



2020 BENEFITS GUIDE

We champion children by making them better today and healthier tomorrow.

The choices you make are effective from January 1, 2020 – December 31, 2020

CARING FOR YOUR TOTAL WELL-BEING

Dear Champions for Children,

Arkansas Children's bold new vision is to achieve unprecedented child health. Defined and delivered. We know this promise can only be accomplished when our team members exhibit the core values of teamwork, compassion and excellence. In return, we have worked diligently to enhance a first-rate benefits package that reinforces how important you are to our organization's success.

Total Rewards

This year, we are communicating a broader focus for our total rewards model to show you how much we care for your total well-being. Our model includes key programs that support your financial security, provide access to top-tier healthcare, encourage work-life integration, offer a career journey and recognition for a job well done. You could say that the total rewards program covers everything of value you and your family have available as a result of your dedication to Arkansas Children's vision.



2020 Changes

For 2020, we are pleased to offer comprehensive and flexible benefits to meet the diverse needs of our teammates. Our core benefit plans will remain essentially the same and also include some great enhancements like:

Current Employees

1. A matching contribution each pay period to the 403(b) and 401(k) retirement plan participants.
2. A medical premium advantage for those who participate in the Healthy Happens Here wellness program.
3. Little Rock employees can take advantage of a voluntary, no additional cost Clinically Integrated Network, which is a selective partnership of physicians and hospitals who use the team-approach for primary and specialty care to achieve better outcomes and enhance your health-journey experience.
4. A new provider for Disability, Life, FMLA, Accident and Critical Illness programs.

New Hire Employees

1. Health benefits eligibility begins on first day of employment.
2. Employees will be automatically enrolled in 403(b) or 401(k) as an option to enhance their financial well-being.

Benefits Guide/Open Enrollment

Now is the perfect time to review your benefit options and make important decisions for you and your family members. Please take time to carefully read the updates in this guide and visit the **Human Resources > Total Rewards department page** to view additional benefit materials that provide you with information on our benefit plans. **Whether you're keeping your benefits from last year, making changes or enrolling for the first time, everyone should sign on to Workday and enroll to have benefits in 2020.**

As you read through this guide, keep in mind Arkansas Children's commitment to providing you and your family with the resources needed to take care of what matters most. We are confident that our total rewards approach reaffirms the goal to remain an Employer of Choice and Best Place to Work.

Sincerely,

Jimmy K. Duncan, SHRM-SCP, SPHR
Senior Vice President, Chief People Officer



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How to Use This Benefits Guide

Our goal is to help you understand your benefits and programs so they can make a difference in your and your family's life. This Benefits Guide explains each of the benefits Arkansas Children's offers. To make it easy for you to read and understand, it's divided into sections – **Health, Financial, Work-Life and Career**. There are also additional benefits that you will want to review. Use the sections to jump to the benefit you need, or read through the whole document for a good understanding of all the benefits that Arkansas Children's offers.

Important Note

If you need to update your coverage during the year because you have had a qualified status change, you must log in to Workday and make your new elections **within 30 days** of the event.

See page 9 for more information on qualified status changes.

Arkansas Children's policies, plans, practices and procedures may be amended, terminated or changed at any time at the sole discretion of Arkansas Children's. If that should occur, the material in this document will be superseded and the provisions of the actual official plan documents will control. If there are discrepancies between this document and the official plan documents, the actual plan documents will always govern.

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Total Rewards

What is Total Rewards?

Caring for you – while you care for others

At Arkansas Children's, your role is vital in delivering the exceptional care and experience our patients and families expect. You are a valuable member of our team and we want you to feel the same commitment from us that you extend to others.

The Total Rewards Program is our commitment to providing you and your family with the resources needed to take care of what matters most.

Everything That Employees Value in the Employment Relationship

Total Rewards. At Arkansas Children's, our pride and joy are the children and families who have been entrusted to us. Your role is vital in delivering the exceptional care and experience our patients expect. You are a valuable member of the Arkansas Children's team and we want you to feel the same commitment from us that you extend to others. This is why we have developed a Total Rewards Program, which includes five branches that support your total well-being: financial security, access to top-tier healthcare, work-life integration, your career journey and recognition for a job well done. The Total Rewards Program is our commitment to providing you and your family with the resources you need to take care of what matters most.

Why are we refocusing to a Total Rewards Strategy?

When the Organizational Strategy meets our People Strategy, it forms the culture of the company and impacts how you show up each day for those who count on you. When we are happy and engaged, we do better. As a result, we are a stronger organization. Our Total Rewards program focuses on your total well-being; making the resources offered more accessible to you.

Many of the programs you see here are familiar. Introducing a Total Rewards program is not a complete change of what we offer, but an alignment of what we currently have in ways that will improve the employee experience, focus on well-being and make these programs more visible and accessible.



FINANCIAL	HEALTH	WORK-LIFE	RECOGNITION	CAREER
				
<p>Base Wages</p> <ul style="list-style-type: none"> • Exempt/Non-Exempt <p>Premium Pay</p> <ul style="list-style-type: none"> • Shift Differential • Weekend/Holiday • On Call – Call-in • Skilled Based Pay (Nursing) <p>Incentive Pay</p> <ul style="list-style-type: none"> • Annual Incentive Pay <p>Retirement and Savings</p> <ul style="list-style-type: none"> • 403(b)/401(k)/Roth • Define Contribution • Savings Management and Retirement Training (SMART) Plan <p>Bonus Programs</p> <ul style="list-style-type: none"> • Referral • Spot <p>Paid Leave Programs</p> <ul style="list-style-type: none"> • ETA/PTO/Vacation • FMLA/Personal Leaves • Holiday • Bereavement 	<p>Healthy You</p> <ul style="list-style-type: none"> • Medical Plan • Prescription Drugs • Health Savings Account • Dental • Vision • Flexible Spending Accounts (FSAs) <ul style="list-style-type: none"> ◦ Health Care FSA ◦ Dependent Care FSA ◦ Limited-Purpose FSA • Onsite Clinic <p>Illness and Life Management</p> <ul style="list-style-type: none"> • Short Term Disability • Long Term Disability • Basic Life and Accidental Death & Dismemberment Insurance • Supplemental Employee Life Insurance • Supplemental Spouse and Child(ren) Life Insurance • Whole Life Insurance • Group Accident Insurance • Group Critical Illness Insurance 	<p>Wellness</p> <ul style="list-style-type: none"> • Healthy Happens Here Wellness Program • Fitness Centers • Physical Therapy Centers • Occupational Health <p>Work & Life Enhancement</p> <ul style="list-style-type: none"> • Employee Assistance Programs • Hospital Discount • Cafeteria Discount • Gift Shop Discount • Parking • Campus Shuttle • Telco Federal Credit Union • Child Enrichment Center • Variable Work Schedules (Zero Based/Weekend Options) 	<p>Celebrating All of Us</p> <ul style="list-style-type: none"> • One Team <ul style="list-style-type: none"> ◦ Communication ◦ Celebration ◦ Connections • Diversity & Inclusion Program • National Hospital Week • National Nurses Week • Physicians Day • Learning from Excellence • Employee Forums • Employee Suggestion Programs 	<p>Developing Your Career Journey</p> <ul style="list-style-type: none"> • Performance Management • Succession Planning • Arkansas Children’s U Development Options • Tuition Reimbursement • Certification & Licensure Programs • Career Ladders & Pathways • Student Internships & Programs

Changes Overview

Effective January 1, 2020

Health and well-being – Whether at home, work, or in the community, it's at the heart of everything we do. Arkansas Children's goal is to help you and your family achieve your best health so that you can make the most of your life today and into the future.

Take time to review your options in this section to help you select the plans that fit your needs. In this section, you will find an overview of our health benefits, cost and details about eligibility and enrollment.



WHAT YOU NEED TO KNOW FOR 2020

You'll be rewarded sooner. As a commitment to your financial security, all eligible employees who participate in the 403(b)/401(k) Retirement Plans will receive a matched contribution each pay period beginning in January. This means that you will not have to wait a full year to get the match as was done previously. New hires will be auto-enrolled in the Retirement Plan at 3% of gross pay and will be eligible for the match when contributions to the plan begin. New hires will also be eligible for health benefits starting on their hire date.

Medical Premium Advantage. Employees and spouses who complete the biometric screening and health assessment by the deadline will see no increase in medical premiums. Those who did not complete the biometric screening and health assessment will see a \$20 to \$40 increase per pay-period. The HSA contribution and deductible reduction for completing the wellness activities will not continue in 2020.

Dental Enhancement. We've removed the one-year new hire waiting period from the dental plan for Major and Orthodontic services. There is a slight premium increase for 2020.

Improved Vision Benefits. The vision plan allowance for frames and contacts is increasing to \$150. There is a slight premium increase for 2020.

A new provider for Disability, Life and FMLA. You spoke and we listened...

Lincoln Financial will be the new plan administrator for FMLA, Short and Long-term Disability, Basic Life and Accidental Death & Dismemberment, Supplemental Life insurance, as well as Accidental and Critical Illness coverage. Based on your feedback, we believe combining disability and FMLA under Lincoln Financial will make the process easier for you. UNUM will continue to provide Whole Life Insurance.

Team-approach medical care. As part of our long-term plan to help team members better manage their health, we are piloting a Clinically Integrated Network (CIN) option in Little Rock for 2020. The CIN is a selective partnership of physicians and hospitals who coordinate primary and specialty care for patients to achieve better outcomes and enhance their health-journey experience. We are also exploring other options that could make this available to Northwest team members in future years. This benefit is completely voluntary with no added cost to employees.

2020 PER PAY PERIOD PREMIUMS

Your premiums – the amount you pay to have coverage each pay period – are changing slightly. You will notice that the medical plan premiums are increasing by \$20 per pay period, or \$40 per pay period if your spouse is covered, only if you do not complete the 2019 wellness requirement. If you do complete the wellness requirement for 2019, your medical premiums will remain the same for 2020. If your spouse is covered, both you and your spouse must complete the 2019 wellness requirement in order for your premiums to remain the same. Employees hired after September 1, 2019, automatically receive the premium advantage. See Page 10 for more details. [Review the charts below to see what the premiums are for 2020.](#)

MEDICAL				
Coverage Option	PPO Pre-tax Premiums (per pay period)	PPO – Wellness Pre-tax Premiums (per pay period)	HDHP Pre-tax Premiums (per pay period)	HDHP – Wellness Pre-tax Premiums (per pay period)
Employee Only	\$112.02	\$92.02	\$70.46	\$50.46
Employee + Child(ren)	\$167.94	\$147.94	\$108.28	\$88.28
Employee + Spouse	\$219.48	\$179.48	\$147.06	\$107.06
Employee + Family	\$273.32	\$233.32	\$179.34	\$139.34

DENTAL	
Coverage Option	Pre-tax Premiums (per pay period)
Employee Only	\$4.98
Employee + Child(ren)	\$22.94
Employee + Spouse	\$19.23
Employee + Family	\$25.02

VISION	
Coverage Option	Pre-tax Premiums (per pay period)
Employee Only	\$3.90
Employee + One	\$7.34
Employee + Family	\$10.76

FITNESS CENTERS			
Membership	ACH FT / PT Payroll Deduction (per pay period)	Bank Draft (per month)	ACNW
Employee Only	\$4.62	\$10	\$0
Employee+ One	\$9.23	\$20	N/A
Employee + Family	\$13.85	\$30	N/A

PARKING RATES	
Covered Reserved	\$25.38 biweekly
Uncovered Reserved	\$21.00 biweekly
Uncovered Unreserved	\$13.85 biweekly
Weekend Uncovered Unreserved	\$8.30 biweekly

Parking is through Angela Palmer
palmerangelab@archildrens.org or 45929.

CRITICAL ILLNESS

Critical Illness insurance protects your budget from the unexpected expenses that can come with a critical illness. You will receive cash benefits, which can be used for medical or personal expenses, when diagnosed with a covered critical illness.

CRITICAL ILLNESS RATES		
Attained Age	Monthly Employee Rate	Monthly Spouse Rate
	Per \$1,000 of coverage	Per \$1,000 of coverage
Children <17	–	–
17-19	\$0.158	\$0.157
20-29	\$0.158	\$0.157
30-39	\$0.247	\$0.246
40-49	\$0.514	\$0.514
50-59	\$1.048	\$1.047
60-69	\$1.981	\$1.980
70+	\$4.387	\$4.386
Children Rate – per \$1,000 of coverage is \$0.242		

Rates will be based on the insured's age on each Policy anniversary. Spouse premium is based on the employee's age. Coverage cannot exceed 50% of the employee's benefit election.

HOW MUCH WILL SUPPLEMENTAL LIFE INSURANCE COST YOU?

How much the life insurance will cost depends how much coverage you are looking for and, in some cases, your age. Check the chart below for employee spouse and child rates. The supplemental child(ren) life insurance rate is per plan, not per child.

BI-WEEKLY RATES	
Age	Employee/Spouse Cost (Rates are based on the employee's age)
	Per \$1,000 of coverage
<30	\$0.0231
30-34	\$0.0323
35-39	\$0.0508
40-44	\$0.0646
45-49	\$0.0923
50-54	\$0.1292
55-59	\$0.2252
60-64	\$0.3277
65-69	\$0.6138
70+	\$0.9969
Child Life \$5,000 amount	\$0.35
Child Life \$10,000 amount	\$0.69

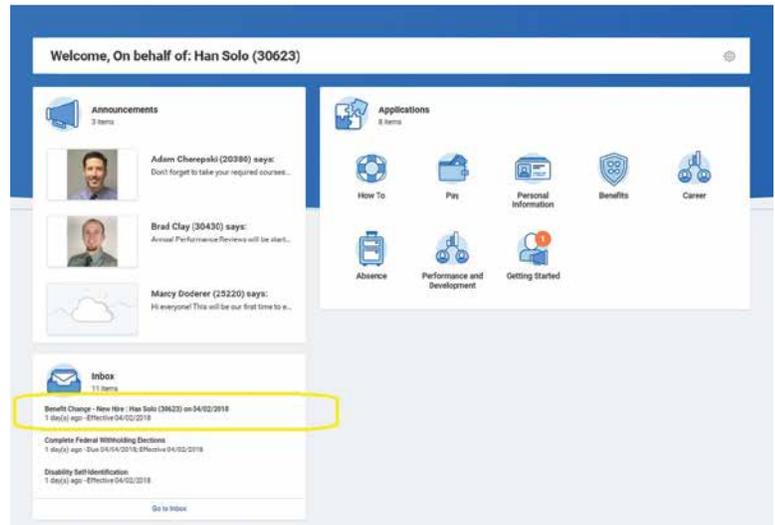
GROUP ACCIDENT INSURANCE

Accident Insurance helps deliver financial security for the unexpected if an accidental injury occurs. You can use the cash benefits from this coverage to help meet medical and other expenses. An Optional Sickness Hospital Benefits Rider may also be included. This provides additional benefit if you are admitted to a hospital.

GROUP ACCIDENT PLAN		
Coverage Option	Cost Per Pay Period	
Coverage Tier	Basic Plan	Basic Plan with Sickness Hospital Benefits Rider
Employee Only	\$4.65	\$9.43
Employee + Child	\$8.51	\$19.16
Employee + Spouse	\$7.70	\$18.98
Employee + Family	\$11.50	\$27.71

Follow the steps below to enroll in the medical, dental, vision and supplemental life insurance benefits through Workday.

To enroll or make changes to your 403(b) or 401(k) plans contact Transamerica directly at www.transamerica.com/portal/home.



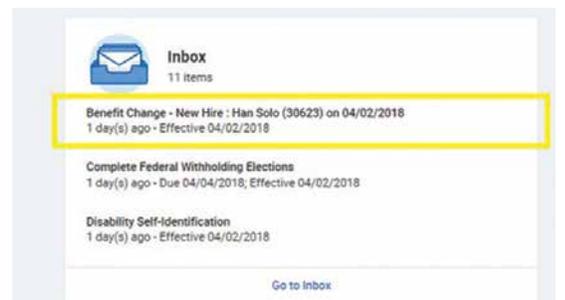
Step 1

Getting Started

When you are ready to enroll for your benefits, log in to Workday. From the home page, you will see your inbox in the lower left section of the screen. Your action items will automatically show up in your inbox. Your inbox can also be reached in the upper right corner of the screen.

For new hires:

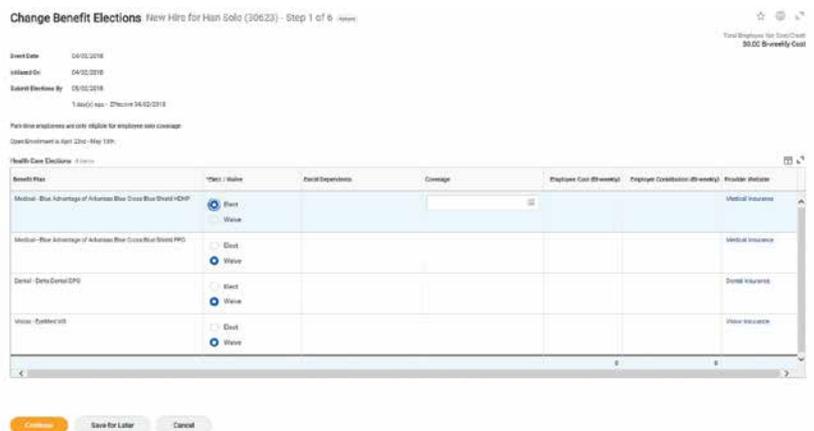
To get started electing your benefits as a new hire, you will receive an email providing your login credentials and a link to Workday. Once you complete a few steps in Workday, your recruiter must approve your credentials. You will then be sent a follow-up email containing a link and instructions to reset your password in Workday. You will have a task titled "Benefit Change, Change Employee Benefits," or "Benefits Change – New Hire" if you are a new hire.



Step 2

Make Your Elections

The next screen displays all the benefit options made available to you through Arkansas Children's. You will begin with the medical options where you can elect either to enroll or waive coverage. Click "Elect" on the medical plan you'd like to enroll in and then select your coverage category in the "Coverage" column. You will select all your benefits this way. When you have selected your benefit plans, click the green "Continue" button at the bottom of the screen. If at any point you need to stop, click the "Save for Later" button and your selections will be saved when you log back in.



Step 3

Add Your Family Members

To add a dependent in Workday, click on the "Enroll Dependents" column and select "Add My Dependent From Enrollment." Once you click "Add," select "Yes" and "Ok" to the next few pop-ups. Then, you will be prompted to enter the required dependent's information such as name, date of birth, and Social Security number. Once the dependent is created, Workday will take you back to the benefit selection screen. You will see your newly added dependent in the "Enrolled Dependent" column.

Welcome to your benefits election! Please review carefully as you will not be allowed to make changes to your benefits outside of open enrollment or through a qualified status change. Remember, you have 30 days to make your elections.

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Bi-weekly)	Employer Contribution (Bi-weekly)	Provider Website	
Medical - Blue Advantage of Arkansas Blue Cross Blue Shield HDHP	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<div style="border: 1px solid black; padding: 5px;"> Existing Dependents Add My Dependents From Enrollment </div>	X Employee + Family	0199.34	\$321.42	Medical Insurance	
Medical - Blue Advantage of Arkansas Blue Cross Blue Shield PPO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						Medical Insurance
Dental - Delta Dental DPO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						Dental Insurance
Vision - EyeMed VIS	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						Vision Insurance
				199.34	321.42		

Step 4

Confirm Your Elections

Next, review all your selections to make sure they are accurate. If you need to make changes, click "Go Back" at the bottom of the screen to edit your choices. If you are finished with your enrollment, you must sign the review screen and click the green "Submit" button.

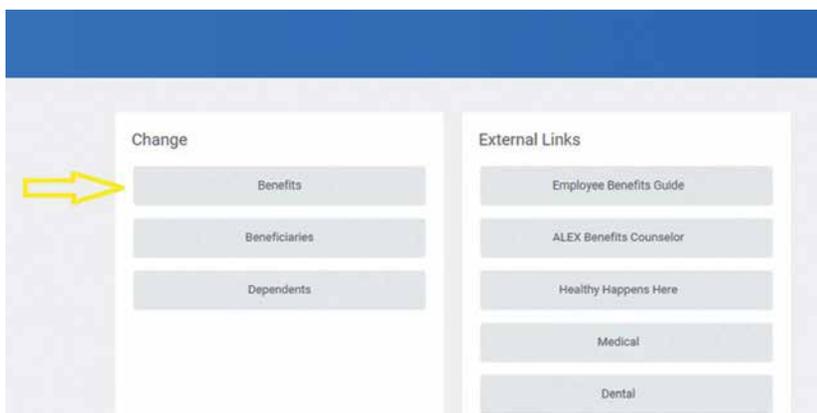
Finally, you will be provided a one-time confirmation statement detailing your benefit choices. Please review this carefully! You can print and keep this page for your records. You can also view your benefit choices in Workday.

Step 5 (Conditional): Need To Make Changes?

If you determine you need to make a change after electing your benefits, you can do so if it is:

- During the Open Enrollment period,
- Within 30 days of your date of hire, or
- Within 30 days of a qualified status change

To change your benefit elections, log in to Workday and select the "Absence, Benefits & Wellness" worklet. Then, select "Benefits" under the "Change" column.



You will then be prompted to repeat the same steps as before to select your revised benefits. *Please note:* The "Benefits" tab under the "Change" column will no longer be visible if your enrollment window has expired.

The choices you make during Open Enrollment, or as a new hire, will be in effect through December 31, 2020 (as long as you remain eligible), unless you have a qualified status change. For more information on what to do if you have a qualified status change, see page 9.

Eligibility

Before you get started, be sure you understand who may be covered on the Arkansas Children's benefit plans. Use the chart below to help you determine who is eligible for benefits:

Participant	Eligibility Requirements
Arkansas Children's employee	To be eligible for benefits, you must be a: <ul style="list-style-type: none"> • Full-time employee (FT); • Full-time employee, weekend option (WO-FT); • Part-time employee, weekend option (WO-PT); or • Part-time employee (PT) (employee only coverage)
Your Spouse	Legal spouse
Your Dependent Child(ren)	<p>For medical, dental and vision coverage:</p> <ul style="list-style-type: none"> • Up to age 26, regardless of student or marital status <p>For life and AD&D coverage:</p> <ul style="list-style-type: none"> • Up to age 19, or age 25 if a full-time student

To determine your employee type code, see page 9.

Employee Type Codes

Not all employee type codes are eligible for benefits. Below is a list of all the employee type codes available at Arkansas Children's. If you are unsure of your eligibility code, go to Workday > Personal Information > About Me > Time Type.

Employee Type Code used in Workday & Employee Portal Systems	Time Type	Minimum FTE	Maximum FTE	Minimum Scheduled Hours per pay period (two work weeks)	Special Notes
<i>Eligible for all benefits – FAMILY COVERAGE</i>					
FT	Full-time	0.80	1.00	80	
WO-FT	Weekend Option (Full-time)	0.80	1.00	64	
WO-PT	Weekend Option (Part-time)	0.50	0.79	40	
<i>Eligible for reduced benefits – Employee Only Coverage</i>					
PT	Part-time	0.50	0.79	40	
<i>Not Eligible for benefits (Eligible for voluntary retirement plan elections)</i>					
PT-NB	Part-time (No benefits)	0.10	0.49	8	
PRN/ZB	PRN	0.00	0.00	0	Each department sets schedule

Enrollment Deadline Overview

During Open Enrollment, as a benefits-eligible employee, you have the opportunity to enroll or make changes to your health care benefits. You cannot cancel or change your health coverage or change your benefit choices until the next Open Enrollment period, unless you have a qualified status change.

If you are hired on or after January 1, 2020, your benefits will begin on **your date of hire**. Accident and Critical Illness will be effective on the date of enrollment. **If you do not complete the enrollment steps within 30 days (or you decline coverage), you and your family will not have benefit coverage.**

If you don't enroll now...

If you do not enroll during the initial timeframe you will not be able to enroll for benefits until the next Open Enrollment period (held in November with an effective date of January 1). There are circumstances throughout the year that may allow you to make changes or add coverage. These qualified status changes are:

- Marriage or divorce
- Birth, adoption, or change in the custody of your child
- Death of your spouse or dependent child
- A change in you or your spouse's employment status that results in loss or gain of coverage, including your spouse's open enrollment period.
- A change in your dependent's eligibility status (due to age, or due to becoming eligible for medical coverage through his/ her own employer)
- The loss or gain of non-Arkansas Children's benefits coverage by you or a family member
- The loss or gain of Medicare and Medicaid by you or a family member
- Judgement/Decree/Court Order and FMLA

To update your coverage for any reason stated above, log in to Workday within 30 days of the event.



Health

Medical | BlueCross BlueShield

The medical plans Arkansas Children's provides allow you to cover yourself and your eligible dependents. Arkansas Children's offers a Preferred Provider Option (PPO) and a High Deductible Health Plan (HDHP) through **Blue Advantage Administrators of Arkansas**.

The medical plans give you access to in- and out-of-network doctors and hospitals – but you can save a significant amount of money by using providers who are in-network. Visit blueadvantagearkansas.com to find an in-network physician and get confidential service information about your individual medical benefits.



Get healthy and save money

The Healthy Happens Here wellness program not only teaches you about your current health, but you also get a premium advantage on your medical plan. When you complete the Health Assessment and the Screening – you'll receive:

- A lower premium deduction per pay period under either plan you select.
 - » If you were *hired before September 1, 2019*, you must complete the Health Assessment and Screening by October 31, 2019 to receive the lower premium in 2020. If your spouse is enrolled in the medical plan, he/she must also complete the Health Assessment and Screening by October 31, 2019.
 - » If you are *hired between September 1, 2019 and December 31, 2019*, you automatically receive the lower premium in 2020.

Your Arkansas Children's medical plan snapshot of benefits

The chart provides an overview of your medical plan coverage and what you will pay for in- and out-of-network treatments and services from January 1, 2020 through December 31, 2020. Review your costs, typical plan utilization and plan accordingly to meet your needs. The cost for coverage is on page 4.

Blue Advantage of Arkansas				
	Preferred Provider Option (PPO)*		High Deductible Health Plan (HDHP)*	
	In-network	Out-of-network	In-network	Out-of-network
General Information				
Deductible				
<ul style="list-style-type: none"> Employee: Spouse: Child: Family: 	\$750 \$750 \$500 N/A	\$1,000 \$1,000 \$800 N/A	\$2,000 N/A N/A \$4,000	\$6,000 N/A N/A \$12,000
Out-of-Pocket Maximum	\$6,250/ person \$12,500/ family	None	\$6,000/ person \$12,000/ family	None
Coinsurance				
<ul style="list-style-type: none"> ACH Available Services (facility only) All Other Services 	You pay 10% (after deductible)/ Plan pays 90% You pay 20% (after deductible)/ Plan pays 80%	N/A You pay 40% (after deductible)/ Plan pays 60%	You pay 10% (after deductible)/ Plan pays 90% You pay 20% (after deductible)/ Plan pays 80%	N/A You pay 40% (after deductible)/ Plan pays 60%

*The chart shows you how the plans compare. For more details, such as what is or is not covered, and coverage limits, review the Summary Plan Description (SPD) or the Summary of Benefits and Coverage (SBC).

Important Note Regarding Deductibles: For the PPO plan, note that each member on the plan has to fulfill their individual deductible before coinsurance applies. For the HDHP, a single member of your family can meet the embedded deductible and enter the coinsurance phase without all covered members reaching the full plan deductible.

How do you choose?

Arkansas Children's offers two types of medical plans so you can decide how to spend your health care dollars. You choose the plan that better fits your needs, budget, preference for receiving care, etc.

Plan differences include:

- The PPO plan. It has a lower deductible, but you pay more each month in premiums. For most services, you must first reach the annual deductible, then share costs with the plan through coinsurance – you will pay 20% for eligible in-network services and Arkansas Children's will pay 80%. If you use out-of-network providers, you will pay 40% and Arkansas Children's will pay 60%.
- In the HDHP, you pay the full cost of medical and prescription drug services you receive until you reach the deductible. The deductible is higher in this plan, but you pay less each month in premiums. The HDHP is also linked with a Health Savings Account (HSA), which is a special savings account that allows you to build a "medical nest egg." Money in your HSA can be used to pay for deductibles, your portion of coinsurance, or any out of pocket medical expense today or in the future. An HSA has no use it or lose it feature, which means you won't lose funds in the account at the end of the calendar year. For more details on the HSA, see page 16.

Blue Advantage of Arkansas				
	Preferred Provider Option (PPO)		High Deductible Health Plan (HDHP)	
	In-network	Out-of-network	In-network	Out-of-network
Routine physicals	You pay 0%/ Plan pays 100%	No Coverage	You pay 0%/ Plan pays 100%	No Coverage
Well-woman exam				
Mammogram (1 per calendar year)				
Prostate Specific Antigen (PSA) test (routine)				
Well-child care (office visits and immunizations)				
Physician Office Visits and Emergency Services				
Physician office visit	You pay 20% (after deductible)/ Plan pays 80%	You pay 40% (after deductible)/ Plan pays 60%	You pay 20% (after deductible)/ Plan pays 80%	You pay 40% (after deductible)/ Plan pays 60%
Specialist office visit				
Hospital Emergency Room				
Urgent Care				

The chart below gives you some additional things to consider between the plans.

	PPO	HDHP
What is the difference between the plans?	The Preferred Provider Option (PPO) medical plan has a lower deductible, but you pay more each month for coverage. You pay all medical expenses until you reach the deductible, then share costs with the plan through coinsurance.	The high-deductible health plan has a higher deductible, but you pay less each month for coverage. You pay all medical and prescription drug expenses until you reach the deductible, then share costs with the plan through coinsurance.
Network	BlueCross BlueShield	
What are the deductibles?	Lower	Higher
What are the premiums?	Higher	Lower
What are the coinsurance rates?	After you reach the deductible, you will pay 20% for eligible in-network services and Arkansas Children's pays 80%.	
Can I use a Health Savings Account (HSA)?	No	Yes
Pharmacy	You will pay copays for your prescriptions.	You will pay the full price of your prescriptions until your deductible is met.
Can I use a Health Care Flexible Spending Account?	Yes, Health Care FSA contributions are limited to \$2,700 for the next twelve months. See page 17 for more information.	No, but you have access to a Limited FSA for eligible dental and vision expenses. See page 17 for more information.

What is a Clinically Integrated Network?

A Clinically Integrated Network (CIN) is a selective partnership of physicians collaborating with hospitals to deliver evidence-based care, improve quality, efficiency, coordinate care for patients, and demonstrate value to the market. AHN and ACCN have a shared vision to create a provider-led, population health coordinated care delivery model offering for health plans in Arkansas.

What are Arkansas Health Network and Arkansas Children's Care Network?

Arkansas Health Network (AHN) and Arkansas Children's Care Network (ACCN) are both provider-led, health system sponsored, Clinically Integrated Networks (CINs) based in Arkansas. Together, they have a combined network of over 2,100 providers across the state of Arkansas, representing comprehensive primary and specialty care for both adult and pediatric patients. The network also consists of several major hospital facilities in Arkansas. Arkansas Health Network was established by CHI St. Vincent in 2013. Arkansas Children's Care Network was established by Arkansas Children's in 2017.

Advanced Care Management

Arkansas Health Network and Arkansas Children's Care Network provide coordinated, holistic, person-centered care to the entire family using a high-tech and high-touch approach. Utilizing motivational interviewing techniques, a physician-led, multidisciplinary team of clinicians collaborate together to work with patients to address common factors associated with decreased health and wellness.

Multidisciplinary Care Management for the Whole Family

Technology that proactively connects patients to a physician-led care team and evidence-based clinical programs.

A shift from caring for the sick towards **keeping people well** utilizing a **multidisciplinary** team:

- Registered Nurse
- Social Worker
- Pharmacist
- Wellness Coordinator

Delivering **better outcomes**:

- Fewer unplanned and avoidable hospitalizations and ER visits
- Physicians are able to focus on disease prevention and taking care of their sickest patients
- Health plan members spend less out of their pockets

AHN and ACCN proactively reach out to high risk, high cost, and chronically ill health plan members through a multidisciplinary team of nurses and social workers professionally trained in longitudinal care management and motivational interviewing. This reduces the need for high-cost settings of care and interventions and results in healthier, happier, and more productive members accessing care within a high value network.

This high value network of **more than 2,100 AHN and ACCN providers and 24 facilities, including 7 hospitals, will serve as the Tier 1 network for your health plan.** AHN and ACCN participating providers follow evidence-based medicine guidelines while working closely with AHN and ACCN care management teams to provide high quality care to health plan members. For a complete list of AHN-ACCN providers, please visit: www.ArkansasHealthNetwork.com.

There is no cost to the employee or their family members for engaging in care management work with AHN or ACCN.

Multidisciplinary Care Management Team

The AHN and ACCN Care Management team prioritizes self-management of chronic conditions, strong relationships between patients and their primary care providers, and seeking care in ambulatory settings as much as clinically possible. Care management outreach is provided by three primary roles: RN Population Health Coach, RN Transition Coach and Social Worker.

AHN RN Population Health Coach And ACCN Care Manager – How Can They Assist You?

Along with the physician, these capable individuals become a part of the patient's care team to provide proactive care management to at-risk populations in order to maintain health and minimize illness. The AHN RN Population Health Coach/ ACCN Care Manager is based in a central location and works with patients to provide self-management support using motivational interviewing techniques. A hybrid approach is utilized allowing for both telephonic and face-to-face outreach. In collaboration with the patient, caregivers, providers and a social worker, the AHN RN Population Health Coach/ACCN Care Manager creates a care plan containing both short-term and long-term health goals. AHN RN Population Health Coach/ACCN Care Manager provides high touch outreach to help the patient achieve these goals and communicates progress and needs to the provider team.

When should I utilize the AHN RN Population Health Coach/ ACCN Care Manager?

- Newly diagnosed chronic condition
- Chronic disease management of uncontrolled condition(s)
- Frequent Erectile Dysfunction or hospital utilization
- Multiple comorbidities, complex treatment regimens
- Patients at highest risk for adverse, preventable outcomes

Additional clinical roles within the AHN and ACCN Care Management team work closely with patients and families to achieve health goals. You are encouraged to reach out to them directly, or they may contact you from time to time.

AHN RN Population Health Coach:

501-552-3860

ACCN Care Manager:

Amy Stephenson, (501) 364-3347 direct
stephensonam@archchildrens.org

Social Worker – How Can They Assist You?

The Social Worker works closely with the AHN RN Population Health Coach/ACCN Care Manager to identify barriers to medical care and provide education and links to community resources to help address those barriers. The Social Worker can help with needs such as transportation, financial concerns, end of life planning, housing, food availability, access to medications, and behavioral health issues. The Social Worker is based in a central location and works with patients telephonically to address social needs and communicates progress and needs to the provider team.

When should I utilize the Social Worker?

- Smoking cessation resources
- Acute care behavioral health resources
- Bridge therapy (anxiety, depression, medication resistance, grief and loss)
- Medication assistance resources
- Transportation, housing, food assistance resources
- Support group resources
- NA/AA or drug rehabilitation resources
- Utility assistance resources
- Interpreter resources
- Financial assistance resources for hospital bills
- Living will support resources

RN Transition Coach – How Can They Assist You?

The RN Transition Coach provides transitional support to hospitalized patients. With the goal of reducing readmissions, the RN Transition Coach provides face-to-face bedside coaching whenever possible and high touch telephonic follow-up for 30 days post discharge. A face-to-face bedside visit provides an opportunity for the RN Transition Coach to educate and prepare the patient for discharge. Phone calls to recently discharged patients at 24-48 hours, 10-14 days and 30 days post discharge allow for close monitoring of patient progress, medication reconciliation, coordination of necessary follow-up appointments, goal setting, education and the ability to answer questions and escalate concerns as needed. Further support and education can be provided beyond 30 days post discharge by an AHN RN Population Health Coach/ACCN Care Manager.

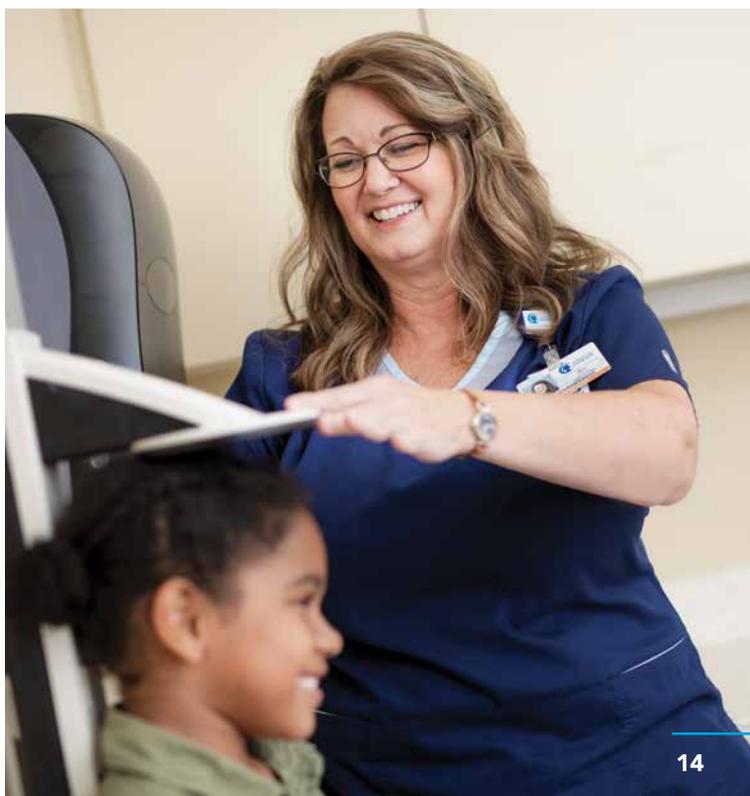
What does an RN Transition Coach do?

- Inpatient bedside visits with patients (if possible)
- 24-48 hour post discharge follow-up call
- 10-14 day post discharge follow-up call
- 30 day post discharge follow-up call

RN Transition Coach:

501-552-8338

For any general questions about Arkansas Health Network and Arkansas Children's Care Network please visit the website at www.arkansashealthnetwork.com/employers.



Need medical care now? Visit the Onsite Clinic!

When you need medical care now, do you know where to turn? Most people go straight for the emergency room (ER). But, you have another option – the Onsite Clinic – located in the HR Service Center. This convenient, quick, onsite clinic could be better suited to treat your illness or injury than an ER. You and any member of your family over the age of 21 years old can be treated for sprains, minor burns, coughs, colds, fever, ear infections, and any preventive or wellness service, etc. And, it costs just \$10 for the office visit (any additional services received during the office visit are subject to the terms of your medical plan).

The Onsite Clinic is open Monday-Friday from 7:30 a.m. to 4:30 p.m. Call 1-866-959-WELL (9355) for an appointment, or call 1-501-364-9355 if you have questions.

Prescription Drugs | BlueCross BlueShield

At Arkansas Children's, when you enroll in medical coverage, you automatically receive prescription drug coverage through BlueCross BlueShield. There are two types of prescription drug plans, depending on the medical plan in which you enroll.

PPO Prescription Drug Plan

If you enroll in the PPO medical plan, the prescription drug plan offers more traditional coverage with four tiers of medications – Generic drugs (Tier 1), Preferred brand drugs (Tier 2), Non-preferred brand drugs (Tier 3), and Specialty drugs (Tier 4)*. **Employees may fill prescriptions at the Arkansas Children's Outpatient Pharmacy. Medications are limited to the ACH formulary.**

When you fill a prescription, you will pay a copay.

PPO Prescription Drug Costs	ACH Outpatient Pharmacy	Retail	Retail 90 and Mail Order
Generic drugs (Tier 1)	You pay \$10 copay	You pay \$15 copay	You pay \$30 copay
Preferred brand drugs (Tier 2)	You pay \$35 copay	You pay \$40 copay	You pay \$80 copay
Non-preferred brand drugs (Tier 3)	You pay \$65 copay	You pay \$70 copay	You pay \$140 copay

*Specialty Drugs (Tier 4) must be dispensed by a specialty pharmacy who then mails the prescription to the patient.

Why are generic medications less expensive?

Companies that develop brand-name drugs pay for years of research and development. Once a brand-name drug is ready, a patent is granted allowing the company an exclusive right to sell the drug. Introducing the brand-name drug to the medical community and the general public is expensive; just watch TV for a few minutes and you will likely see an ad for a brand-name drug.

Once the patent expires, other companies can apply for permission to make and sell a generic copy. Generic drugs do not require the research, development or any of the marketing costs – and those cost savings are passed on to you, the consumer. Please refer to the formulary list for all generic medication options.

HDHP Prescription Drug Plan

If you enroll in the HDHP, the prescription drug plan shares the cost of your medications with you after you meet the medical plan deductible (\$2,000 in-network individual coverage or \$4,000 in-network family coverage). Once the medical plan deductible is met, Arkansas Children's shares costs with you – you pay 20% in-network and the Plan pays 80%.

Retail, Retail 90 and Mail Order

Both plans include retail and mail order pharmacy benefits for prescriptions you take on a regular basis. If you enroll in the PPO medical plan, you can save money by using the Retail 90 and Mail Order programs. If you enroll in the HDHP, keep in mind you must meet the medical plan deductible before you share costs with Arkansas Children's.

Here are the details of the Retail, Retail 90 and Mail Order programs:

Retail Program

You can purchase up to a 34-day supply of your medication from any pharmacy – just present them with your ID card when you drop off your prescription. To find a pharmacy in your area, visit www.blueadvantagearkansas.com.

Retail 90 Program

You can purchase up to a 90-day supply of your medication from any CVS pharmacy – including Target. If you enroll in the PPO medical plan, you'll receive 90 days of medication for the cost of a 60-day retail supply with the Retail 90 program.

Mail Order Program

If you take a maintenance medication (a prescription you take on a regular basis for a chronic condition – such as diabetes, blood pressure, or birth control) or a life supporting drug, use the mail order option. The prescription arrives at your door and can be delivered on a set frequency so you never have to worry you will run out.

Using the mail order program allows you and Arkansas Children's to pay less for maintenance medications or life supporting drugs and ensures you have the medications you need, when you need them. That is why Arkansas Children's urges you to take advantage of this convenient and easy program. To set up your mail order account, call 1-888-293-3748.

If you enroll in the PPO medical plan, you will save one 34-day supply copay amount on a 90-day supply order. For example, if you go to the retail pharmacy to fill a generic 34-day prescription, you pay \$15. If you refill that prescription the next two months, you will end up paying \$45 for three months of medication. When you use mail order, you get the same three-month supply for \$30. Using mail order, you get one 34-day retail supply for free!

Health Savings Account | Discovery Benefits

Arkansas Children's Health Savings Account (HSA) is administered by **Discovery Benefits**.

When you enroll in the High Deductible Health Plan, you gain access to a powerful financial tool – an HSA. It works like any other savings account – you put money in, let it grow, and take it out when you need it. This account, though, helps cover your health care expenses such as your portion of coinsurance for medical, prescription drugs, dental or vision care services. It's like getting health care on sale! Here are a few other reasons to use an HSA:

#1: Triple tax advantage. HSAs are unique in that *contributions* you make to the account are not taxed, *earnings* you realize from investments in your account grow tax free, and *withdrawals* are not taxed (as long as you use the money for a qualified health care expense). The savings are significant. Put simply, it's like buying health care services during a 30% off sale.

#2: Money rolls over from year to year. There is no "use it or lose it" rule like Flexible Spending Accounts, so you can grow your account year after year and save the money for when you really need it.

#3: You are in control. You decide how much to contribute (up to IRS limits of \$3,550/individual coverage, \$7,100/family coverage in 2020). You can change your contribution amount during the year if you choose. You decide when to use the money – for current health care expenses, down the road, or both. You can even pay for qualified expenses your dependents incur, even if they are not covered on your health plan. It's up to you.

Get started saving money!

It takes two steps to get started saving money in an HSA:

Step 1: Enroll for an HSA in Workday.

Step 2: Register with the HSA vendor, Discovery Benefits, and set up your account. Go to www.discoverybenefits.com and get started. It shouldn't take more than a few minutes.

Swipe your debit card for instant savings!

You'll receive a debit card after registering with Discovery Benefits. The debit card works like a credit card and can be swiped at approved network locations (like a doctor's office, emergency room, or dentist's office). The debit card draws from your HSA balance to automatically pay your share of the expenses. To replace your debit card or request an additional card, call Discovery Benefits at 866-451-3399.





Flexible Spending Accounts | Discovery Benefits

Arkansas Children's Flexible Spending Account (FSA) is administered by **Discovery Benefits**. FSAs help you save money by using pre-tax dollars to pay for certain health care and dependent care expenses. The money you put into these accounts is taken out of your paycheck before taxes are withheld, so you end up paying taxes on a smaller amount of income. This means more take-home pay for you! Using pre-tax money can help take the sting out of deductibles and other out-of-pocket costs. You have access to three different FSAs: one for health-related expenses, one for dependent day care expenses and one for dental and vision care expenses.

Health Care FSA

If you enroll in the PPO medical plan or waive coverage, you can take advantage of the Health Care FSA. You may contribute up to \$2,700 annually to pay eligible expenses for you and your family members – even if you are not covered by an Arkansas Children's medical plan. Use the money from your Health Care FSA to help pay your deductibles, prescription drug copays, dental and vision care services.

Dependent Care FSA

If you incur costs for child care or the care of an elderly adult living in your home, you can use the Dependent Care FSA. You may contribute up to \$5,000 per year depending on your tax filing status. Use the money from your Dependent Care FSA to help pay for child care or elder care so you (and your spouse, if you are married) can work. *Please note:* This account is *not* used for dependent's health care expenses.

Limited FSA

If you enroll in the HDHP, you can take advantage of the Limited FSA. You may contribute up to \$2,700 annually to pay for dental and vision care expenses only. The Limited FSA works in conjunction with a Health Savings Account (HSA). By establishing a Limited FSA, you can save money on taxes by using it to pay for your dental and vision expenses while preserving your HSA funds for other purposes, including simply saving those funds for the future.

Keep in mind...

For all FSA accounts, you need to plan your contributions carefully and contribute only the money you expect to use between the time you enroll and the end of the year. You cannot change the amount you are contributing or cancel your contributions during the year unless you have a qualified status change. Funds must be used by February 15, 2021.

Here's a comparison of the three plans:

	Health Care FSA	Dependent Care FSA	Limited FSA
Eligibility	You may participate if you enroll in the PPO medical plan or waive coverage	Any benefits-eligible employee is available to participate	You may participate if you enroll in the HDHP
Pre-tax annual maximum contribution	\$2,700	\$5,000 (if single or married, filing taxes jointly), \$2,500 (if married filing separately)*	\$2,700
Eligible expenses	Family out-of-pocket medical, prescription drug, dental, and vision expenses not paid by any other plan	Child care (under age 12) or elder care expenses	Dental and vision care expenses, such as orthodontia, eyeglasses or contact lenses, vision correction procedures, etc.
Availability of funds credited to the account	Available on January 1 (or date of hire)	Funds must accumulate before using	Available on January 1 (or date of hire)
Unused funds forfeited at end of year?	Up to \$500 carry over is available if not used by February 15, 2020	Yes	Up to \$500 carry over is available if not used by February 15, 2020

*Dependent Care FSA contributions are based on a calendar year. You have until the end of 2020 to use the funds in your account.

Debit card makes paying for FSA expenses quick and easy!

Enroll in an FSA and you will receive a debit card for you and your family. This card gives you easy, convenient, instant access to the funds in your account. The card works like a credit card and can be swiped at approved network locations (such as a doctor's office, emergency room, dentist's office or day care center). The debit card draws from your FSA balance to automatically pay your share of the expenses.

Verify your purchases

Each time you swipe your **debit card** (except for prescription drug purchases), you will receive an email from Discovery Benefits asking you to verify the purchase was indeed for a qualified expense. Simply take a picture of your receipt with your cell phone, upload the photo to the Discovery Benefits mobile app and you are done!

Please note: Following three failed attempts to verify your purchases, your FSA debit card could be suspended.

You'll receive your debit card a few weeks after enrolling in an FSA. To replace your debit card or request an additional card, call Discovery Benefits at 866-451-3399.

When you join the Arkansas Children’s dental plan administered by **Delta Dental**, you can go to any dentist or specialist you want, but you will receive the biggest cost-savings if you stay in the network. Below is a summary of the dental plan benefits using in-network providers.

Your cost for coverage is on page 4.

Dental Plan Features	
Calendar plan year deductible	\$50/individual \$100/family
Calendar plan year maximum (per member)	\$1,500/individual
Preventive services (exams, cleanings, x-rays, fluoride and sealants)	You pay nothing (deductible waived)/Plan pays 100% Limit of 2 cleanings and set of x-rays/year
Basic services (fillings, oral surgery, extractions, etc.)	You pay 20% (after deductible)/ Plan pays 80%
Major services (root canals, bridges, crowns, inlays, onlays, dentures and cast restorations)	You pay 50% (after deductible)/ Plan pays 50%
Orthodontia (for adults and children)	You pay 50% (after deductible); subject to orthodontia lifetime maximum of \$1,500/individual/Plan pays 50%
Carry over benefit rider	If your total annual paid claims are less than \$751, you will automatically have a \$375 credit on next year’s annual maximum. You must have one preventive visit per year to qualify for the carry over benefit.



If you wear eyeglasses or contacts, you know how vision costs can add up. That is why Arkansas Children’s offers vision benefits for routine eye exams, eyeglasses, or contacts. Administered by **EyeMed**, your vision plan offers you the opportunity to use any one of the 30,000 optometrists and ophthalmologists, including Lenscrafters, that are part of the network.

The vision plan offers both in- and out-of-network benefits. You will receive a greater benefit by using an in-network EyeMed doctor. The chart below summarizes the plan benefits depending on the type of service you receive.

Your cost for coverage is on page 4.

Vision Plan Features		
Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement
Frequency: <ul style="list-style-type: none"> • Examination • Eyeglass Lenses or Contact lenses • Frames 	Once every calendar year Once every calendar year Once every other calendar year	N/A
Eye Exam	\$5 copay	\$35
Contact Lens Fitting Fee	Standard – up to \$55 Premium – 10% off retail price	N/A
Eyeglass Frames	\$150 allowance, 20% off balance over \$150	\$75
Eyeglass Standard Plastic Lenses <ul style="list-style-type: none"> • Single Vision/Bifocal/Trifocal • Standard Progressive Lens • Premium Progressive Lens 	\$20 copay \$85 copay \$85 copay, 80% of charge less \$120 allowance	\$25/\$40/\$55 \$40 \$40
Contacts <ul style="list-style-type: none"> • Conventional • Disposable • Medically Necessary 	\$150 allowance, 15% off balance over \$150 \$150 allowance plus balance over \$150 Paid in full	\$120 \$120 \$120
Lens Options, Add-ons, Additional Pairs, Laser Vision Correction	Reduced pricing and discounts are available	N/A

Hearing | Amplifon

If you enroll in the dental plan, you gain access to a hearing discount program through **Amplifon**. You can get your hearing checked at a discount – 40% off to be exact! Through Amplifon you have access to:

- 40% off hearing exams at specified locations
- Discounted pricing on thousands of hearing aids
- 60-day hearing aid trial period with no restocking fees
- Free batteries for 2 years
- 3-year warranty plus loss and damage coverage

To top it off, Amplifon gives you a low price guarantee – *if you find the same product at a lower price elsewhere, they will beat it by 5%*. Call 1-888-407-7177 to find a hearing care provider near you and to schedule a hearing exam.

Short Term Disability | Lincoln Financial Group

Company Provided • Part Time, Full Time & Weekend Option Employees

Arkansas Children's believes that providing Short Term Disability (STD) benefits allows you to focus on getting better and returning to work.

STD is a company-paid benefit available to all eligible employees. Administered by **Lincoln Financial Group**, STD provides a percentage of your income if you become disabled or unable to work for more than 7 consecutive calendar days, and continue for up to 13 weeks. This includes illnesses, injuries, and pregnancy.

Your STD benefits are as follows:

Short Term Disability	
Amount of benefit	80% of your weekly base salary
Maximum benefit	\$3,000 per week
Elimination period	7 calendar days
Maximum benefit period	Recovery or up to 13 weeks (91 calendar days), whichever is less

Long Term Disability | Lincoln Financial Group

Company Provided • Full Time & Weekend Option Employees

Long Term Disability (LTD) insurance helps safeguard your financial security. Becoming disabled or having an extended disability can have a significant financial impact on your life and your family. While some people can get by without working for a few months by tapping into their savings, few people can afford to stop working for an extended period of time. The Arkansas Children's LTD plan helps by providing you with income if you cannot work due to illness or injury.

LTD is a company-paid benefit provided to **eligible employees** only. Administered by **Lincoln Financial Group**, LTD replaces a portion of your income while you are unable to work for an extended period of time. Under the LTD plan, you are eligible for benefits after 90 days of STD coverage.

How long will LTD benefits last?

Generally, LTD benefits end when you are able to return to work, or when you reach normal Social Security retirement age, whichever is earlier. However, if you become disabled after you reach age 59, LTD benefits will continue as follows:

Long Term Disability

Amount of benefit	60% of your monthly base salary
Maximum benefit	\$15,000 per month

If you are disabled at age...	Your maximum LTD benefit period is...
59 or younger	Continue to end of month when you attain age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69+	12 months

Basic Life and Accidental Death and Dismemberment Insurance | Lincoln Financial Group

Company Provided • Full Time & Weekend Option Employees

Life Insurance pays a lump sum benefit to a beneficiary(ies) (whomever you chose to receive the benefit) after your death. The accidental death and dismemberment (AD&D) insurance benefit is a way to increase your family's financial security in the event you receive an injury or dismemberment, or pass away as the result of an accident. The money your beneficiary(ies) receives can help replace your income. Your family can use it to pay daily living expenses, the mortgage or rent, funeral expenses, college tuition, etc. And your survivors usually do not have to pay income tax on the life insurance benefit.

Basic life and AD&D insurance is a company-paid benefit provided to **eligible employees** only through **Lincoln Financial Group**. Your beneficiary(ies) receives one times your annual base salary, up to \$300,000.

DID YOU KNOW?

It is critical that you select a beneficiary for your basic life and AD&D insurance benefit. Your beneficiary(ies) will receive your benefit if you pass away. You can update your beneficiary information at any time online through Workday.

Supplemental Employee Life Insurance | Lincoln Financial Group
Company Provided • Full Time & Weekend Option Employees

Arkansas Children’s offers **eligible employees** the option to purchase additional life insurance coverage for yourself. Remember, this coverage is *in addition* to the basic life and AD&D insurance benefit provided by Arkansas Children’s. As a new hire, you may purchase up to three times your annual salary or a maximum of \$300,000, whichever is less, without providing Evidence of Insurability (EOI). You may purchase more coverage, up to \$500,000, with the submission of an EOI form through **Lincoln Financial Group** within Workday.

The cost for coverage is on page 5.

What is Evidence of Insurability (EOI)?
EOI is a record – often requested by an insurance company – of your past and current health events that is used to verify whether you meet the definition of good health. As a new hire, you do not need to complete an EOI form as long as you purchase supplemental life insurance below the guarantee issue amount of \$300,000 within your first 30 days of employment.

Supplemental Spouse and Child(ren) Life Insurance | Lincoln Financial Group
Company Provided • Full Time & Weekend Option Employees

Supplemental spouse and child(ren) life insurance plans provide **full-time employees** with a benefit if your spouse or your child(ren) should pass away. You are automatically the beneficiary for these plans.

Please note: The amount of your spouse’s supplemental life insurance may not exceed 50% of the amount of supplemental life insurance in place for you. The following chart lists the supplemental life insurance plan options available to your dependents.

The cost for coverage is on page 5.

Supplemental SPOUSE Life Insurance	
Maximum benefit	\$225,000
Evidence of Insurability (EOI) for new hires	Maximum of \$50,000, without providing EOI
Policy requirements	Amount cannot exceed 50% of employee supplemental life insurance amounts
Supplemental CHILD(REN) Life Insurance	
Coverage options	<ul style="list-style-type: none"> • \$5,000 • \$10,000

Whole Life Insurance | UNUM

Everyone has different circumstances, which is why Arkansas Children’s provides a variety of life insurance plans to meet your needs. Whole life insurance helps protect your loved ones after you’re gone. If you want permanent protection, whole life insurance is a good option.

Features of the policy include:

- Choose coverage amounts up to \$75,000 for you (the employee), \$25,000 for your spouse, and \$25,000 for your child.
- Premiums will not increase with age, and the benefit does not decrease with age.
- You own the policy so you can keep it if you leave the company or retire. You’ll pay the same premium.
- During enrollment, you may be able to get coverage without a medical exam or health questions.
- You can accumulate cash value at a rate of 4.5% and you can borrow funds from it as needed.
- If you are diagnosed with a terminal illness, you can request up to 100% of your policy’s benefit amount and use it for any purpose.
- Additional long term care and waiver of premium options available.

Group Accident Insurance | Lincoln Financial Group

Life is full of surprises! Unfortunately, some surprises may include an accident where you end up as the patient. Costs can quickly add up and recovery may take longer than expected. That's why Arkansas Children's offers accident insurance to help you cover all your bases and provide a necessary layer of financial protection.

Accident insurance pays a benefit directly to you if you have a covered injury and need treatment, whether you go to a physician's office, urgent care or the ER. The amount you receive from the plan depends on your injury and the treatment you receive, but there is no lifetime or annual maximum payout. You can use the lump-sum payment any way you choose – for monthly bills, everyday living expenses, or to cover expenses the medical plan doesn't cover. Plus, you are guaranteed to receive the base plan coverage without answering any health questions.

You can also choose to purchase a Sickness and Hospital Benefit rider that works in conjunction with accident insurance. The Sickness and Hospital Benefit gives you a layer of financial protection if you or a loved one need to be admitted to the hospital. To qualify for coverage, you must be enrolled in accident insurance.

Optional Sickness Hospital Benefits	
Sickness Hospital admission	\$500
Sickness Hospital Daily Benefit up to 365 days per confinement	\$100 per day
Sickness Intensive Care Daily Benefit up to 15 days per confinement	\$200 per day

The cost for coverage is on page 5.

Group Critical Illness Insurance | Lincoln Financial Group

What would happen to you and your family if you were diagnosed with a critical illness? Do you have sufficient savings to cover unexpected costs? If you don't – or even if you do, but want to protect your savings – critical illness insurance may be a good option.

Critical illness insurance helps protect against the financial risks associated with an unexpected diagnosis of a major illness, including cancer, renal (kidney) disease, major organ transplants, and health conditions like strokes and heart attacks.

You'll receive a lump-sum benefit at the time a covered illness (such as a stroke, heart attack or cancer) occurs or is diagnosed. The cash payments can range from \$5,000 to as much as \$50,000,* depending on the type of policy you buy for yourself, your spouse and your children. When you are sick, the last thing you want to think about is your finances. Critical illness coverage can help you focus on getting well.

*Those with prior coverage through UNUM have been transferred on an issue age basis to Lincoln Financial Group.

The cost for coverage is on page 5.

Get \$50 for taking a test!

If you enroll for accident insurance or critical illness insurance, you can earn \$50 for learning more about your health. Each year, any enrolled family member can take advantage of the wellness benefit and have a health screening appropriate for your age and gender including a chest x-ray, stress test, colonoscopy or mammogram. The Claim Form is available to download at LincolnFinancial.com.

Valuable additions to every critical illness plan

Included with our critical illness insurance plans, we offer additional Health Advocate services to participating employees and their families. These services can be accessed at any time (twenty-four hours a day and seven days a week) and a critical illness diagnosis is not required.

Help with health and insurance-related issues

Receive access to Personal Health Advocates, typically registered nurses, supported by medical directors and benefits and claims experts. Your Personal Health Advocate can help with a variety of health care issues, including finding the right doctors, obtaining second opinions, coordinating care, assistance with insurance coordination, benefit payments, assistance with eldercare and Medicare issues, and more.

Help with life's challenges and work/life balance

Provides a 24-hour emergency hotline for short-term counseling, including up to three in-person or video conference counseling sessions, and unlimited telephonic counseling. Work/Life services include finding childcare and eldercare providers, consultations with financial and legal specialists, access to financial wellness tools and a personal concierge to assist with travel planning.

Medical Bill Saver service

A specialized negotiator will work with your providers to lower your out-of-pocket costs on post-service, non-covered medical services.





Financial

Ensuring your success

Arkansas Children's actively supports your financial well-being to ensure your success at work, at home and into the future. Starting in 2020, employees who participate in the 403(b)/401(k) retirement plan will receive a match with each pay period. You also have access to savings management and retirement trainings provided at no additional cost to you! We know that non-monetary rewards are also valuable, and offer time away from work through paid holidays, Earned Time Accounts (ETA), Paid Time off (PTO) and Exempt Management Vacation plans.



Retirement Plan (403(b)/401(k)) | Transamerica

We talk a lot about your physical health – but what about your financial health? The 403(b) Plan provided through **Transamerica** is an important benefit that can greatly enhance your financial security in retirement. It allows you to contribute pre-tax dollars, and the money grows tax free as long as it is in your account.

The nitty-gritty details

You may contribute to the 403(b)/401(k) Plan at any time – up to the IRS limit of \$19,500 in 2020. Transamerica offers 36 investment options that can meet any and all investment strategies. And you can make changes to your account as often as you'd like – simply sign in to Transamerica's website at www.transamerica.com/portal/home. You can change how much you are contributing, how your money is split among investments, etc. You are in control of your account.

Enroll or make changes through Transamerica

To enroll in or make changes to the 403(b) Plan, you must do so directly through the Transamerica website at www.transamerica.com/portal/home. For new employees hired after January 1, 2020, you will automatically be enrolled at 3% of your pay. You can change the amount you contribute at any time.

PortfolioXpress®

Looking for expert retirement advice without the cost of a financial planner? PortfolioXpress is Transamerica's free, auto asset allocation and rebalancing service. It presents you with a diversified investment mix that's perfect for you today and automatically adjusts to meet your needs tomorrow.

PortfolioXpress uses three key factors to determine your investment mix – the 36 funds offered to Arkansas Children’s, your retirement year, and your risk preference.

PortfolioXpress is an investment solution for people who are saving for retirement and want to keep it simple. It offers:

- Easy set up and tracks your progress
- No additional cost
- Automatic rebalancing
- Automatic asset allocation to reflect a more aggressive portfolio when you are young to a more conservative approach as you near retirement

Don’t miss the match!

Arkansas Children’s contributes to your 403(b)/401(k) Plan when you do. Matching contributions made to your account are invested the same way as your contributions are invested. If you meet all 403(b)/401(k) Plan requirements, including eligibility, Arkansas Children’s provides a 50% match of the first 10% of your contributions. Do not miss out on the match – make every effort to contribute at least 10% to get the most value from the contribution Arkansas Children’s is committed to giving you.

Please note: Not every employee time type is eligible for the company matching contributions. The employee time type NOT eligible for the employer match are PT-NB, PRN/ZB.

New for 2020!

The match will be calculated and deposited per pay period along with your contributions.

Your right to the money

When you contribute money to the 403(b)/401(k) Plan, you have immediate and permanent rights to the money and can take it with you when you leave – in other words, you are 100% vested in the money you contribute. The matching contributions Arkansas Children’s provides is on a vesting schedule based on your years of service – for every year you are an Arkansas Children’s employee, you earn 20% more of the company match. After five years, you are fully vested.

Years of Service	Vesting Schedule
1	20%
2	40%
3	60%
4	80%
5	100%

The Roth Plan

Unlike traditional pretax 403(b) and 401(k) contributions, with a Roth account you contribute after-tax dollars. Those dollars have the potential to grow tax-deferred, and if you hold the account for at least five years and don’t withdraw the money until you are at least age 59½, you won’t owe taxes* on your earnings. Additionally, Arkansas Children’s will match 50% of your contributions (up to a maximum of 10% of pay) regardless of whether you choose to make elective deferrals, Roth contributions or a combination of both.

The Trade-Off?

Because contributions are made after taxes are taken out, your take-home pay will be reduced by the amount you contribute. However, Roth contributions can help diversify your tax risk – the chance that you’ll face a higher effective tax rate when you retire – and potentially enhance your after-tax savings in retirement.

The Arkansas Children’s Retirement Plan allows you to contribute to a Roth Account. And unlike a Roth IRA, there are no income limits on Roth eligibility.

Consider a Roth If:

- You think your income will be subject to a higher effective tax rate than you are today when you retire
- You want to diversify your tax risk

If you need help please call Transamerica at 800-755-5801.

Will you be 50 or older in 2020?

Consider a catch-up contribution.

Employees who will turn age 50 in 2020 or older may contribute an extra amount, called a “catch-up contribution.” This feature allows individuals closer to retirement to save \$6,000 more than the IRS typically allows. Catch-up contributions are not taxed – just like your regular contributions – but they are *not* matched by Arkansas Children’s.

Don’t forget to name a beneficiary

Be sure to designate a beneficiary. You can name one person (such as your spouse) or multiple people if you are not married (like your siblings). It is up to you. You can designate your beneficiary(ies) online on Transamerica’s website at www.transamerica.com/portal/home. and you may view and/or change the information to be sure it is up-to-date at any time.

Sharing Contribution Retirement Plan | Company Provided

Arkansas Children's gives you yet another savings vehicle to help you prepare for the future – the Defined Contribution Retirement Plan.

What is a defined contribution retirement plan?

Think of it like a savings account with tax benefits – and a few rules. Arkansas Children's contributes to the Defined Contribution Retirement Plan and you decide how to invest the funds. You can choose from 36 options provided by Transamerica – ranging in mutual funds, money market funds, annuities and more. And, when you withdrawal the funds in retirement, taxes are due.

Does Arkansas Children's contribute to the Defined Contribution Retirement Plan?

Arkansas Children's contributes to your Retirement Plan through a Defined Contribution. The Defined Contribution is discretionary and reviewed each year. Eligible employees are automatically enrolled, and if you meet the plan requirements, Arkansas Children's provides a percentage of eligible employee's gross compensation. The amount provided is discretionary, meaning Arkansas Children's can choose from year to year whether to make a contribution and how much the percentage will be. Employer contributions are dependent upon the financial performance of the hospital during the year.

Do company contributions vest?

Just like the 403(b)/401(k) Plan, employer contributions vest 20% each year. After five years of service with Arkansas Children's, you are fully vested in the Defined Contribution Retirement Plan.

Paid Leave Program | Company Provided

Arkansas Children's understands your time away from work is important. As part of your compensation, you receive paid time off. The time off you receive depends on your employee type code.

ETA and PTO

Hourly employees accrue paid time in an Earned Time Account. Salaried employees accrue paid time in Paid Time Off. When you take approved time away from work, the hours you use are debited from your ETA or PTO account (either vacation, holiday or sick).

Accruing ETA or PTO Hours

You accrue time off each pay period based on your years of service and your hours worked. As a new hire, you immediately accrue hours and you can begin using those hours after 90 days of service. You can view, request time off and manage your ETA or PTO hours through MyTime, the Timekeeper's system. The chart below shows how much time you accrue each pay period based on your years of service and hours worked.

Plan Level	Years of Service	ETA Accrual Rate per 1 Hour	ETA per Pay Period Maximum Accrual*	Total Number of Days per Year	Maximum Hour Carryover
ETA – Hourly Employees					
ETA 1	0-2	0.084625	6.77	22	176
ETA 2	3-4	0.092313	7.385	24	192
ETA 3	5-9	0.103875	8.310	27	216
ETA 4	10-14	0.123125	9.850	32	256
ETA 5	15+	0.142313	11.385	37	296
PTO – Salaried Employees					
PTO 1	0-4	0.103875	8.310	27	216
PTO 2	5-9	0.123125	9.850	32	256
PTO 3	10+	0.142313	11.385	37	296

* Your per pay period accrual is calculated based on your years of service and hours worked, up to 80 worked hours per pay period.

VAC (Exempt Management Vacation Plan)

Salaried-exempt management are also offered a bank of hours to use throughout the year. As a new hire, you receive a prorated number of vacation days based on your hire date through June 30. Holidays are in addition to your VAC hours and balance. You can manage your VAC hours through MyTime, the Timekeeper’s system. You can also view your available hours in Workday. The chart below shows how many days per year you are granted.

Vacation (VAC) days are allocated based on the employee’s management role and years of service. Increases are granted on July 1st based on completed years of service.

Directors / Executive Directors	Vice President / Senior Vice President / Executive Vice President
0 – 4 years: 20 days	0 – 4 years: 25 days
5 – 9 years: 25 days	5+ years: 30 days
10+ years: 30 days	

Vacation (VAC) days are granted on July 1st and January 1st of each year based on the number of years of service.

July 1	0-4 years	5-9 years	10+ years
Directors / Executive Directors	10	13	15
Vice President	13	15	15
Executive & Senior Vice President	13	15	15

January 1	0-4 years	5-9 years	10+ years
Directors / Executive Directors	10	12	15
Vice President	12	15	15
Executive & Senior Vice President	12	15	15

Savings Management and Retirement Training (SMART) Plan | Company Provided

It is important to save for your future – no one will do it for you, but the Arkansas Children’s SMART plan will help you get a strategy in place. From offering basic investment education to compiling a personalized, step-by-step wealth management approach, Stephens, Inc. can help you reach your retirement goals. Call Stephen’s Certified Retirement Plan Specialist, Robert Jones, at 1-501-377-8112 or email him at rjones@stephens.com to get a plan in place.

Holidays

Arkansas Children’s observes eight holidays each year. For hourly and salaried employees, the time must be accrued in your ETA or PTO bank of hours to take advantage of the holidays.

Generally, the annual holidays are:

- New Year’s Day
- Independence Day
- Thanksgiving Day
- Christmas Eve
- Memorial Day
- Labor Day
- Day after Thanksgiving
- Christmas Day



Work-Life

Wellness Programs

Arkansas Children's is committed to your health and wellness! When you make an effort to live a healthier lifestyle, you can improve your quality of life and your health – and Arkansas Children's rewards you with a benefits incentive and money in the form of a gift card. The wellness program is available to all employees, even if you are not enrolled in an Arkansas Children's medical plan.



Get healthy and save money

You will love the Healthy Happens Here portal and the Virgin Pulse smartphone app that will make it easier to get more active, eat healthier, reduce stress and get enough sleep. The Healthy Happens Here program, keeps you motivated with challenges, promotions and healthy tips.

Here are some exciting features that are available:

- Personalized experience from your desktop computer and the Virgin Pulse app with interests like:
 - Getting Active
 - Eating Healthy
 - Sleeping Well
 - Reducing Stress
 - Being Productive
 - Learning New Things
 - Contributing to My Community
 - Building Relationships
 - Managing My Finances
- Fitness Device and App integration:
Seamlessly sync your activity to the wellness program – some devices and apps include: Fitbit, Garmin, MisFit, MyFitness Pal, Strava, Polar
- Challenges
 - Team Challenges
 - Personal Step Challenges that you can create and invite coworkers to participate in with you
 - Healthy Habit Challenges – start one of these challenges to work on a new daily habit with others by inviting your coworkers right from the portal or app when you start the challenge

• Social Wellness

- Build your support network by creating groups around common interests or events like biking, recipe sharing, or a lunchtime walking club
- Challenge a coworker to a Step Challenge or a Health Habit Challenge
- Keep track of your activity progress and the coworkers you're connected with on the Friends leaderboard
- Invite friends and family to participate

2020 will bring plenty of opportunities to be rewarded for your engagement and participation throughout the program year. More incentive and program details coming soon!

Is it confidential?

The wellness program is completely confidential, voluntary, and free to you. Arkansas Children's is committed to providing you and your family with quality, affordable health care as well as the programs and tools you need to live a healthy life. Arkansas Children's wellness program is managed by Virgin Pulse, and Arkansas Children's does *not* receive any individual data. Your privacy and personal health information is protected by law.

How do I get started?

Join the NEW Healthy Happens Here web portal to personalize your wellbeing journey. Sign up at www.teamacwellness.org and click "Arkansas Children's employees click here to use network login." The website is accessible to all Arkansas Children's employees and spouses, even if you are not enrolled in a medical plan.

Occupational Health

Getting sick or injured on the job is not something Arkansas Children's takes lightly, which is why you have *free* access to an occupational health service. Occupational health services include biometric screenings, the assessment and treatment of work-related injuries, substance abuse prevention, ADA and ergonomic accommodation studies, tobacco cessation, immunizations, preventive screenings for Tuberculosis and other infectious diseases and so much more. Call 501-364-1219 to sign up.

Physical Therapy Services

You give so much of yourself to care for your patients, we want to make sure you are also taking care of yourself. When it comes to your own health, you can't let any ache or pain go unchecked. Physical therapy services at Arkansas Children's Hospital include a personalized approach to the treatment of back and neck pain,

headaches, post-surgical conditions, joint pain, arthritis, and so much more.

Any service you receive is subject to the terms of your medical plan. The physical therapy services are here to help you feel better and live healthier. PT appointments must be made by contacting the Arkansas Children's PT office at 501-364-1192.

Fitness Centers

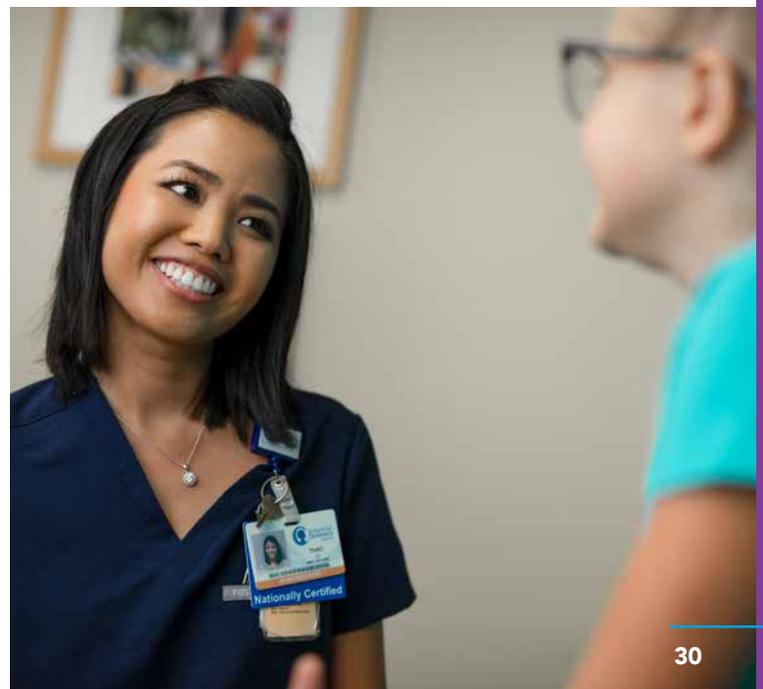
Need to get moving? Arkansas Children's offers onsite fitness centers – ACH Professional Building 1 and Main Hospital Fitness Centers and ACNW Fitness Center.

The ACH Professional Building 1 Fitness Center offers an extensive selection of cardio and strength equipment designed to meet the needs of all fitness levels. You can also get healthy with any of the 40 group classes a week. Or, shoot some hoops on the basketball court, play volleyball or racquetball, badminton or pickle ball. Family members are also encouraged to join and take advantage of the extensive ACH Professional Building 1 Fitness Center.

The ACH Main Hospital and ACNW Fitness Centers offer an extensive selection of cardio and strength equipment. You can move your body and lift your spirits through any one of the programs and locations offered.

Get motivated with a personal trainer.

Personal trainers are at your service – ready to motivate, encourage, and push you. They can teach you about the equipment on the fitness floor, the best exercises to help you reach your goals, or just to laugh with as you work out. Schedule a 30 minute session for \$20 or a 60 minute session for \$40.



Employee Assistance Program (EAP)

New Directions offers you confidential access to experienced counselors 24 hours a day. This *free* program is available to all Arkansas Children’s employees and members of your household, whether you are enrolled in a medical plan or not.

When should I contact the EAP?

Call the EAP whenever you need help solving a problem or understanding an issue that is new to your family environment. EAP counselors are available by phone 24 hours a day, 365 days a year. The EAP can provide assistance with:

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

Contact the EAP

The EAP gives you 24/7 online access to educational materials and more. Log on to www.ndbh.com (company code: **childrens**), or to speak with a counselor by phone, call 1-800-624-5544. You can also download the mobile app by searching for New Directions EAP in your app store.



Employee Assistance Program (EAP)			
Program	What it is	Who is eligible	How to participate
EAP New Directions	<p>Up to 5 free* face-to-face or telephonic counseling sessions from certified, licensed and passionate professionals as needed for:</p> <ul style="list-style-type: none"> • Relationship challenges • Life-changing events • Legal or financial issues • Excessive worry or stress • Substance dependence • Workplace challenges <p>Access to Health Resource Library online & mobile app</p>	All ACH employees and dependents	<p>Call: 800-624-5544</p> <p>Online: www.ndbh.com (passcode: childrens)</p> <p>Download: Mobile App (passcode: childrens)</p>
New Directions Behavioral Health through BCBS	<p>All behavioral health services through the ACH Health Plan – BCBS</p> <ul style="list-style-type: none"> • Referrals for Behavioral Health • Outpatient • Inpatient • Residential • Case Management • Coordination with ABCBS 	Employees and dependents enrolled in the ACH health plan benefit	<p>24 / 7 / 365 Telephone Access: 877-801-1159</p> <p>Online Self Care Resources: www.ndbh.com</p>

* After 5 visits, anything additional is subject to medical coverage.

Maternity Leave

Congratulations on the birth of your new baby! We know that being on a maternity / paternity leave can be a little stressful. This note is to remind you that you have 30 days from your delivery date to add your new baby to your eligible ACH Benefits Plans. Please login to the Workday system to initiate your benefit change. You will need to provide the following information: delivery date, baby's name, and which benefit plan(s) you would like to enroll your baby. Please note if you are out on leave for more than 12 weeks your insurance could possibly end and you will have an opportunity to elect COBRA continuation for medical, dental and vision coverage, and conversion and porting other lines of coverage. For more information on COBRA please contact HR Benefits. Also, you will need to provide HR Benefits with a copy of your child's birth certificate and social security card within 6 months of the date of birth.

Short term disability benefits are available for eligible employees who are on leave and recovering from their own serious health condition. After the 7 calendar day elimination period, benefits will pay for 5 weeks for a normal delivery or 7 weeks for a C-Section.

FMLA will provide up to 12 weeks of medical leave for pregnancy or maternal / paternal bonding for eligible employees. Employees who are ineligible for FMLA have the ability to request Personal Leave through the leave vendor. Contact your leave specialist or the Benefits Team in Human Resources for assistance.

Hospital Discount

Arkansas Children's is not only here to serve members of the community but you and your family as well. As part of the Arkansas Children's family, we have a vested interest in your care and we would love nothing more than to serve you in your time of need. All employees and family members enrolled in an AC medical plan will receive up to 20% off on select hospital services delivered at Arkansas Children's. To take full advantage of the discount, consult with the Patient Accounts Customer Service.

Cafeteria Discount

You may not always have time to go out for a meal, but we still want you to have healthy, affordable, and convenient access to food. Arkansas Children's cafeteria is open seven days a week from 6:00 a.m. to 8:00 p.m. and you get a 20% discount on certain items when you show your ID badge at the time of purchase. Enjoy a wide variety of meals and snacks that you can enjoy there or take it to go!

Gift Shop Discount

From cards to candy, frames to figurines, the Arkansas Children's gift shop has unique merchandise for all ages and taste levels. You can find activity books to keep little ones busy, fashion accessories to please any parent, and inspirational items to lift anyone's spirit. You'll receive 10% off on select lines and 25% off one eligible item the week of your birthday.

Telcoe Federal Credit Union

Over the past 60 years, Telcoe Federal Credit Union has helped the Arkansas community grow and thrive. As an employee of Arkansas Children's, you have automatic membership in Telcoe's Federal Credit Union. This member-owned, full-service financial institution offers competitive rates and a wide range of products including savings and checking accounts, home and car loans, insurance, etc. Call 1-800-482-9009 to talk with a banking representative or visit www.telcoe.com for more information. This benefit is for the Little Rock Campus Only.

LifeKeys Services

For all eligible employees, you have access to *LifeKeys* through Lincoln Financial Group which offers a wide array of services to help you and your loved ones through life's ups and downs. *LifeKeys* services include Online Will preparation with *EstateGuidance*, which is a quick and easy way to create and execute a will. There also *GuidanceResources*® Online, where you'll find articles, tutorials, videos, and "Ask the Expert" advice on a wide range of topics — including legal, financial, family, and career. *LifeKeys* also includes an online resource for the information you need to recognize and prevent identity theft — and restore your good name. Finally, there is a comprehensive beneficiary program with services such as grief counseling, advice on financial and legal matters, and help coping with the occasional challenges of day-to-day life.

It's easy to access *LifeKeys* services. Just call 1-855-891-3684 or visit GuidanceResources.com. (First-time user: Enter Web ID LifeKeys)

TravelConnect Services

For all eligible employees, you have access to *TravelConnect* through Lincoln Financial Group which is a comprehensive program that can bring help, comfort, and reassurance if you face a medical emergency while traveling 100 or more miles from home. Whether traveling for business or leisure you and your loved ones can count on *TravelConnect* for responsive and caring support — 24 hours a day, 7 days a week. *TravelConnect* can assist with coordinating and providing transportation from an initial medical facility that cannot adequately treat the patient due to their condition, airfare for your dependent children including the services, transportation expenses and accommodations of a qualified escort as well as assisting with a safe evacuation due to natural disaster, or when a political or security threat occurs.

Medical care, and travel services recovery

Assistant services include, but are not limited to:

- Medical record requests
- Intermediary services
- Recovering lost or stolen documents or luggage
- Medical and dental referrals
- Language translation
- Corrective lenses and medical device replacement
- Arrangements for a deceased traveler

For a complete list of *TravelConnect* Services go to mysearchlightportal.com and enter your group ID: LFGTravel123. You will also be able to access Plan Documents, International Calling Instructions and Destination Information.

FMLA Application

Lincoln Financial Group offers employees direct access to claims resources and information. You can easily report a claim and check the status of your claim through Lincoln Financial Group's dedicated secure website or by telephone at 1-888-992-0531. Please visit: www.MyLincolnPortal.com.

Return from Leave – Premium Catch Up

Any missed premiums will automatically be calculated through Workday and deducted from your pay when you return to work.





Glossary

Helpful Terms

Annual Deductible The deductible is the flat amount you pay each year before the plan “kicks in” and pays for the coinsurance portion for certain services. The deductible applies to any medical services not covered by a copay. (For example, you would pay a copay for an in-network office visit; but an inpatient hospital stay or surgery would require coinsurance after you meet your deductible.) The deductible varies depending on how many family members are covered.

Beneficiary Any person named to receive the benefits of life insurance and AD&D coverage in the event someone passes away. If you select your minor children (under the age of 18) as beneficiaries, life insurance benefits can only be paid to the legal guardian on behalf of the minor.

Change in Family Status A change in an employee’s life (i.e., marriage, birth, divorce, etc.) that qualifies the employee to make certain benefit changes that are consistent with that life event. You must make a change within 30 days of the event or wait until the next annual enrollment period.

Coinsurance A form of cost-sharing between you and the Company. After you’ve satisfied your deductible (if a deductible applies), you are required to pay a percentage of the cost for additional services. This amount may vary between in- and out-of-network services.

Copayment or Copay Specified dollar amount required at the time services are received (such as an office visit) or prescriptions are filled. When you are required to pay a copay, generally coinsurance does not apply—it’s typically an either/or situation, and you will not have to pay both a copay and coinsurance for the same service or drug.

Dependent Care Flexible Spending Account Pays for child care or adult dependent care expenses that are necessary to allow you or your spouse to work, look for work, or attend full-time school.

Employee Contributions The amount deducted from your paycheck each pay period to cover your share of the cost of benefits. Also called your premium.

Health Care Flexible Spending Account A voluntary account to which you contribute pre-tax dollars, then reimburse yourself for qualified medical expenses not covered or reimbursed by your company plans.

High Deductible Health Plan A plan with a higher deductible than a traditional insurance plan. The amount you pay each month is usually lower, but you pay more health care costs yourself before the insurance company starts to pay its share. A high deductible plan (HDHP) can be combined with a Health Savings Account (HSA), allowing you to pay for certain medical expenses with money free from federal taxes.

Health Savings Account (HSA) A tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a high-deductible health plan (HDHP). The funds contributed to an account are not subject to federal income tax at the time of deposit. Unlike a flexible spending account (FSA), HSA funds roll over and accumulate year-to-year if not spent.

In-network Doctors, hospitals, dentists, and other health care providers who are active members of a Plan's provider network. For in-network health care, dental, and vision benefits you must receive care from a network provider. In-network providers have agreed to charge lower rates to members of the network, so you and the Company will spend less money for services received in the network.

Out-of-Network A provider who does not have a contract with your health insurer or plan to provide services or prescriptions to you. You will likely pay extra for out-of-network usage and can be billed the balance by the provider.

Plan Year The Plan year is January 1 to December 31. The elections you make during Annual Open Enrollment are effective through December 31 of the following year unless you have a qualified change in status event.

Self-insured A Company covers the majority of the costs associated with the health plans offered to you and your family with revenue from the Company. The Company administers all aspects of the plans, pays the claims and assumes the risk.

Out of Pocket Out-of-pocket maximum. Each plan protects you by capping the total amount you will pay each year for in-network medical care. Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible expenses for the rest of the year. Medical premiums are not included in the out-of-pocket maximum.

Limited Flexible Spending Account The Limited FSA works in conjunction with a Health Savings Account (HSA) and can only be used for dental and vision expenses. By establishing a Limited FSA, you can save money on taxes by using it to pay for your dental and vision expenses while preserving your HSA funds for other purposes

Generic A prescription drug that is chemically equivalent to a brand-name drug and has the same dosage form, safety, strength, route of administration, quality, performance characteristics and intended use as a brand-name drug. Generic drugs usually cost less than brand-name drugs. The Food and Drug Administration (FDA) rates approved generic drugs to be chemically equivalent and as safe and effective as brand-name drugs.

Preferred Brand-Name Drugs These are medications that are both clinically appropriate and cost-effective. These preferred medications will have a lower copay than a non-preferred drug.

Non-preferred Brand-Name Drugs Generally, these are higher-cost medications that have recently come on the market. In most cases, an alternative medication is available, either as the generic for the non-preferred drug, or as a preferred brand. In most cases, the copayment for non-preferred drugs will be higher than those in a lower tier.



Resources & Notices

Resources & Notices

Distribution Date:
October 14, 2019

These notices are available online at www.archildrens.org or via paper, free of charge, upon request to the Plan Administrator.

Please note this is not a legal document and should not be construed as legal advice.

IMPORTANT NOTICES FROM ARKANSAS CHILDREN'S, INC.

The following notices provide important information about the group health plan provided by your employer. Please read the attached notices carefully and keep a copy for your records.

If you have any questions regarding any of these notices, please contact:

General Contact: Arkansas Children's, Inc. Benefits Department
Phone: 501-364-1168
Email: askbenefits@archildrens.org
Mailing Address: 1 Children's Way
Little Rock, AR 72202

Plan Administrator: Jimmy Duncan
Title: Senior Vice President, Chief People Officer
Phone: 501-364-4294
Email: duncanjk@archildrens.org
Mailing Address: 1 Children's Way, Slot 600
Little Rock, AR 72202

Privacy Officer: Jimmy Duncan
Title: Senior Vice President, Chief People Officer
Phone: 501-364-4294
Email: duncanjk@archildrens.org
Mailing Address: 1 Children's Way, Slot 600
Little Rock, AR 72202

Important Notice About Your Prescription Drug Coverage and Medicare

If you or any of your eligible dependents are eligible for Medicare, or will soon become eligible for Medicare, please read this notice. If not, you can disregard this notice.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage under the health plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. We have determined that the prescription drug coverage offered by the health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.

Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan? You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan? If you decide to join a Medicare drug plan, your current coverage will not be affected.

Contact your plan administrator for an explanation of the prescription drug coverage plan provisions/options under the plan available to Medicare eligible individuals when you become eligible for Medicare Part D. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan? You should also know that if you drop or lose your current health plan coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage please contact the plan administrator indicated on the first page of this notice.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through your current health plan provided by the current insurer changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Women’s Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). If you have had or are going to have a mastectomy, you may be entitled to certain benefits. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, contact your Health Insurance issuer.

Newborns’ and Mothers’ Health Protection Act

Newborns’ and Mothers’ Health Protection Act requires that group health plans and health insurance issuers who offer childbirth coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). Refer to your plan document for specific information about childbirth coverage or contact your plan administrator.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

For additional information about NMHPA provisions and how Self-funded non Federal governmental plans may opt-out of the NMHPA requirements, visit www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/nmhcpa_factsheet.html.

Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual

insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial 1- 877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility.

ALABAMA – Medicaid Web: myalhipp.com Phone: 1-855-692-5447
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Web: myakhipp.com Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid Web: myarhipp.com Phone: 1-855-MyARHIPP (855-692-7447)
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) Web: www.healthfirstcolorado.com Phone: 1-800-221-3943 / State Relay 711 CHP+: www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711
FLORIDA – Medicaid Web: flmedicaidprecovery.com/hipp Phone: 1-877-357-3268
GEORGIA – Medicaid Web: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Web: www.in.gov/fssa/hip Phone: 1-877-438-4479 All other Medicaid: Web: www.indianamedicaid.com Phone: 1-800-403-0864

IOWA – Medicaid

Web: dhs.iowa.gov/Hawki | Phone: 1-800-257-8563

KANSAS – Medicaid

Web: www.kdheks.gov/hcf | Phone: 1-785-296-3512

KENTUCKY – Medicaid

Web: chfs.ky.gov | Phone: 1-800-635-2570

LOUISIANA – Medicaid

Web: dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

MAINE – Medicaid

Web: www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Web: www.mass.gov/eohhs/gov/departments/masshealth
Phone: 1-800-862-4840

MINNESOTA – Medicaid

Web: mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid

Web: www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid

Web: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Web: www.ACCESSNebraska.ne.gov
Phone: (855) 632-7633 | Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

Web: dhcfnv.gov | Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Web: www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218 | Toll free number for the HIPP program:
1-800-852- 3345, ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Web:
www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Web: www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Web: www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Web: dma.ncdhhs.gov | Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Web: www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Web: www.insureoklahoma.org | Phone: 1-888-365-3742

OREGON – Medicaid

Web: healthcare.oregon.gov/Pages/index.aspx
www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Web: www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Web: www.eohhs.ri.gov | Phone: 855-697-4347
or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Web: www.scdhhs.gov | Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Web: dss.sd.gov | Phone: 1-888-828-0059

TEXAS – Medicaid

Web: gethipptexas.com | Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Web: medicaid.utah.gov
CHIP Web: health.utah.gov/chip | Phone: 1-877-543-7669

VERMONT– Medicaid

Web: www.greenmountaincare.org | Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Web: www.coverva.org | Medicaid Phone: 1-800-432-5924
CHIP Website: www.coverva.org | CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Web: www.hca.wa.gov | Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Web: mywvhipp.com
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Web: dhs.wisconsin.gov/badgercareplus
Phone: 1-800-362-3002

WYOMING – Medicaid

Web: wyequalitycare.acs-inc.com | Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failure to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 2021 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Sample Open Enrollment Notice:
OMB Control Number 1210-0137 (expires 12/31/2019)
www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf

Wellness Program – Notice of Reasonable Alternatives

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Wellness Department at 501-364-1088 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Notice Regarding Wellness Program

The Arkansas Children's, Inc. Wellness Program, Healthy Happens Here, is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary assessment, or "HA" that asks a series of questions about your health-related activities and behaviors and whether you have or have had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will be asked to complete a biometric screening, which will include a blood test for triglycerides, glucose, total cholesterol, high-density lipoproteins (HDL) and low-density lipoproteins (LDL). You are not required to complete the HA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a medical insurance premium advantage. Although you are not required to complete the HA or participate in the biometric screening, only employees who do so will receive the premium advantage. If a spouse is covered, both the employee and spouse must complete the HA and biometric screenings to receive the premium advantage.

Additional incentives of up to \$100 redeemable as merchandise, gift card or donation may be available for employees who participate in certain health-related activities (i.e. activity tracking, challenges, coaching). If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Wellness Department at (501) 364-1088.

The information from your HA and the results of your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as care management, disease management, coaching and challenges. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Arkansas Children's, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, Healthy Happens Here will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of

providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are health coaches, care managers and HealthStat nurse practitioners in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Wellness Department at (501) 364-1088.

HIPAA Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we maintain the privacy of protected health information, give notice of our legal duties and privacy practices regarding health information about you and follow the terms of our notice currently in effect.

If not attached to this document, you may request a copy of the current Privacy Practices, explaining how medical information about you may be used and disclosed and how you can get access to this information.

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

You have the right to inspect and copy, right to an electronic copy of electronic medical records, right to get notice of a breach, right to amend, right to an accounting of disclosures, right to request restrictions, right to request confidential communications, right to a paper copy of this notice and the right to file a complaint if you believe your privacy rights have been violated.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you are decline enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 after your or your dependents' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents (including your spouse) in this plan. However, you must request enrollment within 60 after you or your dependents become eligible for the premium assistance.

To request special enrollment or obtain more information, contact the plan's General Contact.

Continuation Coverage Rights Under COBRA

INTRODUCTION

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and

your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Benefits team in Human Resources along with a copy of the divorce decree or legal separation agreement for those events. If notification is not made within 60 days after the applicable qualifying event occurs or if you do not provide any additional documentation or information (if requested) in a timely manner, your notification will be rejected and COBRA coverage will not be offered.

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on

behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

• **DISABILITY EXTENSION OF 18-MONTH PERIOD OF COBRA CONTINUATION COVERAGE**

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. To benefit from this extension, a qualified beneficiary must notify Discovery Benefits (the COBRA administrator) at (866) 451-3399 of that determination within 60 days of the later of (1) the date the qualified beneficiary is determined to be disabled by the Social Security Administration; (2) the date of the qualifying event; and (3) the date on which the qualified beneficiary would lose coverage because of the qualifying event, and before the end of the original 18-month period.

• **SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE**

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

• **ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information:
 Arkansas Children's, Inc.
 Benefits Director
 (501) 364-1399

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: GENERAL INFORMATION

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan.

However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your summary plan description or contact Arkansas Children's Inc. Benefits Department at askbenefits@archildrens.org or 501-364-1168.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. EMPLOYER NAME Arkansas Children's, Inc.	4. EMPLOYER IDENTIFICATION NUMBER (EIN) 81-0801296	
5. EMPLOYER ADDRESS 1 Children's Way	6. EMPLOYER PHONE NUMBER 501-364-1168	
7. EMPLOYER CITY Little Rock	8. EMPLOYER STATE AR	9. EMPLOYER ZIP CODE 72202
10. WHO CAN WE CONTACT ABOUT EMPLOYEE HEALTH COVERAGE AT THIS JOB? Benefits Department		
12. EMAIL ADDRESS askbenefits@archildrens.org		

Here is some basic information about health coverage offered by this employer:

- **AS YOUR EMPLOYER, WE OFFER A HEALTH PLAN TO:**
 - All employees. Eligible employees are:
 - Some employees. Eligible employees are:
full-time and part-time employees
- **WITH RESPECT TO DEPENDENTS:**
 - We do not offer coverage
 - We do offer coverage. Eligible dependents are:
legally married spouses of full-time employees and children under age 26 of full-time employees
- **COVERAGE VALUE:**
 - If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

Emergency Notification



IN AN EFFORT TO GET IMPORTANT NOTIFICATIONS AND ALERTS TO OUR STAFF, ARKANSAS CHILDREN'S REQUIRES ALL EMPLOYEES TO REGISTER WITH OUR EMERGENCY NOTIFICATION SERVICES TO RECEIVE CRITICAL ALERTS DURING EMERGENCY SITUATIONS. FOLLOW THE STEPS BELOW TO REGISTER OR UPDATE YOUR CONTACT INFORMATION.

STEPS FOR UPDATING EMERGENCY NOTIFICATION PREFERENCES:

- Step 1: Go to the Arkansas Children's intranet page.
- Step 2: Select the "Safety Links" link in the Make Zero Happens section of the page, then select "Emergency Notifications" from the list.
- Step 3: Enter your preferred contact number in either (or both) of the boxes.
- Step 4: Complete the rest of the questionnaire.
- Step 5: Select the "Save My Contact Preferences" button at the bottom of the page.



Arkansas Children's is proud to offer extensive resources and programs on campus to keep you healthy and help you find balance.

Arkansas Children's MAIN – Services	Hours	Phone Number	Location
Human Resources Service Center	Monday – Friday: 7:00 a.m. – 5:00 p.m.	1-501-364-1168	12 th and Battery Street
Onsite Clinic	Monday - Friday: 7:30 a.m. – 4:30 p.m.	Appointments: 1-866-959-WELL (9355) Questions/Information: 1-501-364-9355	HR Services Center
Occupational Health	Monday – Friday: 6:00 a.m. – 4:30 p.m.	1-501-364-1219	
Physical Therapy		1-501-364-1192	
East Campus Fitness Center	Monday – Thursday: 5:30 a.m. – 8:00 p.m. Friday: 5:30 a.m. – 6:30 p.m. Saturday: 8:00 a.m. – noon	1-501-364-1088	Professional Building 1
Main Hospital Fitness Center	Open 24 hours, 7 days a week		1 st floor across from the Eye Clinic
Cafeteria	Capital Café Open 7 days a week 6:00 a.m. – 8:00 p.m.	N/A	2 nd floor near the Chapel
Gift Shop	Monday – Friday: 7:00 a.m. – 6:00 p.m. Saturday, Sunday: 1:00 p.m. – 4:00 p.m.	1-501-364-1209	By the main hospital entrance

Arkansas Children's NORTHWEST – Services	Hours	Phone Number	Location
ACNW Occupational Health	Monday – Thursday: 7:00 a.m. – 4:30 p.m.	479-725-6871	2nd floor
ACNW Fitness Center	24hr badge access	N/A	Garden level by the Dock
Hunt Family Café	Monday – Friday: 7:00 a.m. – 3:00 p.m. Saturday, Sunday: 9:00 a.m. – 2:00 p.m.	479-725-6823	Garden level
The Daily Grind Coffee Shop	Monday – Friday: 7:00 a.m. – 3:00 p.m.	479-725-6823	Main Entrance
Terri and Chuck Erwin Gift Shop	Monday – Friday: 9:00 a.m. – 5:00 p.m.	479-728-6952	Main Entrance



The Workday app provides secure, mobile access to your Workday applications on-the-go. The simple interface lets you view and enroll in benefits, time off balance, emergency contact and personal information updates, Individual Goals, IDP, and important announcements. Go to your preferred app store and search for Workday.

Your Arkansas Children's Resources

Benefit Vendors

If you have questions about your benefits, please call the vendors directly, as listed below.

If you need further assistance, please contact the Benefits Team in Human Resources.

Benefit	Vendor	Phone Number	Website	
Medical	Blue Advantage of Arkansas	1-800-370-5852	www.blueadvantagearkansas.com	
Prescription Drug		1-888-293-3748		
Dental	Delta Dental	1-800-462-5410	www.deltadentalar.com	
Vision	EyeMed	1-866-939-3633	www.eyemedvisioncare.com	
Health Savings Account	Discovery Benefits	1-866-451-3399	www.discoverybenefits.com	
Flexible Spending Accounts (FSA)				
Short-Term Disability	Lincoln Financial Group	1-888-992-0531	www.mylincolnportal.com , portal code: ARCHILDRENS	
Long-Term Disability				
Basic Life and AD&D Insurance		N/A	www.mylincolnportal.com	
Supplemental Employee Life Insurance				
Supplemental Spouse and Child(ren) Life Insurance				
Group Accident Indemnity Plan				
Group Critical Illness Plan		1-877-815-9256	www.lincolnfinancial.com	
Whole Life Insurance		UNUM	1-866-679-3054	To enroll: https://www.plane.biz/Logons/2019ACHEnrollment/default.htm To review policy: www.unum.com/employees
Retirement Plan		Transamerica	1-800-755-5801	www.transamerica.com/portal/home
Savings Management and Retirement Training (SMART)		Stephens Inc.	Robert Jones 1-501-377-8112	rjones@stephens.com
Healthy Happens Here Wellness program	Virgin Pulse	1-888-671-9395	www.teamacwellness.org	
Employee Assistance Program (EAP)	New Directions Behavioral Health	1-800-624-5544	www.ndbh.com (company code: childrens)	
Credit Union	Telcoe Federal Credit Union	1-501-375-5321 or 1-800-482-9009	www.telcoe.com	