CARING FOR YOUR TOTAL WELL-BEING

Arkansas Children’s Employees and Family Members:

During this unprecedented year, we have experienced many challenges and high levels of stress. However, through it all, the Arkansas Children’s team rose to the occasion and accomplished great things. Thank you for your commitment to our core values of safety, teamwork, compassion and excellence and for keeping children at the center of everything we do. As team members at Arkansas Children’s, our commitment to you is to provide best-in-class total rewards options to help take care of you and your family.

Throughout 2020, we enhanced and added new benefits to help you with your health, work-life integration, and financial management. Some of those programs include:

1. Telemedicine
2. An expanded vision provider network and benefits
3. Pet benefits
4. An immediate match for your retirement savings plans
5. Student loan refinancing, scholarships and discounts

In an effort to keep you informed about your benefits, we are now offering many educational webinars on all of our programs, providing a Total Rewards statement and regularly sending our HR Connect Newsletter.

We are constantly evaluating our programs and feedback from our team members. During our 2021 open enrollment, you will learn more about several new options that will be available to members of our benefits plans:

1. Diabetes and weight management programs
2. Clinically Integrated Network for ACNW
3. Medical plan changes will include a combined family deductible and copays for the PPO plan, and adding the $250 health savings account contribution back to the High Deductible Health Plan.

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,

Marcy Doderer, FACHE, President & CEO
Arkansas Children’s

How to Use This Benefits Guide

Our goal is to help you understand your benefits and programs so they can make a difference in you 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, Recognition 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 15 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. Plan documents can be found on the Human Resources Department Pages in the Benefits section.
# Table of Contents

## Total Rewards Overview
- What’s New in Total Rewards
- Per Pay Period Premiums

## How to Enroll
- How to Enroll
- Employee Type Codes
- Enrollment Deadline
- Eligibility

## Health
- Medical
- CIN (Clinically Integrated Network)
- Prescription Drugs
- Health Savings Account
- Flexible Spending Accounts (FSAs):
  - Health Care FSA
  - Dependent Care FSA
  - Limited-Purpose FSA
- Dental
- Vision
- Hearing
- 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

## Financial
- Retirement Plan (403(b)/401(k), Roth) Tax Sheltered Annuity
- Defined Contribution Retirement Plan
- Savings Management and Retirement Training (SMART) Plan
- Paid Leave Program
- Holidays
- SoFi

## Work-Life
- Wellness Program
- Occupational Health
- Physical Therapy Services
- Employee Assistance Program
- Maternity Leave
- Pet Benefits
- Best Upon Request
- Hospital Discount
- Cafeteria Discount
- Gift Shop Discount
- Federal Credit Unions
- LifeKeys Services
- TravelConnect Services
- How to File a FMLA Claim
- FMLA Premium Catch Up
- Discounts

## Recognition

## Career Journey
- Arkansas Children’s University
- Continuing Education
- Tuition Assistance

## Glossary

## Resources & Notices
- Leaving the Organization
- Annual Notices
- Benefit Vendors
- Arkansas Children’s Onsite Resources
Total Rewards

What’s New in 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.

Over the last year we’ve made the Total Rewards program more robust as a commitment to you and your family by adding the following programs:

- Pet benefits
- SoFi student loan refinancing
- Scholarship offerings through WGU, Capella, Strayer and John Brown universities
- PerkSpot discount program
- Best Upon Request concierge service
- Doctor On Demand & UAMS HealthNow Telemedicine

This guide provides an overview of all we offer and what is new for 2021.

What to Know for 2021

The health of you and your family is more important than ever. Open enrollment is your opportunity to consider your family’s health and financial needs in the coming year and make important decisions about the programs that support your goals. This guide contains all you need to make informed decisions.
Arkansas Children’s works hard to make sure you have meaningful and affordable benefits to support you and help you manage your health and finances wisely. You spoke and we listened. We are making some enhancements to our PPO medical plan to align with what is important to you, including a change to the deductible and the addition of copays. We will also make a contribution to the Health Savings Account for those enrolled in the HDHP Plan. Our commitment is to offer a Total Rewards package that allows us to remain an “Employer of Choice.”

**We are introducing a new structure for the PPO plan.**

**PPO Copay for in-network visits**
Copays will apply when an office visit is billed. All other covered procedures billed through the office would be paid at 100% of the allowed amounts. Out-of-network Primary Care Physician (PCP) and Specialist visits would be paid at 60% after the out of network deductible. Family practice and general practice, pediatrician, internist and gynecologist are considered PCPs. Any provider who is not a PCP is a specialist. The High Deductible Health Plan (HDHP) remains the same because copays are not a part of the HDHP structure.

We are changing the structure of the deductible for the PPO plan.
- PCP copay of $25 (in-network).
- Specialist copay of $50 (in-network). This will be for any provider that is not categorized as a PCP.
- Urgent Care copay of $75 (in-network).
- Preventive Care copay of $0 (in-network).

Copays do not count toward the deductible but will apply to the out-of-pocket maximum.

<table>
<thead>
<tr>
<th>What costs apply?</th>
<th>Deductible</th>
<th>Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copay</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**PPO Aggregate Medical Deductible**
Currently each individual has an independent deductible to reach before moving into the co-insurance phase.

Beginning January 1, 2021, Arkansas Children’s will add a maximum family in-network deductible of $1,500 and out-of-network maximum family deductible of $2,000. Charges for all members of the family that apply to the individual deductible will also apply to the $1,500 in-network maximum family deductible or the $2,000 out-of-network maximum family deductible. This means that each family member's expenses will be applied to the plan in order to reach the family deductible more quickly. The most one family member can have applied to the family deductible is their individual deductible.
Once the deductible is satisfied, the company will share the cost of your medical care through co-insurance and will pay 80% of the cost for your in-network expense. Details about the PPO plan can be found on page 18 of this guide.

The PPO deductible for 2021 for the family plan is:
- In-network PPO family deductible is $1,500
- Out-of-network family deductible is $2,000

Remember, select an in-network physician to receive the most benefit. Out-of-network deductibles are not only higher, but you may be responsible for more of the cost of the service. In addition, expenses from in-network and out-of-network providers do not accumulate towards the same deductible.

<table>
<thead>
<tr>
<th>Family Example</th>
<th>Example Medical Expenses</th>
<th>2020 – Without Family Deductible</th>
<th>2021 - With $1,500 Family Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah - Employee</td>
<td>Met $750 in-network deductible</td>
<td>Individual Deductible met and coinsurance begins</td>
<td>Deductible met and coinsurance begins</td>
</tr>
<tr>
<td>Terry - Spouse</td>
<td>Met $500 of his $750 in-network deductible, medical expenses continue to apply to the deductible</td>
<td>$250 needed to reach deductible</td>
<td>$500 applied to Family Deductible</td>
</tr>
<tr>
<td>Shawn - Child</td>
<td>Met $200 of his $500 in-network deductible, medical expenses continue to apply to the deductible</td>
<td>$300 needed to reach deductible</td>
<td>$200 applied to Family Deductible</td>
</tr>
<tr>
<td>Shane - Child</td>
<td>Met $50 of his $500 in-network deductible, medical expenses continue to apply to the deductible</td>
<td>$450 needed to reach deductible</td>
<td>$50 applied to Family Deductible</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$1,500 paid and $1,000 left to meet deductible on each person. Coinsurance pays on Sarah. Need $1,000 more for coinsurance to pay on the rest of the family because there is no family deductible.</td>
<td>$1,500 paid toward family deductible. No more needed. Coinsurance kicks in on all family members because family deductible is met.</td>
</tr>
</tbody>
</table>

Employees who have dependents who are also Arkansas Children’s employees may not enroll in duplicate coverage. For instance, a spouse may not be enrolled as an employee and also a dependent.
**PPO Telephonic Visits**
Currently, telephonic medical visits with your primary care physician are paid at 100% with a $50 copay. Beginning in January 2021, the copay structure for office visits will apply to virtual visits as well.
- PCP visits will have a $25 copay (in-network).
- Specialist visits will have a $50 copay (in-network).
- Behavioral health outpatient visits will fall under the copay structure of $25 (in-network).

**Doctor on Demand and HealthNow**
The copay amount for telemedicine visits starting in January will be reduced to $25 for medical visits for members enrolled in the PPO medical plan. Members enrolled in the HDHP will pay the billed charge which will apply to the deductible until it is met. Behavioral health visits will be billed according to the service since the calls may take longer than a medical visit.

**The High Deductible Health Plan (HDHP) will have a $250 employer contribution to the Health Savings Account (HSA).**

**Health Savings Account (HSA)**
Members who enroll in a HDHP have access to a health savings account. If you enroll in a HDHP plan and open a HSA account in 2021, Arkansas Children’s will make a one-time $250 contribution to your account at the beginning of the year. The only requirement is that you have an active HSA account through Discovery Benefits.

**HDHP Aggregate Medical Deductible**
The HDHP medical deductible has not changed. All members on a family plan will contribute to the $4,000 deductible. The deductible for the employee only plan remains $2,000.

**HDHP Deductible**

- **$2,000 individual in-network deductible**
  If you enroll in individual coverage, the in-network deductible will be $2,000. Once the $2,000 deductible is met then the 80% coinsurance begins.

- **$4,000 family in-network deductible**
  The HDHP for employee plus family members has an aggregate deductible, meaning there is only one deductible to satisfy, and no individual deductibles to meet. With an aggregate deductible, either one family member or a combination of family members can satisfy the family deductible amount.

**A Clinically Integrated Network will be available in Northwest Arkansas.**
We are piloting a Clinically Integrated Network (CIN) option for ACNW in 2021. NextHealth 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.

Watch for more information in OneTeam News when we launch the program next year.

**Livongo and Naturally Slim**
We are introducing new health management programs. Naturally Slim and Livongo use cognitive and behavioral approaches to help you reach your goals. Livongo offers resources and coaching for diabetes. Naturally Slim focuses on weight management. More information on these programs will be in OneTeam news when available.

**Bariatric Surgery**
Starting January 1, 2021, our medical plans will include the option of bariatric surgery for members who qualify. Contact the number on the back of your medical ID card for questions.

**Medical Premiums**
The premiums for both medical plans have a modest increase. You can review the rates for all health plans on page 10 of this guide.

**Dental, Vision, and other Voluntary Plans**
There will be no changes to dental, vision, life, disability or other voluntary plans or premiums in 2021.

**Preventive Care**
The PPO and HDHP cover in-network preventive care such as blood pressure and cholesterol tests, mammograms, colonoscopies, screenings for osteoporosis, vaccines and well-woman visits with no copay and at no cost to you! Speak with your doctor and be sure to follow the recommended age guidelines outlined in the medical summary plan description when scheduling your preventive care to ensure you receive care at no cost.

**Prescriptions**
Prescription coverage will not change in 2021. The PPO plan will continue to utilize the copay structure, and HDHP will pay the contracted rate until the deductible is met. The formulary list of medications is updated throughout the year and can be found in the Benefits section of the Human Resources Department pages.
<table>
<thead>
<tr>
<th>FINANCIAL</th>
<th>HEALTH</th>
<th>WORK-LIFE</th>
<th>RECOGNITION</th>
<th>CAREER</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="Image" alt="$" /></td>
<td><img src="Image" alt="Heart" /></td>
<td><img src="Image" alt="Lock" /></td>
<td><img src="Image" alt="Gear" /></td>
<td><img src="Image" alt="People" /></td>
</tr>
</tbody>
</table>
| **Base Wages**  
• Exempt/Non-Exempt | **Healthy You**  
• Medical Plan  
• Prescription Drugs  
• Health Savings Account  
• Dental  
• Vision  
• Flexible Spending Accounts (FSAs)  
• Health Care FSA  
• Dependent Care FSA  
• Limited-Purpose FSA | **Wellness**  
• Healthy Happens Here Wellness Program  
• Physical Therapy Center*  
• Occupational Health | **Celebrating All of Us**  
• One Team  
  o Communication  
  o Celebration  
  o Connections  
• Diversity & Inclusion Program  
• National Hospital Week  
• National Nurses Week  
• Physicians Day  
• Learning from Excellence  
• Employee Forums  
• Employee Suggestion Programs | **Developing Your Career Journey**  
• Performance Management  
• Succession Planning  
• Arkansas Children’s U Development Options  
• Tuition Assistance  
• Scholarships  
• Certification & Licensure Programs  
• Career Ladders & Pathways  
• Student Internships & Programs |
| **Premium Pay**  
• Shift Differential  
• Weekend/Holiday  
• On Call – Call-in  
• Skilled Based Pay (Nursing) | **Illness and Life Management**  
• 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 | **Work & Life Enhancement**  
• Employee Assistance Program  
• Hospital Discount  
• Cafeteria Discount  
• Gift Shop Discount  
• Pet Benefits  
• Discount Programs  
• Parking  
• Campus Shuttle  
• Federal Credit Unions  
• Child Enrichment Center*  
• Variable Work Schedules (Zero Based/Weekend Options)  
• Concierge Service*  
• SoFi Student Loan Refinancing | | |
| **Incentive Pay**  
• Annual Incentive Pay | | | | |
| **Retirement and Savings**  
• 403(b)/401(k)/Roth  
• Defined Contribution  
• Savings Management and Retirement Training (SMART) Plan | | | | |
| **Bonus Programs**  
• Referral Bonus  
• Spot Bonus | | | | |
| **Paid Leave Programs**  
• Paid Time Off  
• FMLA/Personal Leaves  
• Holiday  
• Bereavement | | | | |

*Available in Little Rock
How to Enroll

Your 2021 Benefits

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.

WELCOME TO ARKANSAS CHILDREN’S OPEN ENROLLMENT

You are part of a culture of employees who love where they work, what they do and how they impact the lives of children and their families. We want each member of the Arkansas Children’s team to be healthy and able to fulfill their highest potential at work and at home. That’s why we offer a variety of benefits to our employees.

Some things to consider before you enroll:

• All the benefits you have currently will rollover to next year except for your flexible spending account elections. We encourage you to review your benefits during open enrollment to make sure you have the coverage you need and that you have designated beneficiaries for your plans.
• If you wish to make changes to your current benefits, you must do so between October 19 and November 2, 2020. Your elected benefits will be effective on January 1, 2021.
• If you do not make changes during this time, you will have to wait until the next enrollment period unless you have a qualified status change (marriage, birth, etc.). See page 15 for information about Qualified Status Changes.
• If you do have a qualified status change, you have 30 days to enroll or adjust your coverage.

Take time to review your options to help you select the plans that fit your needs. In this section, you will find premiums and details about eligibility and enrollment.

Need help enrolling?

We encourage you to schedule an appointment with a Benefit Enroller who can guide you through your benefit options over the phone or virtually. Due to social distancing measures, the enrollers will not be onsite this fall.
• Make an appointment online @ Arkansaschildrensoe.com.
• Call to schedule 866-618-2242 (7 a.m. to 7 p.m. CST, M-F).
• Enrollers will be available Monday through Friday from October 19 through November 2 to assist with Open Enrollment.
2021 PER PAY PERIOD PREMIUMS

Premiums are the amount you pay to have coverage each pay period. Here, we provide the amount you will pay should you choose to enroll in medical, dental, vision, critical illness, supplemental life insurance and group accident insurance. If you earned the wellness incentive, the adjusted rate will be applied after you enroll. Members who earned the wellness incentive by October 31, 2020 qualify for the wellness premium. Log in to your Virgin Pulse account to see your wellness incentive status.

<table>
<thead>
<tr>
<th>Coverage Option</th>
<th>MEDICAL</th>
<th>DENTAL</th>
<th>PARKING RATES</th>
<th>VISION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PPO Pre-tax Premiums (per pay period)</td>
<td>PPO – Wellness Pre-tax Premiums (per pay period)</td>
<td>HDHP Pre-tax Premiums (per pay period)</td>
<td>HDHP – Wellness Pre-tax Premiums (per pay period)</td>
</tr>
<tr>
<td></td>
<td>Employee Only</td>
<td>$114.78</td>
<td>$94.78</td>
<td>$71.97</td>
</tr>
<tr>
<td></td>
<td>Employee + Child(ren)</td>
<td>$172.38</td>
<td>$152.38</td>
<td>$110.93</td>
</tr>
<tr>
<td></td>
<td>Employee + Spouse</td>
<td>$224.86</td>
<td>$184.86</td>
<td>$150.27</td>
</tr>
<tr>
<td></td>
<td>Employee + Family</td>
<td>$280.32</td>
<td>$240.32</td>
<td>$183.52</td>
</tr>
<tr>
<td></td>
<td>Employee Only</td>
<td>$4.98</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Child(ren)</td>
<td>$22.94</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Spouse</td>
<td>$19.23</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Family</td>
<td>$25.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee Only</td>
<td>$3.90</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + One</td>
<td>$7.34</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Family</td>
<td>$10.76</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For example, a spouse may not both enroll in separate Employee + Family coverage. Employees who have dependents who are also Arkansas Children’s employees may not enroll in duplicate coverage.

If both spouses in a family are employees of Arkansas Children’s, they may not be covered as both an employee and a spouse. In addition, dependent children who are employed at Arkansas Children’s may not be covered as an employee and a dependent on their parent’s plan. These plans include the Accident, Critical Illness and Supplemental Life Plans.

Employees who have dependents who are also Arkansas Children’s employees may not enroll in duplicate coverage. For instance, a spouse may not both enroll in separate Employee + Family coverage.

Parking is through Angela Palmer
palmerangelab@archildrens.org or x45929

- Covered Reserved: $25.38 Per Pay Period
- Uncovered Reserved: $21.00 Per Pay Period
- Uncovered Unreserved: $13.85 Per Pay Period
- Weekend Uncovered Unreserved: $8.30 Per Pay Period
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

<table>
<thead>
<tr>
<th>Attained Age</th>
<th>Per Pay Period Employee Rate Per $1,000 of coverage</th>
<th>Per Pay Period Spouse Rate Per $1,000 of coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children &lt;17</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>17-19</td>
<td>$0.158</td>
<td>$0.157</td>
</tr>
<tr>
<td>20-29</td>
<td>$0.158</td>
<td>$0.157</td>
</tr>
<tr>
<td>30-39</td>
<td>$0.247</td>
<td>$0.246</td>
</tr>
<tr>
<td>40-49</td>
<td>$0.514</td>
<td>$0.514</td>
</tr>
<tr>
<td>50-59</td>
<td>$1.048</td>
<td>$1.047</td>
</tr>
<tr>
<td>60-69</td>
<td>$1.981</td>
<td>$1.980</td>
</tr>
<tr>
<td>70+</td>
<td>$4.387</td>
<td>$4.386</td>
</tr>
</tbody>
</table>

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.

PER PAY PERIOD RATES

<table>
<thead>
<tr>
<th>Age</th>
<th>Employee/Spouse Cost (Rates are based on the employee’s age) Per $1,000 of coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>$0.0231</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.0323</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.0508</td>
</tr>
<tr>
<td>40-49</td>
<td>$0.0646</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.0923</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.1292</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.2262</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.3277</td>
</tr>
<tr>
<td>65-69</td>
<td>$0.6138</td>
</tr>
<tr>
<td>70+</td>
<td>$0.9969</td>
</tr>
<tr>
<td>Child Life $5,000 amount</td>
<td>$0.35</td>
</tr>
<tr>
<td>Child Life $10,000 amount</td>
<td>$0.69</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Coverage Option</th>
<th>Cost Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>Basic Plan</td>
</tr>
<tr>
<td></td>
<td>$4.65</td>
</tr>
<tr>
<td>Employee + Child</td>
<td>$8.51</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$7.70</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$11.50</td>
</tr>
</tbody>
</table>

If both spouses in a family are employees of Arkansas Children’s, they may not be covered as both an employee and a spouse. In addition, dependent children who are employed at Arkansas Children’s may not be covered as an employee and a dependent on their parent’s plan.
How to Enroll for your Arkansas Children’s Benefits

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.

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. You can also reach out to an Enroller to help you enroll. Just click on the Open Enrollment box in the Announcement section of Workday.

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.

Make Your Elections

The next screen displays all the benefit options made available to you through Arkansas Children’s. You can click on “manage” for each benefit to enroll or waive the coverage (if you are already enrolled in the plan.) Click “Select” on the plans you’d like to enroll in, and then click the “Confirm and Continue” button at the bottom.

On the next screen you will be able to select the coverage level and add dependents if they are not already in the system. You will select all your benefits this way. When you have selected your benefit plans, click the orange “Review and Sign” 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 until you log back in.
**Overview**

**Add Your Family Members**
To add a dependent in Workday, click on the “Add New Dependent” button. 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 and can add them to your election.

Please note: If both spouses in a family are employees of Arkansas Children’s, they may not be covered as both an employee and a spouse. In addition, dependent children who are employed at Arkansas Children’s may not be covered as an employee and a dependent on their parent’s plan.

**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 “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.
(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, 2021 (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 15.

Eligibility

Before you get started, be sure you understand who may be covered on the Arkansas Children’s benefit plans. If both spouses in a family are employees of Arkansas Children’s, they may not be covered as both an employee and a spouse. In addition, dependent children who are employed at Arkansas Children’s may not be covered as an employee and a dependent on their parent’s plan. Use the chart below to help you determine who is eligible for benefits:

<table>
<thead>
<tr>
<th>Participant</th>
<th>Eligibility Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas Children’s employee</td>
<td>To be eligible for benefits, you must be a:</td>
</tr>
<tr>
<td></td>
<td>• Full-time employee (FT);</td>
</tr>
<tr>
<td></td>
<td>• Full-time employee, weekend option (WO-FT);</td>
</tr>
<tr>
<td></td>
<td>• Part-time employee, weekend option (WO-PT);</td>
</tr>
<tr>
<td></td>
<td>• Part-time employee (PT) (employee only coverage)</td>
</tr>
<tr>
<td>Your Spouse</td>
<td>Legal spouse</td>
</tr>
<tr>
<td>Your Dependent Child(ren)</td>
<td><strong>For medical, dental and vision coverage:</strong></td>
</tr>
<tr>
<td></td>
<td>• Up to age 26, regardless of student or marital status</td>
</tr>
<tr>
<td></td>
<td><strong>For life and AD&amp;D coverage:</strong></td>
</tr>
<tr>
<td></td>
<td>• Up to age 19, or age 25 if a full-time student</td>
</tr>
</tbody>
</table>

To determine your employee type code, see the next page.
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.

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

Employees who move from a FT to PT position may remain eligible for family medical coverage (if they are enrolled in coverage at the time of the time-type change) for as long as their hours worked remain eligible under the ACA rules.

Enrollment Deadline Overview

All the benefits you have currently will rollover to next year except for your flexible spending account elections. We encourage you to review your benefits during open enrollment to make sure you have the coverage you need and that you have designated beneficiaries for your plans.

If you wish to make changes to your current benefits, you must do so between October 19 and November 2, 2020. Your elected benefits will be effective on January 1, 2021.

If You Don’t Make Changes Now

If you do not change your elections during the enrollment window, you will not be able to make benefit changes until the next Open Enrollment period (held in October 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
- Judgment/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

Arkansas Children’s medical plans 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.

You spoke. We listened. We strive to provide a medical plan that includes what is important to you. Our commitment is to offer a Total Rewards package that allows us to remain an “Employer of Choice.”

Our current PPO plan has a separate deductible for every enrolled family member. When we compared our offerings to other plans in our market area; we recognized this design is not favorable for families. The other 2021 plan enhancement is that the family aggregate deductible will be a total of $1,500 which is only twice the $750 individual deductible.

With a family aggregate deductible, a combination of family members can satisfy the family deductible. The most one family member can have applied to the family deductible is their individual deductible. Once the family deductible has been met, the family members pay only coinsurance for all of their covered medical expenses. By having a lower overall deductible for families, your total out-of-pocket cost will be lower in many situations.

We are committed to being “Best in Class” and recognized that most PPO plans include a copay of $25 for Primary Care and $50 for Specialist. Implementing a copay for Primary Care and Specialist office visits and having a family deductible are two changes that allows our PPO medical plan to be very competitive to other employers in our area. You will see this benefit enhancement for 2021.
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 meet the points goal.

Earning the incentive
You don’t have to enroll in a medical plan to participate in the program! But, to earn the incentive, enrolled employees and spouses wishing to enroll for 2022 will need to reach the following requirements by October 31, 2021. Points can be earned through a variety of activities, including connecting a tracking device, attending webinars, completing meditation sessions through Whil, browsing recipes through Zipongo, and so much more! Completing a health assessment and biometric screening is a great opportunity to earn points, but it is not a requirement.

• Employees will need to reach 15,000 points on the Virgin Pulse site
• Spouses on the medical benefits plan will need to earn 7,500 points

New hires who begin after September 1, 2020 are automatically given the wellness medical premium advantage in 2021!

• $520 per year for Employee/Employee Children plans
• $1,040 per year for Employee & Spouse/Family plans

For point opportunities and additional information, reach out to Virgin Pulse at support@virginpulse.com.

How to get started?
Join the Healthy Happens Here web portal to personalize your wellbeing journey. Sign up at www.teamacwellness.org. The website is accessible to all Arkansas Children’s employees and spouses, even if you are not enrolled in a medical plan.

Telemedicine
The last thing you want to do when you are under the weather is sit in a waiting room. Telemedicine offers a quick and convenient way for you to receive care for non-emergency issues 24 hours-a-day and on weekends. Telemedicine offers virtual care to assess and treat conditions such as: cold and flu, nose and throat, eye, skin, gastrointestinal and mental health.

We offer two providers for you to use. UAMS HealthNow offers local health providers if you fall ill and are in-state. Doctor On Demand provides service world-wide.

Arkansas Children’s will share in the cost of these services for your care. In 2021, the copay for either telehealth or telemedicine medical services is $25 (in-network) for a PCP visit or $50 (in-network) for a Specialist visit for those enrolled in the PPO plan. Those enrolled in the HDHP will pay the billed charge which will apply to the deductible until it is met. Mental and behavioral health visits are available but could be billed at a higher rate since those could last longer than a medical visit.

You may also use these services if you are not enrolled in an Arkansas Children’s medical plan. The cost will be based on your service.

UAMS HealthNow
To schedule a call, visit www.UAMShealth.com/healthnow. Once you fill in your information, you will meet with a local health professional within minutes.

Doctor on Demand
Activate your account at www.doctorondemand.com and follow the instructions to begin. You can also download the Doctor on Demand app on your smartphone or tablet. If you have other questions, you can call Doctor on Demand at 800-997-6196. This service is available world-wide.

Because we have added copays to the PPO medical plan, all PPO enrollees will receive a new Medical ID card by January 1. Your new card will list the copays for PCP and Specialist. Be sure to use your new card so your claim is processed correctly.
How do you choose a medical plan?
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 has a lower deductible, but you pay more each pay period. For most services, you will pay a copay. Other medical expenses will apply to the deductible. Once you reach the annual deductible, coinsurance will begin. 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 pay 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 24.

If both spouses in a family are employees of Arkansas Children’s, they may not be covered as both an employee and a spouse. In addition, dependent children who are employed at Arkansas Children’s may not be covered as an employee and a dependent on their parent’s plan.

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

<table>
<thead>
<tr>
<th>What is the difference between the plans?</th>
<th>PPO</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Preferred Provider Option (PPO) medical plan has a lower deductible, but you pay more each month for coverage. You pay medical expenses until you reach the deductible, then share costs with the plan through coinsurance.</td>
<td></td>
<td>The High-Deductible Health Plan (HDHP) 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Network</th>
<th>BlueCross BlueShield</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the deductibles?</td>
<td>Lower</td>
</tr>
<tr>
<td>What are the premiums?</td>
<td>Higher</td>
</tr>
<tr>
<td>Copays</td>
<td>$25 copay (PCP); $50 copay (Specialist); $75 copay (Urgent Care). Copays do not apply to deductible.</td>
</tr>
<tr>
<td>What are the coinsurance rates?</td>
<td>After you reach the deductible, you will pay 20% for eligible in-network services and Arkansas Children’s pays 80%.</td>
</tr>
<tr>
<td>Can I use a Health Savings Account (HSA)?</td>
<td>No</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>You will pay copays for your prescriptions.</td>
</tr>
<tr>
<td>Can I use a Health Care Flexible Spending Account?</td>
<td>Yes, Health Care FSA contributions are limited to $2,750 for the next twelve months. See page 25 for more information.</td>
</tr>
</tbody>
</table>
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, 2021 through December 31, 2021. Review your costs, typical utilization and plan accordingly to meet your needs. The cost for coverage is on page 10.

<table>
<thead>
<tr>
<th>Blue Advantage of Arkansas</th>
<th>Preferred Provider Option (PPO)*</th>
<th>High Deductible Health Plan (HDHP)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td>General Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Employee:</td>
<td>$750</td>
<td>$1,000</td>
</tr>
<tr>
<td>• Spouse:</td>
<td>$750</td>
<td>$1,000</td>
</tr>
<tr>
<td>• Child:</td>
<td>$500</td>
<td>$800</td>
</tr>
<tr>
<td>• Family Maximum:</td>
<td>$1,500</td>
<td>$2,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$6,250/ person</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>$12,500/ family</td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• AC Available Services</td>
<td>You pay 10% (after deductible)/</td>
<td>N/A</td>
</tr>
<tr>
<td>(facility only)</td>
<td>Plan pays 90%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>You pay 20% (after deductible)/</td>
<td>You pay 10% (after deductible)/</td>
</tr>
<tr>
<td>• All Other Services</td>
<td>Plan pays 80%</td>
<td>Plan pays 90%</td>
</tr>
<tr>
<td></td>
<td>You pay 40% (after deductible)/</td>
<td>You pay 20% (after deductible)/</td>
</tr>
<tr>
<td></td>
<td>Plan pays 60%</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td></td>
<td>You pay 40% (after deductible)/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plan pays 60%</td>
<td></td>
</tr>
</tbody>
</table>

*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) found in the Benefits section of the Human Resources Department pages.
<table>
<thead>
<tr>
<th>Service</th>
<th>Preferred Provider Option (PPO)</th>
<th>High Deductible Health Plan (HDHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine physicals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well-woman exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammogram (1 per calendar year)</td>
<td>[You pay 0% / Plan pays 100%]</td>
<td>[You pay 0% / Plan pays 100%]</td>
</tr>
<tr>
<td>Prostate Specific Antigen (PSA) test (routine)</td>
<td>No Coverage</td>
<td>No Coverage</td>
</tr>
<tr>
<td>Well-child care (office visits and immunizations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Office Visits and Emergency Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician (PCP) office visit</td>
<td>$25 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Specialist office visit</td>
<td>$50 copay</td>
<td>You pay 40% (after deductible) / Plan pays 60%</td>
</tr>
<tr>
<td>Hospital Emergency Room</td>
<td>You pay 20% (after deductible) / Plan pays 80%</td>
<td>You pay 20% (after deductible) / Plan pays 80%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$75 copay</td>
<td>You pay 40% (after deductible) / Plan pays 60%</td>
</tr>
</tbody>
</table>
### How are the medical plans changing?

Here is a comparison what's different for the PPO plan in 2021.

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>2020 – In-network</th>
<th>2021 – In-network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td><strong>PPO</strong></td>
<td><strong>HDHP</strong></td>
</tr>
<tr>
<td>Employee $750</td>
<td>Individual $2,000</td>
<td>Employee $750</td>
</tr>
<tr>
<td>Spouse $750</td>
<td>Family $4,000</td>
<td>Spouse $750</td>
</tr>
<tr>
<td>Each Child $500</td>
<td>PCP and Specialist claims apply to the $750 individual deductible for the employee or spouse or the $500 individual deductible for children. Once the individual deductible is met, then the 80% coinsurance begins until the out-of-pocket is met. Each member has to meet their individual deductible before coinsurance begins.</td>
<td>Each Child $500</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>AC Services Only: Employee pays 10% (after deductible)/ Plan pays 90%</td>
<td>AC Services Only: Employee pays 10% (after deductible)/ Plan pays 90%</td>
</tr>
<tr>
<td></td>
<td>All Other Services: Employee pays 20% (after deductible)/ Plan pays 80%</td>
<td>All Other Services: Employee pays 20% (after deductible)/ Plan pays 80%</td>
</tr>
<tr>
<td><strong>Copay</strong></td>
<td>No copays</td>
<td>No copays</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>No copays</td>
<td>Coinsurance applies</td>
</tr>
</tbody>
</table>

*A Primary Care Physician (PCP) is defined as a family practice, internal medicine, general practice and pediatrician. Specialists are any type of provider who is not a PCP. Arkansas Children’s has also added in-network GYNs as a PCP for their PPO plan.*
Arkansas Children’s offers a clinically integrated network of services to help central Arkansas employees and their families get the health care they need. We have partnered with Arkansas Health Network (AHN) and Arkansas Children’s Care Network (ACCN). You and your family members enrolled in Arkansas Children’s health plan with BlueCross BlueShield can get health care from providers in these networks. View the list of providers at arkansashealthnetwork.com/find-provider.

**What are AHN and ACCN?**

AHN and ACCN are groups of health care providers, clinics, and hospitals in Arkansas. AHN offers health care for adults. ACCN offers health care for children. New providers and facilities are still joining. So far, members include:

- 40 facilities
- More than 480 primary care physicians (PCPs)
- More than 1,790 specialists

You can use your Arkansas Children’s health plan to visit any of the above.

**Why should I visit an AHN or ACCN provider?**

AHN and ACCN providers have agreed to work as a team to take care of you and your family. This means they will:

- Communicate with each other about your care. They will use technology to help them do this. This communication helps each network provider know how the others are helping you. With this communication, they can deliver the best care.
- Give you resources to take care of yourself and your family members. ACCN and AHN can connect you with a health coach or care manager to help you be as healthy as you can be.

**What is a health coach?**

Health coaches are licensed health care professionals with background and experience in medicine, nursing and patient education. They are supportive members of your health care team who work with the whole person. Your health coach does the following in a personalized coaching program:

- Takes the time to listen, asks you questions, and helps you determine and achieve your own health and well-being goals.
- Meets you where you are in your health journey - without judgment.
- Helps you make healthy behavior changes to achieve the kind of life and health you desire.
- Emphasizes your self-empowerment and self-care.

AHN offers health coaches who specialize in working with adults. ACCN pediatric care managers offer health coach services for children.

**HAVE QUESTIONS ABOUT HOW TO IMPROVE YOUR HEALTH?**

Reach out to your AHN health coach or ACCN pediatric care manager:

**Arkansas Health Network (AHN)**

Ages 18 & Older

RN Population Health Coach

(501) 552-3860

**Arkansas Children’s Care Network (ACCN)**

Under 18

Pediatric RN Care Manager

(501) 364-3597

**NextHealth – Northwest Arkansas**

We are piloting NextHealth, a Clinically Integrated Network (CIN) option for ACNW medical enrollees in 2021. NextHealth 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.

NextHealth is offered through Washington Regional Medical Center and includes:

- 360 Providers
- 91 Primary Care Physicians (PCPs)
- 146 Specialist
- 123 APRN's, Behavioral Health providers and Chiropractors

In addition, members will have access to NextHealth Care Managers. Simply contact your PCP to reach your care manager for health coaching.

Watch for more information in OneTeam News when we launch the program next year.
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.

**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% until out-of-pocket maximum is met.

**PPO Prescription Drug Plan**

If you enroll in the PPO medical plan, the prescription drug plan offers more traditional coverage with three tiers of medications – Generic drugs (Tier 1), Preferred brand drugs (Tier 2), and Non-preferred brand and Specialty drugs (Tier 3). When you fill a prescription, you will pay a copay.

<table>
<thead>
<tr>
<th>PPO Prescription Drug Costs</th>
<th>ACH Outpatient Pharmacy</th>
<th>Retail</th>
<th>Retail 90 and Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic drugs (Tier 1)</strong></td>
<td>You pay $10 copay</td>
<td>You pay $15 copay</td>
<td>You pay $30 copay</td>
</tr>
<tr>
<td><strong>Preferred brand drugs (Tier 2)</strong></td>
<td>You pay $35 copay</td>
<td>You pay $40 copay</td>
<td>You pay $80 copay</td>
</tr>
<tr>
<td><strong>Non-preferred brand drugs (Tier 3)</strong></td>
<td>You pay $65 copay</td>
<td>You pay $70 copay</td>
<td>You pay $140 copay</td>
</tr>
</tbody>
</table>

Specialty Drugs must be dispensed by a specialty pharmacy who then mails the prescription to the patient. Copays for Specialty Drugs fall under the Non-preferred tier.

**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.

**Retail, Retail 90 and Mail Order**

Both plans include retail and mail order pharmacy benefits for prescriptions you take on a regular basis, and 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. Little Rock employees may fill prescriptions at the Arkansas Children’s Outpatient Pharmacy. Medications are limited to the ACH formulary.

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](http://www.blueadvantagearkansas.com).

**Retail 90 Program**

If you enroll in the PPO medical plan, you are eligible to fill a maintenance drug for up to a 100 day supply at any in-network retail pharmacy. If you chose to fill these maintenance drugs at CVS/Target, you will receive an additional benefit of only being charged two copays rather than three. If you enroll in the HDHP, you can fill a 100-supply, but you must meet the medical plan deductible before you share costs with Arkansas Children’s.
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, you may 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 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!

The first time a new prescription for a maintenance medication is filled, it will be limited to a 34-day supply to ensure the medication works for you and that you do not have any side effects. After that, you will be able to fill for up to 100-day supply of the medication.

#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 $3,600/individual coverage, $7,200/family coverage including company employer contribution. Members who are 55+ have the option of an additional $1,000 catch-up contribution in 2021). 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.

Arkansas Children’s Will Contribute $250 to your HSA
Members who enroll in a HDHP have access to a health savings account. If you participate in a HDHP and with an HSA account in 2021, Arkansas Children’s will make a one-time $250 contribution to your account in the beginning of the year. The only requirement is that you have an active HSA account. Employees who enroll after the new year will receive a prorated contribution.

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. Discovery Benefits may contact you to verify your information before your account can be activated. Respond to any communication as soon as possible to not miss out on the employer contribution.

Swipe your debit card for instant savings!
You’ll receive a debit card after registering for any 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 or FSA 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.

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 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.
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 $2,750 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 $2,750 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 of the following year.
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.

Save your receipts! Most FSA claims are auto-substantiated, but you may be asked to provide a receipt of the charge if the vendor or claim is not auto-processed. Without substantiation, the claim will be denied and you will be asked to refund your account per IRS guidelines. 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. If your current card is set to expire, you will automatically receive a new one. Otherwise, you can use the same card next year. To replace your debit card or request an additional card, call Discovery Benefits at 866-451-3399.

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Health Care FSA</th>
<th>Dependent Care FSA</th>
<th>Limited FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>You may participate if you enroll in the PPO medical plan or waive coverage</td>
<td>Any benefits-eligible employee is available to participate</td>
<td>You may participate if you enroll in the HDHP</td>
<td></td>
</tr>
<tr>
<td>Pre-tax annual maximum contribution</td>
<td>$2,750</td>
<td>$5,000 (if single or married, filing taxes jointly), $2,500 (if married filing separately)*</td>
<td>$2,750</td>
</tr>
<tr>
<td>Eligible expenses</td>
<td>Family out-of-pocket medical, prescription drug, dental, and vision expenses not paid by any other plan</td>
<td>Child care (under age 12) or elder care expenses</td>
<td>Dental and vision care expenses, such as orthodontia, eyeglasses or contact lenses, vision correction procedures, etc.</td>
</tr>
<tr>
<td>Availability of funds credited to the account</td>
<td>Available on January 1 (or date of hire)</td>
<td>Funds must accumulate before using</td>
<td>Available on January 1 (or date of hire)</td>
</tr>
<tr>
<td>Unused funds forfeited at end of year?</td>
<td>Up to $550 carry over is available if not used by February 15, 2022</td>
<td>Yes</td>
<td>Up to $550 carry over is available if not used by February 15, 2022</td>
</tr>
</tbody>
</table>

*Dependent Care FSA contributions are based on a calendar year. You have until the end of 2021 to use the funds in your account.
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 10.

<table>
<thead>
<tr>
<th>Dental Plan Features</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar plan year deductible</td>
<td>$50/individual</td>
</tr>
<tr>
<td></td>
<td>$100/family</td>
</tr>
<tr>
<td>Calendar plan year maximum (per member)</td>
<td>$1,500/individual</td>
</tr>
<tr>
<td>Preventive services (exams, cleanings, x-rays, fluoride and sealants)</td>
<td>You pay nothing (deductible waived)/Plan pays 100%</td>
</tr>
<tr>
<td></td>
<td>Limit of 2 cleanings and a set of x-rays/year</td>
</tr>
<tr>
<td>Basic services (fillings, oral surgery, extractions, etc.)</td>
<td>You pay 20% (after deductible)/Plan pays 80%</td>
</tr>
<tr>
<td>Major services (root canals, bridges, crowns, inlays, onlays, dentures and cast restorations)</td>
<td>You pay 50% (after deductible)/Plan pays 50%</td>
</tr>
<tr>
<td>Orthodontia (for adults and children)</td>
<td>You pay 50% (after deductible); subject to orthodontia lifetime maximum of $1,500/individual/Plan pays 50%</td>
</tr>
<tr>
<td>Carry over benefit rider</td>
<td>If your total annual paid claims are less than $749, you will automatically have a $375 credit on next year’s annual maximum. You must have one visit per year to qualify for the carry over benefit.</td>
</tr>
</tbody>
</table>
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 thousands of optometrists and ophthalmologists that are part of the network, including Walmart!

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

Your cost for coverage is on page 10.

---

### Vision Plan Features

<table>
<thead>
<tr>
<th>Vision Care Services</th>
<th>Member Cost In-Network</th>
<th>Out-of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Examination</td>
<td>Once every calendar year</td>
<td>N/A</td>
</tr>
<tr>
<td>• Eyeglass Lenses or Contact lenses</td>
<td>Once every calendar year</td>
<td></td>
</tr>
<tr>
<td>• Frames</td>
<td>Once every other calendar year</td>
<td></td>
</tr>
<tr>
<td><strong>Eye Exam</strong></td>
<td>$5 copay</td>
<td>$35</td>
</tr>
<tr>
<td><strong>Contact Lens Fitting Fee</strong></td>
<td>Standard – up to $55</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Premium – 10% off retail price</td>
<td></td>
</tr>
<tr>
<td><strong>Eyeglass Frames</strong></td>
<td>$150 allowance, 20% off balance over $150</td>
<td>$75</td>
</tr>
<tr>
<td><strong>Eyeglass Standard Plastic Lenses</strong></td>
<td>$20 copay</td>
<td>$25/$40/$55</td>
</tr>
<tr>
<td>• Single Vision/Bifocal/Trifocal</td>
<td>$85 copay</td>
<td>$40</td>
</tr>
<tr>
<td>• Standard Progressive Lens</td>
<td>$85 copay, 80% of charge less $120 allowance</td>
<td>$40</td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
<td>$150 allowance, 15% off balance over $150</td>
<td>$120</td>
</tr>
<tr>
<td>• Conventional</td>
<td>$150 allowance plus balance over $150</td>
<td>$120</td>
</tr>
<tr>
<td>• Disposable</td>
<td>Paid in full</td>
<td>$120</td>
</tr>
<tr>
<td>• Medically Necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lens Options, Add-ons, Additional Pairs, Laser Vision Correction</strong></td>
<td>Reduced pricing and discounts are available</td>
<td>N/A</td>
</tr>
</tbody>
</table>

---

### 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 888-407-7177 to find a hearing care provider near you and to schedule a hearing exam.
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 continues for up to 13 weeks. This includes illnesses, injuries, and pregnancy.

Your STD benefits are as follows:

<table>
<thead>
<tr>
<th>Short Term Disability</th>
<th>Amount of benefit</th>
<th>80% of your weekly base salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum benefit</td>
<td>$3,000 per week</td>
<td></td>
</tr>
<tr>
<td>Elimination period</td>
<td>7 calendar days</td>
<td></td>
</tr>
<tr>
<td>Maximum benefit period</td>
<td>Recovery or up to 13 weeks (91 calendar days), whichever is less</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Long Term Disability</th>
<th>Amount of benefit</th>
<th>60% of your monthly base salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum benefit</td>
<td>$15,000 per month</td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Long Term Disability</th>
<th>Amount of benefit</th>
<th>60% of your monthly base salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum benefit</td>
<td>$15,000 per month</td>
<td></td>
</tr>
</tbody>
</table>

Basic Life and Accidental Death and Dismemberment Insurance helps protect your family financially.

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.
Arkansas Children’s offers **eligible employees** the option to purchase additional life insurance. 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 $450,000, with the submission of an EOI form through Lincoln Financial Group within Workday.

You may update your supplemental life plans at any time during the year. If you make changes to a plan while you are out on leave, changes will not be effective until you return to an active work status.

The cost for coverage is on page 11.

**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 guaranteed issue amount of $300,000 within your first 30 days of employment.

**Supplemental SPOUSE Life Insurance**

<table>
<thead>
<tr>
<th>Maximum benefit</th>
<th>$225,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of Insurability (EOI) for new hires</td>
<td>Maximum of $50,000, without providing EOI</td>
</tr>
<tr>
<td>Policy requirements</td>
<td>Amount cannot exceed 50% of employee supplemental life insurance amounts</td>
</tr>
</tbody>
</table>

**Supplemental CHILD(REN) Life Insurance**

| Coverage options | $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.

If you, your spouse and / or your child are employees of Arkansas Children’s you are only allowed to enroll as an employee in the supplemental life coverage. You may not enroll a spouse or child for dependent coverage.

*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 11.
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.

<table>
<thead>
<tr>
<th>Optional Sickness Hospital Benefits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickness Hospital admission</td>
<td>$500</td>
</tr>
<tr>
<td>Sickness Hospital Daily Benefit up to 365 days per confinement</td>
<td>$100 per day</td>
</tr>
<tr>
<td>Sickness Intensive Care Daily Benefit up to 15 days per confinement</td>
<td>$200 per day</td>
</tr>
</tbody>
</table>

The cost for coverage is on page 11. If both spouses in a family are employees of Arkansas Children’s, they may not be covered as both an employee and a spouse. In addition, dependent children who are employed at Arkansas Children’s may not be covered as an employee and a dependent on their parent’s plan.

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 purchase for you, 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.

The cost for coverage is on page 11. If both spouses in a family are employees of Arkansas Children’s, they may not be covered as both an employee and a spouse. In addition, dependent children who are employed at Arkansas Children’s may not be covered as an employee and a dependent on their parent’s plan.
Health Advocate

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. Enrollees can contact Health Advocate at 866-695-8622 to access any of these great benefits.

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.
Ensuring your success

Arkansas Children’s actively supports your financial well-being to ensure your success at work, at home and into the future. You have access to discount programs, savings management and retirement trainings provided at no additional cost to you! We know that non-monetary rewards are also valuable, and offer paid time away from work.

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

We talk a lot about your physical health – but what about your financial health? The Retirement 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) or Roth Plans at any time – up to the IRS limit of $19,500 in 2021. 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)/401(k) or Roth Plans, you must do so directly through the Transamerica website at www.transamerica.com/portal/home. New employees are automatically enrolled at 3%. 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. The match is calculated and deposited per pay period along with your contributions.

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 types NOT eligible for the employer match are PT-NB, PRN/ZB.

Your right to the money
When you contribute money to the 403(b)/401(k)/Roth Plans, 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.

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Vesting Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td>2</td>
<td>40%</td>
</tr>
<tr>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>4</td>
<td>80%</td>
</tr>
<tr>
<td>5</td>
<td>100%</td>
</tr>
</tbody>
</table>

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 2021?
Consider a catch-up contribution.
Employees who will turn age 50 in 2021 or older may contribute an extra amount, called a “catch-up contribution.” This feature allows individuals closer to retirement to save $6,500 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.
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 from mutual funds, money market funds, annuities, and more. And, when you withdraw 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. The amount of the employer contribution is dependent upon the financial performance of the hospital during the year.

Do company contributions vest?
Just like the 403(b)/401(k)/Roth Plan, employer contributions vest 20% each year. After five years of service (in which you have worked 1,000 hours each year) with Arkansas Children's.

Paid Leave Program
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.

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

Accruing 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 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.

<table>
<thead>
<tr>
<th>Plan Level</th>
<th>Years of Service</th>
<th>PTO Accrual Rate per 1 Hour</th>
<th>PTO per Pay Period Maximum Accrual*</th>
<th>Total Number of Days per Year</th>
<th>Maximum Hour Carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PTO 2 – Hourly Employees (Non-Exempt)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>0-2</td>
<td>0.084625</td>
<td>6.770</td>
<td>22</td>
<td>176</td>
</tr>
<tr>
<td>2</td>
<td>3-4</td>
<td>0.092313</td>
<td>7.385</td>
<td>24</td>
<td>192</td>
</tr>
<tr>
<td>3</td>
<td>5-9</td>
<td>0.103875</td>
<td>8.310</td>
<td>27</td>
<td>216</td>
</tr>
<tr>
<td>4</td>
<td>10-14</td>
<td>0.123125</td>
<td>9.850</td>
<td>32</td>
<td>256</td>
</tr>
<tr>
<td>5</td>
<td>15+</td>
<td>0.142313</td>
<td>11.385</td>
<td>37</td>
<td>296</td>
</tr>
<tr>
<td><strong>PTO – Salaried Employees (Exempt)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>0-4</td>
<td>0.103875</td>
<td>8.310</td>
<td>27</td>
<td>216</td>
</tr>
<tr>
<td>2</td>
<td>5-9</td>
<td>0.123125</td>
<td>9.850</td>
<td>32</td>
<td>256</td>
</tr>
<tr>
<td>3</td>
<td>10+</td>
<td>0.142313</td>
<td>11.385</td>
<td>37</td>
<td>296</td>
</tr>
</tbody>
</table>

* Your per pay period accrual is calculated based on your years of service and hours worked, up to 80 worked hours per pay period.
DETO (Director and Executive Time Off)
Salaried-exempt management are also offered time off to use throughout the year. DETO affords eligible salaried-exempt directors and above employees the flexibility to balance work and personal life and take time off when needed. This includes times off for illness, vacation, holidays and personal time. New hires are eligible after the completion of 90 days of continuous employment. You can manage your time off through MyTime, the Timekeeper’s system.

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. Reach out to Stephen’s Certified Retirement Plan Specialists:

Robert Jones  
rjones@stephens.com  
501-377-8112

Brete Garland  
brete.garland@stephens.com  
501-301-9900

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

Generally, the annual holidays are:

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

PerkSpot Discount Program | Company Provided
Whether you’re seeking a discount for groceries, products that help pass the time at home, or a way to keep children entertained and educated, make sure to visit your Arkansas Children’s Discount Program and browse through the tens of thousands of discounts available to you. Head to archildrens.perkspot.com to see what’s available.

SoFi | Company Provided
SoFi’s refinancing can help those with student debt save money on total interest, make lower monthly payments or shorten the duration of their loans. Visit www.SoFi.com/ARchildrens to learn more.
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:
  Seamless 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
  o Build your support network by creating groups around common interests or events like biking, recipe sharing, or a lunchtime walking club
  o Challenge a coworker to a Step Challenge or a Health Habit Challenge
  o Keep track of your activity progress and the coworkers you’re connected with on the Friends leaderboard
  o Invite friends and family to participate

2021 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 Healthy Happens Here web portal to personalize your wellbeing journey. Sign up at www.teamacwellness.org. The website is accessible to all Arkansas Children’s employees and spouses, even if you are not enrolled in a medical plan.

Pet Benefit Solutions
Arkansas Children’s is excited to offer pet benefits through Pet Benefit Solutions! You have three options to choose from to best meet your needs. Review your options at www.petbenefits.com or call 800-891-2565.

Pets Best - Pet Insurance Plan
Pets Best’s health insurance plan gives 90% reimbursement on accidents and illnesses and a 24/7 Pet Help Line; you may also add on routine care coverage. Pricing varies based on the age and type of pet. You can get a quote at www.petbenefits.com and set up payment directly with Pets Best.

PetAssure - Veterinary Discount Plan
PetAssure is a veterinary discount plan that can be added to or used in place of pet insurance. Save 25% at participating veterinarians on all in-house medical services and get a 24/7 Lost Pet Recovery Service tag from ThePetTag ($24.99 value). The cost is $5.08/per pay period for an unlimited number of pets or $3.70/per pay period for one pet. You will see the option to enroll through Workday during your enrollment window.

PetPlus - Prescription Discount Plan
PetPlus is a prescription discount plan for dogs and cats. Members receive wholesale pricing on brand name pet products as well as access to a 24/7 Pet Help Line. The cost is $3.47/per pay period for all dogs and cats in your home or $1.74/per pay period for one dog or cat. You will see the option to enroll through Workday during your enrollment window.

Best Upon Request
Arkansas Children’s Hospital provides free concierge services as a benefit to help ease your day. From auto services and lunch deliveries to grocery shopping and shipping – Best Upon Request can take care of the things on your to-do list so you have the freedom to focus on what is most important to you. Best Upon Request is available to all employees (including UAMS and CompassOne employees) in Little Rock working on the ACH campus. Contact Best Upon Request at 501-519-3735, or email at AC_concierge@bestuponrequest.com.
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.

Contact the EAP

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

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/video
  - Text messaging
- Consultation on
  - Finances
  - Legal needs
  - Managing employees
  - Life
- Crisis support
- Coaching
- Adult and childcare resources
- Personal and professional training
- Digital behavioral health tools

Employee Assistance Program (EAP)

<table>
<thead>
<tr>
<th>Program</th>
<th>What it is</th>
<th>Who is eligible</th>
<th>How to participate</th>
</tr>
</thead>
</table>
| EAP New Directions              | Up to 5 free* face-to-face or telephonic counseling sessions from certified, licensed and passionate professionals as needed for:  
- Relationship challenges  
- Life-changing events  
- Legal or financial issues  
- Excessive worry or stress  
- Substance dependence  
- Workplace challenges  
Access to Health Resource Library online & mobile app   | All AC employees and dependents                                           | Call: 800-624-5544  
Online: eap.ndbh.com (passcode: childrens)  
Download the New Directions app (passcode: childrens) |
| New Directions Behavioral Health through BCBS | All behavioral health services through the ACH Health Plan – BCBS  
- Referrals for Behavioral Health  
- Outpatient  
- Inpatient  
- Residential  
- Case Management  
- Coordination with ABCBS | Employees and dependents enrolled in the AC health plan benefit | 24 / 7 / 365 Telephone Access:  
877-801-1159  
Online Self Care Resources: eap.ndbh.com |

* 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 benefit 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.

FMLA will provide up to 12 weeks of unpaid 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 and will be applied against member deductibles and co-insurance for covered services provided by Arkansas Children’s. To take full advantage of the discount, consult with the Patient Accounts Customer Service. The discount does not include dental and vision services.

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. The Capital Cafe in Little Rock is open seven days a week from 6:00 a.m. to 8:00 p.m. 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! The Hunt Family Cafe is open weekdays from 7:00 a.m. to 2:00 p.m., and weekends from 10:00 a.m. to 1:00 p.m.

Gift Shop Discount

From cards to candy, frames to figurines, the Arkansas Children’s gift shop has unique merchandise for all ages. 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.

Federal Credit Unions

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 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.

Northwest Arkansas employees have access to United Federal Credit Union for great opportunities on mortgage lending and checking. For more information, call United at 479-646-0114 x7080 or visit www.unitedFCU.com.

LifeKeys Services (Online Will Preparation)

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 is 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 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 Services 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 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. Contact the benefits department with questions you have about payments.
Recognition

As One Team, Arkansas Children’s celebrates our achievements by recognizing and rewarding individual and collective efforts throughout the organization. We celebrate service anniversaries and host fun events like ice cream socials and holiday parties. And, recognition is given to those who exemplify outstanding work around our core values of Safety, Teamwork, Compassion and Excellence through Victory Value pins and One Team Awards.

The Recognition program at Arkansas Children’s recognizes employees for their work within their roles by ensuring employees feel valued.

One Team Award Celebration

The One Team Award Celebration takes place every February and is simulcast between ACH and ACNW. Team members celebrating milestone anniversaries of 20+ years are recognized personally at the event. Awards highlighting the good works being done at Arkansas Children’s statewide are presented at this ceremony as well. These awards include One Team Value Awards, Champion for Children Awards, Diane Mackey Quality Improvement Award, Cara Allen Diamond for outstanding Patient and Family-Centered Care, Ruth Olive Beall Award, Robert H. Fiser Jr. Award for Outstanding Achievement in Research, Dr. Joanna J. and Robert W. Siebert Award, and Dr. Tom Ed Townsend Award.

Individual & team awards for excellence, teamwork, safety and compassion are also given at the One Team Award Celebration. Finalists for each award are recognized for their contribution to upholding and modeling the pillars of Arkansas Children’s.
Employee Appreciation Events

Arkansas Children’s offers many employee events throughout the year to recognize the great work of our teams. These include: Ice Cream Social, Veteran’s Day Celebration, Honeybaked Ham Distribution, Employee Holiday Party, Children’s Hospital Week, Nurse’s Week and other fun and celebratory events.

Celebrating Years of Service

Team members celebrating a milestone anniversary receive a congratulations balloon, special thank yous from their teams and can choose a gift from our recognition partner, Engage 2 Excel, to honor their anniversary.

Larry Polvado being recognized for 30 years of service at Arkansas Children’s by Marcy Doderer.

Trisha Montague and Fred Scarborough giving Carrie Smith the Individual Award for Compassion.

Recognizing our Values

The Victory Value Pins are a part of the Recognition program to help celebrate team members who exemplify our values and who are dedicated to making children better today and healthier tomorrow. You may visit the Arkansas Children’s Home Page to submit a Victory Value recognition.
Your Career Journey

Your Career Journey is one of the five pillars of Total Rewards. That is why we are committed to placing a priority on developing our staff and others to meet career and organizational goals. One of the greatest ways to impact the career journey of Arkansas Children’s team members is through continuous opportunities for training and development.

At Arkansas Children’s, we recruit and hire the best of the best, and we work hard to make sure you have the tools you need to engage and grow in your career.

Arkansas Children’s University

We value each of our employees and want to make sure that we help you grow in your career. We offer onboarding and development opportunities through Arkansas Children’s University. We offer performance development, career pathing and educational opportunities to keep you engaged and prepare you for your next step.

Over the past year, the Culture, Talent and Performance team have worked to evolve Arkansas Children’s University (ACU) into a true corporate university with access to on-demand education, microlearning, and both virtual and in-person development. New additions in the relaunch of ACU include an extensive library of content and a sleek new interface with an entirely new look and feel. The on-demand educational library includes courses from multiple education vendors focused on Professional Skills, Modern Compliance, and Leadership and Management. Currently, these new offerings total more than 3,000 new courses with topics ranging from Diversity and Inclusion to Working Remotely to Microsoft and Adobe suites.

The new interface modifications are designed to be more aesthetically pleasing and user-friendly. It has taken on more of an image-heavy, Netflix vibe, which is more engaging and allows our team to market educational opportunities in a more exciting way.
Our vision is to raise the profile of ACU as Arkansas Children’s one-stop-shop for training and development. We want to support each team member on their career path through learning and inspire a leadership capacity among team members at every level across the system.

Click on the ACU icon on the OneTeam home page to explore more!

**Continuing Education**

If you are planning on continuing your education, be sure to take advantage of Arkansas Children’s Tuition Assistance program and scholarships offered by our partners at Western Governors, John Brown, Strayer and Cappella universities. Discuss your plan with your manager, and download the forms through Workday to apply.

**Tuition Assistance Program**

The tuition assistance amounts for full-time and weekend option employees are $4,000 per calendar year for undergraduate degree plans and approved certifications, and $5,200 for graduate programs.

Part-time employees are eligible for $2,000 tuition assistance for undergrad. Those working on a post-graduate plan are eligible for $2,600.
**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.

Telehealth and Telemedicine Telehealth is defined as telephonic visits that you have with your own provider. Telehealth is available during your doctor's office hours, but not normally available on nights or weekends. Telehealth availability depends on your provider's schedule. Telemedicine is usually provided through a third-party vendor who contracts with their own providers. It is most often used in place of general, non-urgent care like colds, stomach bugs and UTI's.

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.
Leaving the Organization

Resources & Notices

You may have questions when it’s time to leave the company about the exit process and your benefits. This section provides reference information about your departure and COBRA benefits to help make the transition smooth.

Checking out with your department manager:
This checkout list will provide you a list of items you may need to return in order to end your employment commitment with Arkansas Children’s. Your department director or division manager may also have a list and other items they require returned. Items that are expected to be returned are:

- Photo ID, badges
- Keys – all keys, building, office doors, even desk and / or cabinet keys
- Parking decals, parking deck pucks
- Uniforms (if previously provided)
- Computers / laptops, tablets, pagers, cell phones
- Books, journals, and other office literature
- Other employer sponsored items

Upon your departure, you should ensure that your contact information is up-to-date for any future communications:

- Correct forwarding / mailing address; critical tax & payroll communications will be sent later.
- Correct telephone number; you may be contacted for feedback on your work experience at Arkansas Children’s.
- Other dept. / division specific items (contact supervisor)

As a part of your separation from the organization, you will be contacted within 30 days by an external vendor ‘The Work Institute’ to complete an Exit Interview. If you have any employment questions or concerns regarding separation please call 501-364-1399 or send an email to HREmployeeRelations@archildrens.org.
In most cases, your benefits end on or near your separation date. In some cases, you might elect to continue your individual coverage under a specific benefit plan and keep it active after your separation from Arkansas Children’s by porting your coverage or paying by direct bill. Generally, you need to take action within 30 days following your separation date if you wish to continue coverage. Arkansas Children’s will complete your separation check out items within days of your term date. Review the individual benefit plans listed in this guide for more details on individual benefit plans.

### Automatic Cancellation Benefit Items

Some benefit plan participation will process an automatic cancellation / expiration date driven by your actual separation date and the plan’s pre-established rules. No further action is required by you to complete cancellation of these benefits. These benefits are identified in the *Automatic Cancellation Benefit Items* section.

### Employee Cancellation Benefit Items

There are several benefits that will require your direct involvement to cancel or convert in order to continue your participation. Without taking action, cancellation or continuation in these plans, identified in section *Employee Cancellation Benefit Items*, may not occur. Or, if you do not take action, benefits will not be cancelled or continued as desired. Keep in mind, Arkansas Children’s cannot intervene with your accounts after your separation as the benefits belong to you.

### Group Medical Insurance

**BlueAdvantage of Arkansas**

Coverage continues to the end of your separation month. A COBRA letter will be sent offering continuation and COBRA premium rates, along with instructions.
Website [www.BlueAdvantageArkansas.com](http://www.BlueAdvantageArkansas.com)
Contact 800-370-5852

**Group Dental Insurance**

**Delta Dental**

Coverage continues to the end of your separation month. A COBRA letter will be sent offering continuation and COBRA premium rates, along with instructions.
Website [www.deltadentalar.com](http://www.deltadentalar.com)
Contact 800-462-5410

**Group Disability Insurance**

**Lincoln Financial Group** Coverage ends on term date. No continuation options.

**Group Vision Care Plan**

**EyeMed**

Coverage continues to the end of your separation month. A COBRA letter will be sent offering continuation and COBRA premium rates, along with instructions.
Website [www.eyemed.com](http://www.eyemed.com)
Contact: 866-939-3633

**Paid Leave**

**Arkansas Children’s**

Unused Paid Leave is paid out 1-2 pay periods after separation date and all worked hours are paid out. There is no payout of time if you are on the DETO plan.
Contact: Payroll Dept. 501-364-2538

**Employee Assistance Program**

**New Directions**

Coverage extends 90 days beyond employee’s date of separation, or longer if involved in open case.
Contact: 800-624-5544
Website: [www.eap.ndbh.com](http://www.eap.ndbh.com) (Login: “childrens”)
Employee Cancellation Benefit Items

**Group Basic Life Insurance**

*Lincoln Financial Group*

Only if coverage continuation desired. You must call to convert to an individual plan. Contact Lincoln within 31 days from separation date with questions.

Email: Conversions@lfg.com
Website: www.mylincolnportal.com

**Voluntary Critical Illness Insurance**

*Lincoln Financial Group*

To cancel or convert to direct billing plan
Contact: 877-815-9256
Website: www.lincolnfinancial.com

**Voluntary Accident Insurance**

*Lincoln Financial Group*

To cancel or convert to direct billing plan
Contact: 877-815-9256
Website: www.lincolnfinancial.com

**Flexible Spending & Health Savings Accounts**

*Discovery Benefits Health Savings Accounts*

Contributions to your HSA plan will end upon termination. Your account is yours, and you are able to access your funds using your debit cards as long as funds remain. You may also roll over your account to a new HSA administrator if you wish.

Contact: 866-451-3399
Website: www.discoverybenefits.com

**Medical FSA, Limited Purpose FSA & Dependent Care**

Coverage ends on the separation date. Please submit claims incurred prior to termination before December 31st of the current calendar year.

Contact: 866-451-3399
Website: www.discoverybenefits.com

**Supplemental TERM Life Insurance**

*Lincoln Financial Group*

Only if coverage continuation desired, call to convert to individual plan. Please contact Lincoln within 31 days from separation date with questions.

Email: Conversions@lfg.com
Website: www.mylincolnportal.com

**Voluntary WHOLE LIFE Insurance**

*UNUM*

To cancel or convert to direct billing plan
Contact: 866-679-3054
Website: www.unum.com/employees

**Retirement Plans**

*Transamerica Retirement Solutions*

Generally, 30 days must elapse from separation date, then employer auto notifies Transamerica of separation date. Final paycheck and paid leave cash out check must process first. Transamerica sends a participant term kit including instructions and paper service forms. Participant completes forms for desired service type, remitting fully completed forms to Transamerica for final processing.

**ACH 403(b), 401(k) & 457(b) Retirement Plans**

Contact: 800-755-5801
Website: www.transamerica.com/portal/home/

**ACH 403(b) Loans**

To payoff outstanding loan balance:
Contact: 800-755-5801
Website: www.transamerica.com/portal/home/

**ACH Defined Contribution Retirement Plan**

Contact: 800-755-5801
Website: www.transamerica.com/portal/home/
Credit Union: TELCOE
Contact: 800-482-9009
Website: www.telcoe.com

**United Federal Credit Union (ACNW)**

Contact: 479-646-0114 x7080
Website: www.unitedFCU.com

Rights for insurance continuation under the COBRA law. The COBRA regulations grant all participants under a Cafeteria 125 Plan (medical, dental, vision insurances, and FSA-Medical Reimbursement account) the right to continue coverage beyond your separation date according to plan rules. After your employment ends, if you were covered by Arkansas Children's plan on your last day of employment, you should receive notice of your eligibility to elect COBRA within 2-3 weeks. The COBRA package will be mailed to your address on file by Discovery Benefits. For assistance in enrolling in your COBRA benefits call 866-451-3399.

These Check Out procedures and practices are governed by federal and state laws, vendor rules, and employer policies and cannot be altered by the Arkansas Children’s HR or Benefits Personnel. Planning ahead and getting your specific questions asked and answered are the best practices to help keep you from experiencing a gap in benefit coverage or extended delay in receiving benefits. If you have additional benefit check out questions, contact Arkansas Children’s HR @ 501.364.1399.
## Resources & Notices

**ARKANSAS CHILDREN’S, INC. - GROUP INSURANCE PLANS COBRA CONTINUATION OPTIONS 2021**

<table>
<thead>
<tr>
<th>PLAN</th>
<th>CONTINUATION OPTION</th>
<th>MONTHLY COST BEFORE ADMIN FEE</th>
<th>ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Coverage under the group plan can be continued through COBRA. Each covered person has separate election rights.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>PPO Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee Only</td>
<td>$528.98</td>
<td>Respond as instructed in the notification that will be sent by the COBRA administrator. Monthly premium will be sent to the COBRA administrator.</td>
</tr>
<tr>
<td></td>
<td>Employee + Spouse</td>
<td>$1,057.95</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Child(ren)</td>
<td>$925.71</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Family</td>
<td>$1,481.13</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>HDHP Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee Only</td>
<td>$449.63</td>
<td>Respond as instructed in the notification that will be sent by the COBRA administrator. Monthly premium will be sent to the COBRA administrator.</td>
</tr>
<tr>
<td></td>
<td>Employee + Spouse</td>
<td>$899.26</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Child(ren)</td>
<td>$786.85</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Family</td>
<td>$1,258.96</td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>Coverage under the group plan can be continued through COBRA. Each covered person has separate election rights.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee Only</td>
<td>$26.42</td>
<td>Respond as instructed in the notification that will be sent by the COBRA administrator. Monthly premium will be sent to the COBRA administrator.</td>
</tr>
<tr>
<td></td>
<td>Employee + Spouse</td>
<td>$51.08</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Child(ren)</td>
<td>$60.94</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Family</td>
<td>$106.32</td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>Coverage under the group plan can be continued through COBRA. Each covered person has separate election rights.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee Only</td>
<td>$8.45</td>
<td>Respond as instructed in the notification that will be sent by the COBRA administrator. Monthly premium will be sent to the COBRA administrator.</td>
</tr>
<tr>
<td></td>
<td>Employee + 1 Dep</td>
<td>$15.90</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + 2 or more deps</td>
<td>$23.32</td>
<td></td>
</tr>
<tr>
<td>Accident</td>
<td>Coverage can be ported to an individual plan. The coverage and premium will be the same as the group plan. The employee must port coverage before coverage can be ported for a spouse and/or children. Coverage can continue until the greater of age of 70 or 12 months from your last day of employment. If the employee will be returning to work, they can continue to make their payment to Arkansas Children’s.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Basic Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee Only</td>
<td>$10.08</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Spouse</td>
<td>$16.69</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Child(ren)</td>
<td>$18.44</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Family</td>
<td>$24.92</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Basic Plan + Sickness Hospital Rider</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee Only</td>
<td>$20.43</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Spouse</td>
<td>$41.12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Child(ren)</td>
<td>$41.52</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Family</td>
<td>$60.03</td>
<td></td>
</tr>
<tr>
<td>Critical Illness</td>
<td>Coverage can be ported to an individual plan. The coverage and premium will be the same as the group plan. The employee must port coverage before coverage can be ported for a spouse and/or children. Coverage can continue until the greater of age of 70 or 12 months from your last day of employment. If the employee is returning to work, they will continue to make their payment to Arkansas Children’s.</td>
<td>Rates for the ported certificate will be those in effect on the effective date of the ported cert. If the Critical Illness coverage is Attained Age, the ported cert premium will increase as the covered person reaches a new age band. If Issue Age, the rate will remain unchanged for the life of the ported policy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Basic Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee Only</td>
<td>$20.43</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Spouse</td>
<td>$41.12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Child(ren)</td>
<td>$41.52</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Family</td>
<td>$60.03</td>
<td></td>
</tr>
</tbody>
</table>

The request to continue coverage and first premium payment must be sent to Lincoln Financial within 31 days of the date coverage would otherwise end. Premium statements will go to the employee’s home address. Premiums will be remitted to Lincoln Financial. If an employee will be returning to work, they can continue to make their payment to Arkansas Children’s.
<table>
<thead>
<tr>
<th>PLAN</th>
<th>CONTINUATION OPTION</th>
<th>MONTHLY COST</th>
<th>ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life</td>
<td>Coverage can be converted to an individual life insurance policy without evidence of insurability. The benefit amount converted will be no more than the amount in force under the group plan. Policy will remain in force for employees returning to work.</td>
<td>The premium due will be based on the premium schedule of Lincoln's conversion policy for your class of risk and age at the birthday nearest the effective date of the individual policy.</td>
<td>Within 31 days after the group coverage ends, you must make written application to Lincoln Financial and pay the first premium payment.</td>
</tr>
<tr>
<td>Supplemental Life</td>
<td>You are able to convert all or part of your group coverage benefit amount for you and your dependents to an individual life plan without evidence of insurability. If you are under age 70, you are able to port all or part of your group coverage benefit amount for you and your dependents, less any amount converted to an individual life plan, to a group term life conversion plan. If the employee is returning for leave, they will continue to make their payment to Arkansas Children's.</td>
<td>The premium due will be based on the premium schedule of Lincoln's conversion policy and ported group term policy for your class of risk and age at the birthday nearest the effective date of the individual policy.</td>
<td>Within 31 days after the group coverage ends, you must make written application to Lincoln Financial and pay the first premium payment. If the employee will be returning to work, they will continue to make their payment to Arkansas Children's.</td>
</tr>
<tr>
<td>Whole Life</td>
<td>These are already individual policies. Conversion or porting isn't needed, just changing the billing from payroll deduction to direct bill.</td>
<td>Premiums remain the same. The amount(s) deducted from your bi-weekly paycheck will be converted to the corresponding monthly amount.</td>
<td>Notify UNUM that you want to keep policies in force. UNUM will change to direct bill, sending premium notices to your home address. Insureds will remit premium to UNUM.</td>
</tr>
</tbody>
</table>
IMPORTANT NOTICES
FROM ARKANSAS CHILDREN’S, INC. REGARDING
THE ARKANSAS CHILDREN’S FLEXIBLE BENEFITS PLAN

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: Brent L. Thompson
Title: Executive Vice President, Chief Legal Officer
Phone: 501-364-4862
Email: thompsonbl@archildrens.org
Mailing Address: 1 Children’s Way
Little Rock, AR 72202

Privacy Officer: Brent L. Thompson
Title: Executive Vice President, Chief Legal Officer
Phone: 501-364-4862
Email: thompsonbl@archildrens.org
Mailing Address: 1 Children’s Way
Little Rock, AR 72202

Distribution Date: September 29, 2020

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 Notice from Arkansas Children’s, Inc.
About Your Prescription Drug Coverage and Medicare
Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Arkansas Children’s, Inc. 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. Arkansas Children’s, Inc. has determined that the prescription drug coverage offered by the Arkansas Children’s Flexible Benefits 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 Arkansas Children’s, Inc. coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Arkansas Children’s, Inc. coverage, be aware that you and your dependents will be able to get this coverage back, but only with a HIPAA qualifying event or at open enrollment.

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 coverage with Arkansas Children’s Inc. 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
Contact the department listed below for further information. 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 Arkansas Children’s, Inc. 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).

Date: September 29, 2020
Name of Entity/Sender: Arkansas Children’s, Inc.
Contact--Position/Office: Benefits Department
Address: 1 Children’s Way, Little Rock, AR 72202
Phone Number: 501-364-1168

Women’s Health and Cancer Rights Act Notice
Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 501-364-1168 for more information.
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). 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. Therefore, the above deductibles and coinsurance apply.

**Newborns’ and Mothers’ Health Protection Act**

Group health plans and health insurance issuers 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**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](http://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](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your 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 aren’t 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, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 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 January 31, 2020. Contact your State for more information on eligibility.

### ALABAMA – Medicaid

Website: [http://myalhipp.com/](http://myalhipp.com/) | Phone: 1-855-692-5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: [http://myakhipp.com/](http://myakhipp.com/) | Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: [http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx](http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx)

### ARKANSAS – Medicaid


### CALIFORNIA – Medicaid

Website: [https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx](https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx) Phone: 1-800-541-5555

### COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: [https://www.healthfirstcolorado.com/](https://www.healthfirstcolorado.com/)
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Medicaid Phone</th>
<th>CHIP Website</th>
<th>CHIP Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>GEORGIA – Medicaid</td>
<td>Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></td>
<td>Phone: 1-877-438-4479</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIANA – Medicaid</td>
<td>Healthy Indiana Plan for low-income adults 19-64</td>
<td>Website: <a href="http://www.in.gov/fssa/hip">http://www.in.gov/fssa/hip</a></td>
<td>Phone: 1-800-257-8563</td>
<td></td>
</tr>
<tr>
<td>IOWA – Medicaid and CHIP (Hawki)</td>
<td>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a></td>
<td>Medicaid Phone: 1-800-338-8366</td>
<td>Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a></td>
<td>Hawki Phone: 1-800-852-3345, ext 5218</td>
</tr>
<tr>
<td>KANSAS – Medicaid</td>
<td>Website: <a href="http://www.ks.gov/health">http://www.ks.gov/health</a></td>
<td>Phone: 1-800-792-4884</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KENTUCKY – Medicaid</td>
<td>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></td>
<td>Phone: 1-855-459-6328</td>
<td>Email: <a href="mailto:KIHIPP@kys.gov">KIHIPP@kys.gov</a></td>
<td>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a></td>
</tr>
<tr>
<td>LOUISIANA – Medicaid</td>
<td>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov or www.ldh.la.gov/la</a></td>
<td>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MISSOURI – Medicaid</td>
<td>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></td>
<td>Phone: 573-751-2005</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MONTANA – Medicaid</td>
<td>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></td>
<td>Phone: 1-800-694-3084</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEVADA – Medicaid</td>
<td>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a></td>
<td>Medicaid Phone: 1-800-992-0900</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW HAMPSHIRE – Medicaid</td>
<td>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a></td>
<td>Phone: 603-271-5218</td>
<td>Toll free number for the HIPP program: 1-800-852-3345, ext 5218</td>
<td></td>
</tr>
<tr>
<td>NEW JERSEY – Medicaid and CHIP</td>
<td>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></td>
<td>Medicaid Phone: 609-631-2392</td>
<td>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></td>
<td>CHIP Phone: 1-800-701-0710</td>
</tr>
<tr>
<td>NEW YORK – Medicaid</td>
<td>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></td>
<td>Phone: 1-800-541-2831</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTH CAROLINA – Medicaid</td>
<td>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a></td>
<td>Phone: 919-855-4100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTH DAKOTA – Medicaid</td>
<td>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a></td>
<td>Phone: 1-844-854-4825</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OKLAHOMA – Medicaid and CHIP</td>
<td>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td>Phone: 1-888-365-3742</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OREGON – Medicaid</td>
<td>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a></td>
<td>Phone: 1-800-699-9075</td>
<td>[Under ELIGIBILITY tab, see “what if I have other health insurance?”]</td>
<td></td>
</tr>
<tr>
<td>PENNSYLVANIA – Medicaid</td>
<td>Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a></td>
<td>Phone: 1-800-692-7462</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RHODE ISLAND – Medicaid and CHIP</td>
<td>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></td>
<td>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOUTH CAROLINA – Medicaid</td>
<td>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a></td>
<td>Phone: 1-888-549-0820</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOUTH DAKOTA – Medicaid</td>
<td>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td>Phone: 1-888-828-0059</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEXAS – Medicaid</td>
<td>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a></td>
<td>Phone: 1-800-440-0493</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VERMONT – Medicaid</td>
<td>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a></td>
<td>Phone: 1-800-250-8427</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIRGINIA – Medicaid and CHIP</td>
<td>Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a></td>
<td>Medicaid Phone: 1-800-432-5924</td>
<td>CHIP Phone: 1-855-242-8282</td>
<td></td>
</tr>
<tr>
<td>WASHINGTON – Medicaid</td>
<td>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a></td>
<td>Phone: 1-800-562-3022</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WISCONSIN – Medicaid and CHIP</td>
<td>Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a></td>
<td>Phone: 1-800-362-3002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WYOMING – Medicaid</td>
<td>Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a></td>
<td>Phone: 307-777-7531</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Program</td>
<td>Website</td>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------</td>
<td>---------------------------------------------</td>
<td>------------------------------</td>
<td></td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>Medicaid</td>
<td><a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">Website</a></td>
<td>1-800-692-7462</td>
<td></td>
</tr>
<tr>
<td>Rhode Island</td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.eohhs.ri.gov/">Website</a></td>
<td>1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</td>
<td></td>
</tr>
<tr>
<td>South Carolina</td>
<td>Medicaid</td>
<td><a href="https://www.scdhhs.gov">Website</a></td>
<td>1-888-549-0820</td>
<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td>Medicaid</td>
<td><a href="http://dss.sd.gov">Website</a></td>
<td>1-888-828-0059</td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td>Medicaid</td>
<td><a href="http://gethipptexas.com/">Website</a></td>
<td>1-800-440-0493</td>
<td></td>
</tr>
<tr>
<td>Utah</td>
<td>Medicaid and CHIP</td>
<td>Medicaid <a href="https://medicaid.utah.gov/">Website</a></td>
<td>CHIP <a href="http://health.utah.gov/chip">Website</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone: 1-877-543-7669</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vermont</td>
<td>Medicaid</td>
<td><a href="http://www.greenmountaincare.org/">Website</a></td>
<td>1-800-250-8427</td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td>Medicaid and CHIP</td>
<td><a href="https://www.coverva.org/hipp">Website</a></td>
<td>Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282</td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>Medicaid</td>
<td><a href="https://www.hca.wa.gov/">Website</a></td>
<td>1-800-562-3022</td>
<td></td>
</tr>
<tr>
<td>West Virginia</td>
<td>Medicaid</td>
<td><a href="http://mywvhipp.com/">Website</a></td>
<td>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</td>
<td></td>
</tr>
<tr>
<td>Wisconsin</td>
<td>Medicaid and CHIP</td>
<td><a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">Website</a></td>
<td>Phone: 1-800-362-3002</td>
<td></td>
</tr>
<tr>
<td>Wyoming</td>
<td>Medicaid</td>
<td><a href="https://wyequalitycare.acs-inc.com/">Website</a></td>
<td>Phone: 307-777-7531</td>
<td></td>
</tr>
</tbody>
</table>

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**
U.S. Department of Health and Human Services
Employee Benefits Security Administration
Centers for Medicare & Medicaid Services
[Website](https://www.dol.gov/agencies/ebsa)
[Website](https://www.cms.hhs.gov)
1-866-444-EBSA (3272)
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 failing 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 the 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 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

**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 501-364-1168 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 the 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 501-364-1168.

The information from your HA and the results from 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 individual(s) 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 501-364-1168.

Arkansas Children’s, Inc. complies with HIPAA’s privacy and security measures.

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 declining enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children’s Health
** 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 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;
- 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 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

Resources & Notices
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

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 Department
501-364-1168 or askbenefits@archildrens.org

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.

<table>
<thead>
<tr>
<th>3. EMPLOYER NAME</th>
<th>Arkansas Children’s, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. EMPLOYER IDENTIFICATION NUMBER (EIN)</td>
<td>81-0801296</td>
</tr>
<tr>
<td>5. EMPLOYER ADDRESS</td>
<td>1 Children’s Way</td>
</tr>
<tr>
<td>6. EMPLOYER PHONE NUMBER</td>
<td>501-364-1168</td>
</tr>
<tr>
<td>7. EMPLOYER CITY</td>
<td>Little Rock</td>
</tr>
<tr>
<td>8. EMPLOYER STATE</td>
<td>AR</td>
</tr>
<tr>
<td>9. EMPLOYER ZIP CODE</td>
<td>72202</td>
</tr>
<tr>
<td>10. WHO CAN WE CONTACT ABOUT EMPLOYEE HEALTH COVERAGE AT THIS JOB?</td>
<td>Benefits Department</td>
</tr>
<tr>
<td>12. EMAIL ADDRESS</td>
<td><a href="mailto:askbenefits@archildrens.org">askbenefits@archildrens.org</a></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Arkansas Children’s Hospital (Little Rock) – Services</th>
<th>Hours</th>
<th>Phone Number</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources Service Center</td>
<td>Monday – Friday: 7:00 a.m. – 5:00 p.m.</td>
<td>501-364-1168</td>
<td>12th and Battery Street</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>Monday – Friday: 6:00 a.m. – 4:30 p.m.</td>
<td>501-364-1219</td>
<td>HR Services Center</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>N/A</td>
<td>501-364-1192</td>
<td></td>
</tr>
<tr>
<td>Cafeteria</td>
<td>Capital Café 6:00 a.m. – 8:00 p.m.</td>
<td>N/A</td>
<td>2nd floor near the Chapel</td>
</tr>
<tr>
<td>Gift Shop</td>
<td>Monday – Friday: 7:00 a.m. – 6:00 p.m. 1:00 p.m. – 4:00 p.m.</td>
<td>501-364-1209</td>
<td>By the main hospital entrance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Arkansas Children’s Northwest (Springdale) – Services</th>
<th>Hours</th>
<th>Phone Number</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACNW Occupational Health</td>
<td>Monday – Thursday: 7:00 a.m. – 4:30 p.m.</td>
<td>479-725-6871</td>
<td>2nd floor</td>
</tr>
<tr>
<td>ACNW Fitness Center</td>
<td>24hr badge access</td>
<td>N/A</td>
<td>Garden level by the Dock</td>
</tr>
<tr>
<td>Hunt Family Café</td>
<td>Monday – Friday: 7:00 a.m. – 2:00 p.m. Saturday, Sunday: 10:00 a.m. – 1:00 p.m.</td>
<td>479-725-6823</td>
<td>Garden level</td>
</tr>
<tr>
<td>The Daily Grind Coffee Shop</td>
<td>Monday – Friday: 7:00 a.m. – 3:00 p.m.</td>
<td>479-725-6823</td>
<td>Main Entrance</td>
</tr>
<tr>
<td>Terri and Chuck Erwin Gift Shop</td>
<td>Monday – Friday: 9:00 a.m. – 5:00 p.m.</td>
<td>479-728-6952</td>
<td>Main Entrance</td>
</tr>
</tbody>
</table>

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, and important announcements. Go to your preferred app store and search for Workday.
REMEMBER, YOU MUST ENROLL OR MAKE CHANGES BY THE DEADLINE IN ORDER TO HAVE COVERAGE IN 2021.

BEFORE YOU ENROLL, CONSIDER YOUR NEEDS
• How much and what type of health care did your family need last year?
• How much money should you add to an FSA or HSA to cover your expenses for this year?
• How much life insurance do you need to feel comfortable and protected?

REVIEW DETAILED INFORMATION ON THE HUMAN RESOURCES DEPARTMENT PAGE
The Human Resources Department Page has been updated, making it easier for you to access the information needed to support your total well-being and career journey.

Through the enhanced page, you can:
• View all benefits resources
• Access to the HR Roadmap
• Download all Total Rewards information
• Reach out to your HR Business Partner
• Review Professional Development Options
• Contact Occupational Health

It’s all there! Look for the Human Resources logo in the bottom left corner of the OneTeam home page to view all the departments under the HR umbrella.

GETTING THE MOST OUT OF YOUR BENEFITS
• Make sure your providers are in-network.
  • Blueadvantagearkansas.com & arkansashealthnetwork.com
  • Deltadentalar.com
  • Eyemed.com
• Review benefits information on the Human Resources Department page. Go to Total Rewards Department then Benefits to see details on every offering.
• Take advantage of the discounts and programs offered.
• Participate in the Wellness Program.
• Increase your contribution to the Retirement plan to receive the full company match each pay.

ASSISTANCE WITH ENROLLING
If you would like to discuss your benefits options and receive assistance enrolling, you can schedule an appointment with an Enroller. Also, note the enroller has the capability to video conference and share their desktop during the enrollment session. If you desire this optional approach, please request so when the enroller calls you at your designated appointment day and time.
• Make an appointment online at www.Arkansaschildrensoe.com
• Call to schedule at 866-618-2242 (7 a.m. to 7 p.m. CST, M-F)
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. More information can be found in the Benefits section of the Human Resources department pages.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Vendor</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Blue Advantage of Arkansas</td>
<td>800-370-5852</td>
<td><a href="http://www.blueadvantagearkansas.com">www.blueadvantagearkansas.com</a></td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>888-293-3748</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>Delta Dental</td>
<td>800-462-5410</td>
<td><a href="http://www.deltadentalar.com">www.deltadentalar.com</a></td>
</tr>
<tr>
<td>Health Savings Account</td>
<td>Discovery Benefits</td>
<td>866-451-3399</td>
<td><a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a></td>
</tr>
<tr>
<td>Flexible Spending Accounts (FSA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-Term Disability</td>
<td>Lincoln Financial Group</td>
<td>888-992-0531</td>
<td><a href="http://www.mylincolnportal.com">www.mylincolnportal.com</a>, portal code: ARCHILDENS</td>
</tr>
<tr>
<td>Long-Term Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Life and AD&amp;D Insurance</td>
<td>Lincoln Financial Group</td>
<td>888-787-2129</td>
<td><a href="http://www.mylincolnportal.com">www.mylincolnportal.com</a></td>
</tr>
<tr>
<td>Supplemental Employee Life Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Spouse and Child(ren) Life Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Accident Indemnity Plan</td>
<td></td>
<td>877-815-9256</td>
<td><a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a></td>
</tr>
<tr>
<td>Group Critical Illness Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole Life Insurance</td>
<td>UNUM</td>
<td>866-679-3054</td>
<td>To review policy: <a href="http://www.unum.com/employees">www.unum.com/employees</a></td>
</tr>
<tr>
<td>Retirement Plan</td>
<td>Transamerica</td>
<td>800-755-5801</td>
<td><a href="http://www.transamerica.com/portal/home">www.transamerica.com/portal/home</a></td>
</tr>
<tr>
<td>Savings Management and Retirement Training (SMART)</td>
<td>Stephens Inc.</td>
<td>Robert Jones 501-377-8112</td>
<td><a href="mailto:rjones@stephens.com">rjones@stephens.com</a> or <a href="mailto:brete.garland@stephens.com">brete.garland@stephens.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Brete Garland 501-301-9900</td>
<td></td>
</tr>
<tr>
<td>Healthy Happens Here Wellness program</td>
<td>Virgin Pulse</td>
<td>888-671-9395</td>
<td><a href="http://www.teamacwellness.org">www.teamacwellness.org</a></td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>New Directions Behavioral Health</td>
<td>800-624-5544</td>
<td><a href="http://www.eap.ndbh.com">www.eap.ndbh.com</a> (company code: childrens)</td>
</tr>
<tr>
<td>Credit Unions</td>
<td>Telco Federal Credit Union</td>
<td>501-375-5321 or 800-482-9009</td>
<td><a href="http://www.telcoe.com">www.telcoe.com</a></td>
</tr>
<tr>
<td></td>
<td>United Federal Credit Union</td>
<td>479-646-0114 x7080</td>
<td><a href="http://www.unitedfcu.com">www.unitedfcu.com</a></td>
</tr>
</tbody>
</table>