information on ARSEBA.

Delta Dental

ARSEBA offers two dental plans. Delta Dental is the provider for both the Premium and Base Plans. Plans focus on preventive care and offer both in and out-of-network benefits.

[Delta Dental Enrollment Forms](#)
[Delta Dental Plan Information](#)



Humana Vision

State employees have a vision plan available to them through ARSEBA with Humana serving as the provider. The VisionCare Plan offers you and your family a benefit plan that covers all routine eye care, including eye exams and eyeglasses (lenses and frames) or contacts.

[Humana Vision Plan Information](#)
[Humana Vision Enrollment Form](#)

Colonial Life Insurance

How secure is your family's financial future without you? If something happened to you, would your family be able to maintain their way of life? How would they cover ongoing living expenses? Colonial Life's group term life insurance can help provide financial security for your family.

[Colonial Life Plan and Enrollment Options](#)





Questions? Contact us:

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