

Benefits



2023 BENEFITS GUIDE

STILL CARING FOR YOU,
WHILE YOU CARE FOR OTHERS.



HOSPITALS • RESEARCH • FOUNDATION

CARING FOR YOUR TOTAL WELL-BEING

Arkansas Children's Employees and Family Members:

Our Team for the Future Strategy guides us to routinely review staffing, retention, diversity, equity and inclusion, and well-being efforts — which includes a focus on your financial security and access to healthcare. Essentially, it's an entire plan focused on supporting you.

We are proud to offer more support for you and your family in the upcoming year. After a thorough review of our plans and partners, and the rates and offerings of other employers in Arkansas, I am confident that Arkansas Children's offers competitive, and affordable benefits to support you and your family.

Over the past year, we made big enhancements to the benefits offered to Arkansas Children's employees and their families in all areas of their life. Top of mind for us was making healthcare equitable and affordable for all of our team members. Many of these programs are provided **at no cost** to team members and their families, including:

- Our medical and EAP program offers access to in-person and virtual mental well-being services, education and so much more to support you with improving your life.
- The Healthy Happens Here wellness program through Virgin Pulse provides access to coaching, challenges and health tracking. All team members can receive up to \$100 for reaching milestones, and those enrolled in a medical plan can qualify for a wellness incentive to discount their medical premiums each pay.
- Through our partnership with Stephens Inc., all team members have access to personalized financial planning sessions. Many team members have taken advantage of this support by attending sessions regarding the Public Service Student Loan Forgiveness program that has helped hundreds of team members wipe out their college debt.
- The concierge service through Best Upon Request has been extended to our ACNW campus so that more team members have access to support for completing their to-do lists.

This guide provides an overview of all that is available to you, including a new tiered medical plan structure, a new hospital indemnity plan, and a new program enhancement that will provide certain diabetic medications at no cost to team members. I encourage you to review this information so that you can make the most of the coming year.



Sincerely,

A handwritten signature in dark ink, appearing to read 'Crystal Kohanke'.

Crystal Kohanke, Senior Vice President & Chief People Officer
Arkansas Children's

TABLE OF CONTENTS

TOTAL REWARDS OVERVIEW

- What's New in Total Rewards

HOW TO ENROLL

- Per Pay Period Premiums
- Eligibility

HEALTH

- Medical
- Telemedicine
- 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
- Hospital Indemnity
- Group Accident Insurance
- Group Critical Illness Insurance
- Health Advocate

FINANCIAL

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

04

04

07

09

12

14

14

15

20

21

22

23

23

23

23

25

26

26

27

27

27

28

28

28

28

28

29

29

30

31

31

33

33

34

34

34

WORK-LIFE

- Occupational Health
- Physical Therapy Services
- Pet Benefits
- Best Upon Request
- Employee Assistance Program
- BetterHelp Virtual Therapy
- Maternity Leave
- FMLA Application
- Return From Leave - Premium Catch Up
- Discounts
- Federal Credit Unions
- LifeKeys Services
- TravelConnect Services

35

36

36

36

36

37

37

37

37

38

38

38

38

38

39

RECOGNITION

- Diversity, Equity and Inclusion
- Employee Resource Groups
- Arkansas Children's Award Celebration
- Employee Appreciation Events
- Recognition Toolkit
- Recognizing Our Values
- Resiliency Toolkit

40

40

41

41

41

41

41

41

CAREER JOURNEY

- Arkansas Children's University
- Tuition Assistance

42

42

43

GLOSSARY

44

RESOURCES & NOTICES

- Annual Notices
- Arkansas Children's Onsite Resources
- Benefit Vendors

46

47

59

61

Benefits Guide

Now is the time to review your benefit options and make important decisions for you and your family members.

Carefully read this guide and visit the Human Resources > Total Rewards department page to view additional benefit materials that provide you with information on our benefit plans.

Remember you have 30 days to enroll in coverage to have health benefits in 2023.

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.

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 13 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.



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.

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

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, like 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 few years, we've made the Total Rewards program more robust. As a commitment to you and your family some enhancements include:

- Livongo for Diabetes Management and \$0 copays for certain diabetic medications
- Wondr Weight Management
- Pet insurance
- Clinically Integrated Networks
- SoFi student loan refinancing
- Scholarship offerings through WGU, Capella, Strayer and John Brown universities
- PerkSpot discount program
- Best Upon Request concierge service
- UAMS HealthNow Telemedicine
- Employee Resource Groups
- Diversity, Equity and Inclusion Programs
- Adoption Assistance
- Magellan EAP Programs
- Financial Well-being Programs



FINANCIAL	HEALTH	WORK-LIFE	RECOGNITION	CAREER
				
<p>Base Wages</p> <ul style="list-style-type: none"> • Exempt/Non-Exempt <p>Premium Pay</p> <ul style="list-style-type: none"> • Shift Differential • Weekend/Holiday • On Call – Call-in • Skilled Based Pay (Nursing) <p>Incentive Pay</p> <ul style="list-style-type: none"> • Annual Incentive Pay <p>Retirement and Savings</p> <ul style="list-style-type: none"> • 403(b)/401(k)/Roth • Defined Contribution • Savings Management and Retirement Training (SMART) Plan <p>Bonus Programs</p> <ul style="list-style-type: none"> • Referral Bonus • Spot Bonus <p>Paid Leave Programs</p> <ul style="list-style-type: none"> • Paid Time Off • FMLA/Personal Leaves • Holiday • Bereavement 	<p>Healthy You</p> <ul style="list-style-type: none"> • Medical Plan • Prescription Drugs • Health Savings Account • Dental • Vision • Flexible Spending Accounts (FSAs) <ul style="list-style-type: none"> o Health Care FSA o Dependent Care FSA <p>Illness and Life Management</p> <ul style="list-style-type: none"> • Short Term Disability • Long Term Disability • Basic Life and Accidental Death & Dismemberment Insurance • Supplemental Employee Life Insurance • Supplemental Spouse and Child(ren) Life Insurance • Whole Life Insurance • Group Accident Insurance • Group Critical Illness Insurance • Hospital Indemnity 	<p>Wellness</p> <ul style="list-style-type: none"> • Healthy Happens Here Wellness Program • Physical Therapy Center* • Occupational Health • Livongo – free diabetes medication • Wondr <p>Work & Life Enhancement</p> <ul style="list-style-type: none"> • Employee Assistance Program • Adoption Assistance • 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 	<p>Celebrating All of Us</p> <ul style="list-style-type: none"> • One Team <ul style="list-style-type: none"> o Communication o Celebration o Connections • Diversity, Equity & Inclusion Programs and Education • Employee Resource Groups • National Hospital Week • National Nurses Week • Physicians Day • Learning from Excellence • Employee Forums • Employee Suggestion Programs 	<p>Developing Your Career Journey</p> <ul style="list-style-type: none"> • Performance Development • Succession Planning • Team Member Onboarding and Mentorship • Leadership Development • Arkansas Children's University Development Options • Tuition Assistance • Scholarships • Certification & Licensure Programs • Career Ladders & Pathways • Student Internships & Programs • Relocation Services

*Available in Little Rock

How to Enroll

Your 2023 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 NEW HIRE 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:

- If you wish to enroll in benefits, you must do so within 30 days of hire. Your elected benefits will be effective on your hire date and missed deductions will be taken out of your pay.
- 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.).
- 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 Advocate who can guide you through your benefit options over the phone or virtually.

- Make an appointment online at www.Arkansaschildrensnh.com.
- Call to schedule 866-618-2242 (7 a.m. to 7 p.m. CST, M-F).

2023 PER PAY PERIOD PREMIUMS

Premiums are the amount you pay to have coverage. 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. New hires automatically earn the wellness incentive during this calendar year. The adjusted rate will be applied after you enroll.

MEDICAL - Tier One (Salary of less than \$45,000)				
Coverage Option	PPO Pre-tax Premiums (per pay period)	PPO – Wellness Pre-tax Premiums (per pay period)	HDHP Pre-tax Premiums (per pay period)	HDHP - Wellness Pre-tax Premiums (per pay period)
Employee Only	\$44.53	\$24.54	\$0.00	\$0.00
Employee + Child(ren)	\$104.45	\$84.45	\$40.52	\$20.52
Employee + Spouse	\$159.05	\$119.05	\$81.45	\$41.45
Employee + Family	\$216.75	\$176.75	\$116.04	\$76.04

MEDICAL - TIER TWO (Salary of \$45,000 to \$99,999)				
Coverage Option	PPO Pre-tax Premiums (per pay period)	PPO – Wellness Pre-tax Premiums (per pay period)	HDHP Pre-tax Premiums (per pay period)	HDHP - Wellness Pre-tax Premiums (per pay period)
Employee Only	\$119.41	\$99.41	\$74.87	\$54.87
Employee + Child(ren)	\$179.32	\$159.33	\$115.39	\$95.40
Employee + Spouse	\$233.92	\$193.92	\$156.33	\$116.32
Employee + Family	\$291.62	\$251.62	\$190.91	\$150.91

MEDICAL - TIER THREE (Salary greater than \$100,000)				
Coverage Option	PPO Pre-tax Premiums (per pay period)	PPO – Wellness Pre-tax Premiums (per pay period)	HDHP Pre-tax Premiums (per pay period)	HDHP - Wellness Pre-tax Premiums (per pay period)
Employee Only	\$131.35	\$111.35	\$82.36	\$62.36
Employee + Child(ren)	\$197.26	\$177.26	\$126.93	\$106.94
Employee + Spouse	\$257.31	\$217.31	\$171.96	\$131.96
Employee + Family	\$320.78	\$280.78	\$210.01	\$170.00

Employees who have dependents who are also Arkansas Children's employees may not enroll in duplicate coverage.

DENTAL	
Coverage Option	Pre-tax Premiums (per pay period)
Employee Only	\$5.37
Employee + Child(ren)	\$24.77
Employee + Spouse	\$20.77
Employee + Family	\$27.02

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

PARKING RATES	
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

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

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.

*Due to rounding, some costs may vary by a cent in the Workday versus what's printed above. The premium cost you see in Workday will be the amount that is payroll deducted.

CRITICAL ILLNESS

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

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

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

HOW MUCH WILL SUPPLEMENTAL LIFE INSURANCE COST YOU?

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

PER PAY PERIOD RATES	
Age	Employee/Spouse Cost (Rates are based on the employee's age)
	Per \$1,000 of coverage
<30	\$0.0231
30-34	\$0.0323
35-39	\$0.0508
40-44	\$0.0646
45-49	\$0.0923
50-54	\$0.1292
55-59	\$0.2262
60-64	\$0.3277
65-69	\$0.6138
70+	\$0.9969
Child Life \$5,000 amount	\$0.35
Child Life \$10,000 amount	\$0.69

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.

NEW - HOSPITAL INDEMNITY PLAN

If you or a covered family member have to go to the hospital for an accident or illness, hospital indemnity insurance provides a lump sum cash benefit to help you take care of unexpected expenses – anything from deductibles to child care to everyday bills.

Because this coverage is through Arkansas Children's you have access to group rates. This coverage is also Guarantee Issue, which means you don't have to answer any medical questions to receive coverage.

This plan also has a health assessment benefit of \$75. That means you will receive a benefit payment for completing a health screening each year starting in 2023.

Benefits include:

Hospital Admission

- \$1,000 – If hospitalized within 180 days of an accident
- With \$200 per day for up to 30 days of admission

Intensive Care Admission

- \$2,000 – If admitted to ICU within 30 days of an accident
- With \$400 per day for up to 30 days of admission

HOSPITAL INDEMNITY INSURANCE BI-WEEKLY PREMIUM	
Coverage Option	Bi-weekly Premiums
Employee only	\$10.36
Employee + spouse	\$22.24
Employee + child(ren)	\$16.36
Family	\$29.52

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. Visit the Benefits section of the Human Resources department page for plan information, forms and summaries.

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

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.

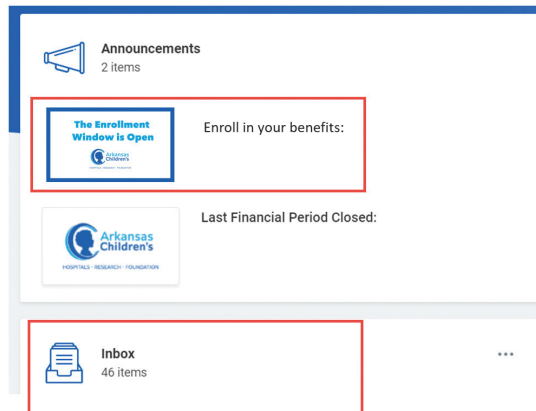
To enroll or make changes to your 403(b) or 401(k) plans, contact Transamerica directly at www.transamerica.com/portal/home.

Getting Started

When you are ready to enroll for your benefits,

Step 1 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 a Benefit Advocate to help you enroll. Just click on the Open Enrollment box in the Announcement section of Workday.



You can make an appointment with an Enroller to walk you through the election process.

Click on messages in your inbox to get started.
Look for a New Hire or Open Enrollment Benefit Change

For new hires:

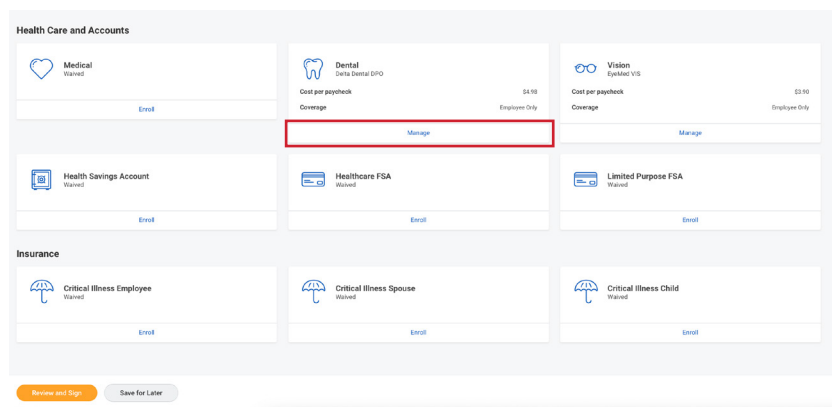
To get started electing your benefits as a new hire, you will receive an email providing your login credentials and a link to Workday. You will have a task titled "Benefit Change, Change Employee Benefits," or "Benefits Change – New Hire" if you are a new hire.

Make Your Elections

The next screen displays all the benefit options made available to you through Arkansas

Step 2 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.



Dependents

Add a new dependent or select

Coverage

Plan cost per paycheck

Add New Dependent

☐ Employee Only
☐ Employee + Spouse
☐ Employee + Child(ren)
☐ Employee + Family

Search

Save

Cancel

Step 3

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.

← Add Dependent

Relationship

Use as Dependent ☒

Use as Beneficiary ☒

Inactive Date (empty)

Date of Birth

Age (empty)

Gender

Full-time Student ☐

Student Status Start Date

Student Status End Date

Disabled ☐

Allow Duplicate Name ☐

Check this box only when there is more than one dependent with the same name.

Legal Name Contact Information National IDs Additional Government IDs Other IDs

Country

Prefix

First Name

Middle Name

Last Name

Save

Cancel

Step 4

Confirm Your Elections

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

Electronic Signature

Legal Notice: Please Read

Your name and Password are considered your “Electronic Signature” and will serve as your confirmation of the accuracy of the information being submitted. When you check the “I Agree” checkbox, you are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.
- You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Each year, during the annual enrollment period, you will have the option to change coverage whether or not you have had a qualified change in status event during the calendar year.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 30 days after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within 30 days after the marriage, birth or adoption.

☒ I Agree

Review your benefit elections to confirm the plans and the dependents covered. When you are done, click the agree button, then submit.

Step 5

(Conditional): Need To Make Changes?

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

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

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

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

The choices you make during Open Enrollment, or as a new hire, will be in effect through December 31, 2023 (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 the next page.

Eligibility

Arkansas Children’s offers benefits to legal spouses and dependent children of eligible team members. If you have a spouse or child in a medical, dental or vision plan in 2023, you will be asked to provide government issued documentation like a marriage license, birth certificate or tax return to verify eligibility. Watch for more information in 2023.

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:

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

To determine your employee type code, see 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.

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

*Note: 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. PT will be eligible for family coverage if the PT employee averages at least 30 hours a week in the 12 months measurement period and PT-NB and PRN/ZB will be eligible for coverage if the PT-NB or PRN/ZB averages 30 hours a week in the 12 months measurement period. PT, PT-NB, and PRN/ZB will be notified of their eligibility to participate in the health benefits prior to open enrollment (please refer to the Arkansas Children's Flexible Benefits Plan SPD for additional information).

Enrollment Deadline Overview

We encourage you to review your benefits during your enrollment window to make sure you have the coverage you need and that you have designated beneficiaries for your plans.

If You Don't Enroll Now

If you do not make 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

Medical | BlueCross BlueShield

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.



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."

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.

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, employees and spouses wishing to enroll for 2024 will need to reach Level 3 in Virgin Pulse by October 31, 2023. Points can be earned through a variety of activities, including connecting a tracking device, attending webinars, browsing recipes through Zipongo, and so much more!

New hires are automatically given the wellness medical premium advantage in 2023!

- \$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 well-being 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 | UAMS HealthNow

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 UAMS HealthNow so you can see local health providers virtually if you fall ill and are in-state.

Arkansas Children's will share in the cost of these services for your care. In 2023, 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 also available.

Make telemedicine or urgent care your first stop

If you find yourself with an ailment at night or over the weekend, consider your options before going to the emergency room. Emergency rooms and urgent care centers both treat many of the same injuries and illnesses. When it comes to non-life-threatening health problems, urgent care is often a better option. Knowing when to go to urgent care and when your medical problem requires emergency services can save you time and money.

If you have a minor injury or illness, don't put off getting the care you need. Urgent Care clinics are open after-hours and often have a shorter wait time than emergency rooms and cost less. You can find clinics wherever you are making them an affordable, convenient option.

Not all urgent care facilities charge the same price for the same services. Make sure the facility you choose is in-network to receive the best price for services. Find your in-network urgent care clinics at blueadvantagearkansas.com.

You can also access after-hours care through UAMS HealthNow. This virtual option offers care for the price of your co-pay, or what you would pay to see your primary care provider.

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.



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 22.

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.

	PPO	HDHP
What is the difference between the plans?	The Preferred Provider Option (PPO) medical plan has a lower deductible, but you pay more each month for coverage. You pay medical expenses until you reach the deductible, then share costs with the plan through coinsurance.	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.
Network	BlueCross BlueShield	
What are the deductibles?	Lower	Higher
What are the premiums?	Higher	Lower
Copays	\$25 copay (PCP); \$50 copay (Specialist); \$75 copay (Urgent Care). Copays do not apply to deductible.	N/A
What are the coinsurance rates?	After you reach the deductible, you will pay 20% for eligible in-network services and Arkansas Children's pays 80%.	
Can I use a Health Savings Account (HSA)?	No	Yes
Pharmacy	You will pay copays for your prescriptions.	You will pay the full price of your prescriptions until your deductible is met.
Can I use a Health Care Flexible Spending Account?	Yes, Health Care FSA contributions are limited to \$3,050 for the next twelve months. See page 23 for more information.	No, but you have access to a Limited FSA for eligible dental and vision expenses. See page 23 for more information.

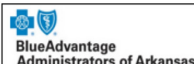


Your Arkansas Children's medical plan snapshot of benefits

The chart below 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, 2023 through December 31, 2023. Review your costs, typical utilization and plan accordingly to meet your needs. The cost for coverage is on page 8.

Blue Advantage of Arkansas				
	Preferred Provider Option (PPO)*		High Deductible Health Plan (HDHP)*	
	In-network	Out-of-network	In-network	Out-of-network
General Information				
Deductible <ul style="list-style-type: none"> Employee: Spouse: Child: Family Maximum: 	\$1,250 \$1,250 \$500 \$2,500	\$1,500 \$1,500 \$800 \$3,000	\$2,500 N/A N/A \$5,000	\$7,000 N/A N/A \$14,000
Out-of-Pocket Maximum	\$6,250/ person \$12,500/ family	None	\$7,000/ person \$14,000/ family	None
Coinsurance <ul style="list-style-type: none"> AC Available Services (facility only) All Other Services 	You pay 10% (after deductible)/ Plan pays 90% You pay 20% (after deductible)/ Plan pays 80%	N/A You pay 40% (after deductible)/ Plan pays 60%	You pay 10% (after deductible)/ Plan pays 90% You pay 20% (after deductible)/ Plan pays 80%	N/A You pay 40% (after deductible)/ Plan pays 60%

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

Hold on to your cards! You may not receive a new ID card every plan each year. If you are currently enrolled you can continue to use your card until you change plans or a new one arrives. If you newly enroll in a plan during Open Enrollment, your cards will be mailed to the address you have listed in Workday in December.

 	
Member Name JOHN DOE Member ID XCFM1234567800	
Group No. 0100230021 RXBIN: 004336 RXPCN: ADV RXGRP: RX3962 RX COPAY:	ACH PPO PLAN DED: MAX OOP: PCP COPAY: SPECIALIST COPAY:
	

Blue Advantage of Arkansas				
	Preferred Provider Option (PPO)		High Deductible Health Plan (HDHP)	
	In-network	Out-of-network	In-network	Out-of-network
Routine physicals	You pay 0%/ Plan pays 100%	No Coverage	You pay 0%/ Plan pays 100%	No Coverage
Well-woman exam				
Mammogram (1 per calendar year)				
Prostate Specific Antigen (PSA) test (routine)				
Well-child care (office visits and immunizations)				
Physician Office Visits and Emergency Services				
Physician (PCP) office visit	\$25 copay	If your visit is determined to not be an emergency, you pay 40% (after deductible)/ Plan pays 60% If your visit is an emergency, you will be billed the in-network rate.	You pay 20% (after deductible)/ Plan pays 80%	You pay 40% (after deductible)/ Plan pays 60%
Specialist office visit	\$50 copay			
Hospital Emergency Room	You pay 20% (after deductible)/ Plan pays 80%			
Urgent Care	\$75 copay			



How are the medical plans different?

Here is a comparison between the HDHP and PPO plan in 2023.

Medical	2023 – In-network	
	PPO	HDHP
Deductible	<p>Employee \$1,250 Spouse \$1,250 Each Child \$500 Maximum Family Deductible \$2,500</p> <p>All individuals contribute to the Maximum Family Deductible.</p> <p>The deductible changes so charges for all family members apply to the family deductible, but only charges up to the individual deductible of \$1,250 apply for any one employee or spouse, and \$500 for any one child.</p> <p>A combination of family members can satisfy the family deductible.</p> <p>Coinsurance begins once the family deductible is met.</p> <p>Copays don't apply toward the deductible.</p>	<p>Individual \$2,500/ Family \$5,000</p> <p>Once the \$2,500 deductible for an individual policy or \$5,000 family deductible is met for a family policy is met, then the 80% coinsurance would begin.</p>
Coinsurance	<p>AC Services Only: Employee pays 10% (after deductible)/ Plan pays 90%</p> <p>All Other Services: Employee pays 20% (after deductible)/ Plan pays 80%</p>	<p>AC Services Only: Employee pays 10% (after deductible)/ Plan pays 90%</p> <p>All Other Services: Employee pays 20% (after deductible)/ Plan pays 80%</p>
Copay	<p>PCP - \$25 Specialist - \$50 Urgent care - \$75</p>	No copays
Out-of-Pocket Maximum	<p>Copays apply Deductible applies Coinsurance applies</p>	Coinsurance applies

*A Primary Care Physician (PCP) is defined as a family practice, internal medicine, general practice and pediatrician or mental health professional. 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.

GREAT BENEFIT FOR ARKANSAS CHILDREN'S HEALTH PLAN MEMBERS IN CENTRAL AND NORTHWEST ARKANSAS

Arkansas Children's offers a clinically integrated network of services to help employees and their families get the health care they need. We have partnered with Arkansas Health Network (AHN), Arkansas Children's Care Network (ACCN) and NextHealth. You and your family members enrolled in Arkansas Children's health plan with BlueCross BlueShield can get health care from providers in these networks.

What are AHN, ACCN and NextHealth?

AHN, ACCN and NextHealth are groups of health care providers, clinics, and hospitals in Arkansas. AHN and NextHealth offers health care for adults. ACCN offers health care for children. New providers and facilities are still joining. The Clinically Integrated Network includes numerous facilities, physicians and specialists.

Why should I visit a CIN provider?

CIN 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. And, they 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.

NextHealth – Northwest Arkansas

NextHealth, a Clinically Integrated Network (CIN) option for ACNW medical enrollees. 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.

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

You can find a list of providers at [BlueAdvantageArkansas.com](https://www.blueadvantagearkansas.com).

New! Diabetic Medication for Livongo participants - at no cost to team members!

Beginning January 1, 2023, team members who are enrolled in a medical plan and Livongo will receive certain diabetes medications for a \$0 copay. The Livongo program is offered free of charge by Arkansas Children's, and provides a free meter, testing strips and coaching assistance for those enrolled in a medical plan. Team members can enroll in the program at any time throughout the year, but the earlier you enroll, the sooner you can receive the benefit.

Medications include:

- | | |
|----------------------|-------------|
| • Formulary insulins | • Ozempic |
| • Trulicity | • Farxiga |
| • Victoza | • Jardiance |
| • Rybelsus | |

To Learn more or join go to join.livongo.com/ARKCHILD20/hi

Registration code: **ARKCHILD20**

Contact BCBS with questions at 501-378-3392



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 (\$2,500 in-network individual coverage or \$5,000 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. You can find the formulary list of medications at [BlueAdvantageArkansas.com](https://www.blueadvantagearkansas.com).

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

Specialty Drugs 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.

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.

Health Savings Account | Optum Financial

Arkansas Children's Health Savings Account (HSA) is administered by **Optum Financial**.

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.

#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 \$3,850/individual coverage, \$7,750/family coverage including company employer contribution. Members who are 55+ have the option of an additional \$1,000 catch-up contribution in 2023**). 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 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 2023, Arkansas Children's will make a one-time contribution to your account. The only requirement is that you have an active HSA account. New hires will receive a prorated contribution up to \$250.

Get started saving money!

Enroll in the HSA through Workday. Your enrollment will be sent over for your account to be set up automatically. Optum 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.** Go to www.optumfinancial.com to access your account.

Swipe your debit card for instant savings!

You'll receive a debit card after registering for any Optum Health Savings Account. The debit card works like a credit card and can be swiped at approved network locations (like a doctor's office, emergency room, or dentist's office). The debit card draws from your HSA balance to automatically pay your share of the expenses. To replace your debit card or request an additional card, call Optum Bank at **877-292-4040**.

Flexible Spending Accounts | Optum Financial

Arkansas Children's Flexible Spending Account (FSA) is administered by **Optum Financial**. 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 \$3,050 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 \$3,050 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 or forfeited.

Here's a comparison of the three plans:

	Health Care FSA	Dependent Care FSA	Limited FSA
Eligibility	You may participate if you enroll in the PPO medical plan or waive coverage	Any benefits-eligible employee is available to participate	You may participate if you enroll in the HDHP
Pre-tax annual maximum contribution	\$3,050	\$5,000 (if single or married, filing taxes jointly), \$2,500 (if married filing separately)*	\$3,050
Eligible expenses	Family out-of-pocket medical, prescription drug, dental, and vision expenses not paid by any other plan	Child care (under age 12) or elder care expenses	Dental and vision care expenses, such as orthodontia, eyeglasses or contact lenses, vision correction procedures, etc.
Availability of funds credited to the account	Available on January 1 (or date of hire)	Funds must accumulate before using	Available on January 1 (or date of hire)
Unused funds forfeited at end of year?	Up to \$610 carry over is available	Yes	Up to \$610 carry over is available
Receipts needed?	Yes	Yes	Yes

*Dependent Care FSA contributions are based on a calendar year. You have until the end of 2023 to use the funds in your account.

A 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 Optum mobile app and you are done!

Please note: You will be contacted if you need to provide receipts or additional information. If you are unable to provide approved documentation after three attempts, your debit card will be deactivated to ensure compliance with IRS regulations.

You'll receive your debit card a few weeks after enrolling in an FSA. To replace your debit card or request an additional card, call Optum at **877-292-4040**.

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 8.

Use your FSA or HSA Funds for Dental Expenses

If you anticipate large dental expenses, don't forget to include that amount when deciding how much to contribute to your Flexible Spending or Health Savings Account.

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



Vision | EyeMed

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 8.

Vision Plan Features		
Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement
Frequency: • Examination • Eyeglass Lenses and/or Contact lenses • Frames	Once every calendar year Once every calendar year Once every calendar year	N/A
Eye Exam	\$20 copay	Up to \$30
Contact Lens Fitting Fee	Standard – up to \$40 Premium – 10% off retail price	N/A
Eyeglass Frames	\$0 copay, \$150 allowance, 20% off balance over \$150	Up to \$75
Eyeglass Standard Plastic Lenses • Single Vision/Bifocal/Trifocal/Lenticular • Standard Progressive Lens • Premium Progressive Lens Tier 1 • Premium Progressive Lens Tier 2 • Premium Progressive Lens Tier 3 • Premium Progressive Lens Tier 4	\$20 copay \$85 copay \$105 copay \$115 copay \$130 copay \$85 copay, 80% of charge less \$120 allowance	Up to \$25/\$40/\$55/\$55 \$40 Up to \$40 Up to \$40 Up to \$40 Up to \$40
Contacts • Conventional • Disposable • Medically Necessary	\$0 copay, \$150 allowance, 15% off balance over \$150 \$0 copay, \$150 allowance, 100% of balance over \$150 \$0 copay, paid in full	Up to \$120 Up to \$120 Up to \$300
Lens Options, Add-ons, Additional Pairs, Laser Vision Correction	Reduced pricing and discounts are available	N/A

Hearing | Amplifon

If you enroll in the vision 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.

Short Term Disability | Lincoln Financial Group

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

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

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

Your STD benefits are as follows:

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

Long Term Disability | Lincoln Financial Group

Company Provided • Full Time & Weekend Option Employees

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

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

How long will LTD benefits last?

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

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

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

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

Company Provided • Full Time & Weekend Option Employees

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

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

DID YOU KNOW?

It is critical that you select a beneficiary for your basic life and AD&D insurance benefit. Your beneficiary(ies) will receive your benefit if you pass away. It is advisable that you do not designate a minor as your beneficiary. You can update your beneficiary information at any time online through Workday.

Supplemental Employee

Life Insurance | Lincoln Financial Group

Company Provided • Full Time & Weekend Option Employees

Arkansas Children's offers **eligible employees** the option to purchase additional life insurance. Remember, this coverage is *in addition* to the basic life and AD&D insurance benefit provided by Arkansas Children's. New hires 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. Any increases to your supplemental plans after may require evidence of insurability. 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 9.

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. New hires do not need to complete an EOI form as long as you purchase supplemental life insurance below the guarantee issue amount of \$300,000 within your first 30 days of employment. Any increases to your supplemental plans after new hire enrollment will require evidence of insurability.

Supplemental Spouse and Child(ren)

Life Insurance | Lincoln Financial Group

Company Provided • Full Time & Weekend Option Employees

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

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

The cost for coverage is on page 9.

Supplemental SPOUSE Life Insurance

Maximum benefit	\$225,000
Evidence of Insurability (EOI) for new hires	Maximum of \$50,000, without providing EOI
Policy requirements	Amount cannot exceed 50% of employee supplemental life insurance amounts

Supplemental CHILD(REN) Life Insurance

Coverage options	<ul style="list-style-type: none">• \$5,000• \$10,000
------------------	--

Whole Life Insurance | UNUM

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

Features of the policy include:

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

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.

Hospital Indemnity Plan | Lincoln Financial Group NEW!

If you or a covered family member have to go to the hospital for an accident or injury, hospital indemnity insurance provides a lump sum cash benefit to help you take care of unexpected expenses – anything from deductibles to child care to everyday bills.

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

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

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

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

The cost for coverage is on page 9. 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 | Lincoln Financial Group

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

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

You'll receive a lump-sum benefit at the time a covered illness (such as a stroke, heart attack or cancer) occurs or is diagnosed. The cash payments can range from \$5,000 to as much as \$50,000, depending on the type of policy you 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 9. 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.

Get \$50 for taking a test!

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

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.





Financial

Ensuring your success

Arkansas Children's actively supports your financial well-being to ensure your success at work, at home and into the future. 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.

Information in this guide is a summary. Refer to the Retirement Plan and Defined Contribution summary plan descriptions found on the Benefits tab of the Human Resources department page.



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 administered by **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 make 403(b)/401(k) or Roth Elective Deferrals at any time – up to the IRS limit of \$22,500 in 2023. Employees who will turn age 50 in 2023 or older may contribute an extra amount, called a “catch-up contribution.” This feature allows individuals closer to retirement to save \$7,500 more than the IRS typically allows. 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

All employees are immediately eligible to make 403(b)/401(k) or Roth Elective Deferrals. 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 who do not make an affirmative election 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 account when you do. The match is calculated and deposited per pay period along with your contributions.

The Employer Matching Contribution shall not exceed the lesser of (1) 50% of the Eligible Employee's Elective Deferrals, including Roth Elective Deferrals, for the payroll period, or (2) 5% of the Eligible Employee's applicable Compensation for the payroll period.

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.

The match is determined for each eligible contribution you make through payroll. Plan your election throughout the year to take full advantage of the match contribution Arkansas Children's offers. For example, two employees both contribute the maximum allowed by the IRS annually. One contributes \$1,025 per paycheck for 20 paychecks, therefore maxing out their contributions before the end of the year. The other employee contributes \$788 per paycheck for the full 26 paychecks. Both receive the same employer match of 5% per paycheck, but the employee who contributes each pay receives the employer match for 6 more paychecks than the other.

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 make 403(b)/401(k)/Roth Elective Deferrals, you have a 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 contributes on your behalf is subject to a vesting schedule based on your years of service. A year of service for vesting is credited each calendar year in which you work at least 1,000 hours. After five years, you are fully vested.

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

Roth Contributions

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 pre-tax elective deferrals, Roth contributions or a combination of both.

The Trade-Off?

Roth contributions are made after taxes are taken out as opposed to made on a pre-tax basis. As such, they do not reduce your current income for income tax purposes. However, Roth contributions can help diversify your tax risk – if there is a 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**.

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 for your retirement through a Defined Contribution Plan. The Defined Contribution Plan is discretionary and reviewed each year. Employees are eligible to participate if they meet the plan's eligibility requirements.

The amount of the employer contribution is dependent upon the financial performance of the hospital during the year. The contribution is based on a percentage of an eligible employee's eligible 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.

Do company contributions vest?

Just like the matching contributions, employer contributions under the Defined Contribution Plan vest 20% each year. After five years of service (in which you have worked 1,000 hours each year) with Arkansas Children's, you become 100% vested.

Paid Leave Program | Company Provided

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

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.

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

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

Salaried-exempt management are also offered time off to use throughout the year. Arkansas Children's 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. 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, and 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

Cheryl Daughenbaugh

cheryl.daughenbaugh@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
- Thanksgiving Day
- Christmas Eve
- Memorial Day
- Labor Day
- Day after Thanksgiving
- Christmas Day

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.



Work-Life

Additional 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.



Get healthy and save money

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

Here are some exciting features that are available:

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

- Social Wellness

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

There are 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 well-being 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.

Occupational Health

Getting sick or injured on the job is not something Arkansas Children's takes lightly, which is why you have **free** access to occupational health services. Occupational health services include the assessment and treatment of work-related injuries, substance abuse prevention, ADA and ergonomic accommodation studies, tobacco cessation, immunizations, preventive screenings for Tuberculosis and other infectious diseases and so much more. Call Occupational Health at **501-364-1219** in Little Rock, and at **479-725-6871** in Northwest Arkansas.

Physical Therapy Services

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

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

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.

Pet Assure - Veterinary Discount Plan

Pet Assure 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 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. Remote services are available to all employees working on the ACNW campus. Contact Best Upon Request at **501-519-3735**, or email at AC_concierge@bestuponrequest.com in Little Rock, or ACNW@bestuponrequest.com in Springdale.

Accessing Best Upon Request concierge service is easier with the BEST mobile app. Search "BestURequest" on the Apple App Store and Google Play to get started!

The new BEST mobile app allows you to:

- Sign up for the service (if you aren't already)
- Make requests 24/7
- See request status
- See service history
- Find details about your concierge via a link to your Customer Portal

Employee Assistance Program (EAP)

No matter where you are on your journey, there are times when a little help can go a long way.

From checking off daily tasks to working on more complex issues, the Magellan EAP program offers a variety of resources, tools and services available to you and your household members.

This **free** service is available to all employees and household members regardless of medical plan enrollment.

Contact the Magellan EAP

Call your Employee Assistance Program at **800-327-9860** (TTY 711) or visit Member.MagellanHealthcare.com to get started.

Key features

- Provided at no cost
- Confidential service provided by a third party
- Available 24/7/365

Well-being services

- Coaching – When you have a goal to achieve, coaches help you create a plan of action and stay on track.
- Counseling – For more difficult issues like grief or stress, counselors can provide support tailored to your unique situation.
- Online programs – Self-guided, interactive programs help improve your emotional well-being for issues like depression and anxiety.

BetterHelp Virtual Therapy

Through the Magellan Employee Assistance program, you have access to confidential virtual therapy, provided by BetterHelp, **at no cost to you.**

Choose from one of four modalities:

- Text messaging exchange over a week
- Live phone session
- Live video session
- Live chat session

To register go to BetterHelp.com/Magellan and click on **Get Started.**

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.

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

FMLA will provide up to 12 weeks of 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.

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.

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.

PerkSpot Discount Program

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.

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* 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 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.

Work-Life





Celebrating All of Us

Recognition

Excellence in the workplace means diversity, equity and full inclusion among the team, leadership and the families we serve.

As One Team, Arkansas Children's celebrates our achievements by recognizing and rewarding individual and collective efforts throughout the organization. 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 Arkansas Children's Awards.

We know recognition is a powerful tool that builds trust, promotes engagement and supports our culture at Arkansas Children's. That is why we have included Recognition as a pillar of your Total Rewards program.

Diversity, Equity and Inclusion

We are committed to increasing and promoting diversity amongst team members while also improving the inclusion and belonging experience for patients and families. We attract more diverse team members through intentional efforts in staff recruitment, education and support.

Our Employee Resource Groups ("ERGs") are voluntary, employee-driven groups at Arkansas Children's organized around a particular shared interest, characteristic or experience. They serve to build an inclusive work environment, increase employee satisfaction and engagement, encourage connection and mentorship among team members and support Arkansas Children's by reinforcing the value of diversity.

All team members are welcome to join any of our ERG communities which include:

- Asian American and Pacific Islander Origins
- Black/African American
- Latino/a
- LGBTQ+ Allies
- SAFE (Special Diets, Allergen-Free Environment) Foods
- Veterans, Friends and Family
- Working Mothers of Young Children

Arkansas Children's Award Celebration

The Arkansas Children's 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 state-wide are presented at this ceremony as well. These awards include OneTeam 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 Arkansas Children's 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, Veterans Day Celebration, Honeybaked Ham Distribution, Employee Holiday Party, Children's Hospital Week, Nurse's Week and other fun and celebratory events.

Recognition Toolkit

While a simple thank you can mean so much, recognition is often overlooked for fear of not having the time or the budget to plan something special. Check out the **Recognition Toolkit on the HR department page** to discover simple and fun ways to show you care.



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.

Resiliency Toolkit

Everyone faces challenges that can range from burnout to finding balance in your life. The **Resiliency Toolkit on the HR department page** outlines resources available when you need help. From counseling to concierge services to self-guided learning, we offer many services that can help you through difficult times or prepare you for times when the unexpected happens.



Your Career Journey

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.

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.

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.

Download the ACU Mobile app to access learning from anywhere. Whether you are interested in navigating goal setting, health benefits, financial wellness, or retirement education, Arkansas Children's University. ACU is your one-stop-shop for education.

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

Arkansas Children's University on the Go

Through the ACU Mobile App, powered by Cornerstone Learn, you'll get just-in-time learning and QR scanning for attendance tracking. **Download the mobile app now for access to ACU and all your courses on the go.**

Tuition Assistance Program

The Tuition Assistance application and reimbursement process can now be completed through Workday. This change makes it easier for employees to submit their applications for manager approval and submit requests for reimbursement from anywhere electronically. In addition, employees will be able to store and view documents in one place and receive reimbursements more quickly.

The Tuition Assistance Program is open to all full and part-time employees with an FTE of .5 or above. Eligible full-time team members can receive up to \$4,000 per calendar year (January 1 through December 31) for bachelor's and associates or up to \$5,200 per calendar year for advanced degrees. Eligible part time team members can receive up to \$2,000 per calendar year for bachelor's and associates or up to \$2,600 per calendar year for advanced degrees.

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.



Glossary

Helpful Terms



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

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

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

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

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

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

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

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

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

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

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

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

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.



Resources & Notices

Resources & Notices

Distribution Date:
October 4, 2022

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

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:	Administrative Committee c/o Crystal Kohanke
Title:	Senior Vice President, Chief People Officer
Phone:	501-364-4294
Email:	kohankech@archildrens.org
Mailing Address:	1 Children’s Way Little Rock, AR 72202
Privacy Officer:	Crystal Kohanke
Title:	Senior Vice President, Chief People Officer
Phone:	501-364-4294
Email:	kohankech@archildrens.org
Mailing Address:	1 Children’s Way Little Rock, AR 72202

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. You can keep this coverage if you elect Medicare Part D. The plan will be the primary payer. Medicare Part D will be the secondary payor and coordinate benefits with the Arkansas Children's plan. 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 at open enrollment or with a HIPAA Qualifying Event.

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 person 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).

Contact: Position/Office: Benefit 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.

	PPO		HDHP	
	Network	Non-Network	Network	Non-Network
Employee Deductible	\$1,250	\$1,500	\$2,500	\$7,000
Spouse Deductible	\$1,250	\$1,500	N/A	N/A
Child Deductible	\$500	\$800	N/A	N/A
Family Max Deductible	\$2,500	\$3,000	\$5,000	\$14,000
Coinsurance	80%	60%	80%	60%

If you would like more information on WHCRA benefits, call your plan administrator at **501-364-1168**.

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.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, 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 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 July 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website:
Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

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

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidptprecovery.com/flmedicaidptprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: (678) 564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/> | Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: -800-977-6740.
TTY: Maine relay 711

Resources & Notices

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: (617) 886-8102

MINNESOTA – Medicaid

Website:
<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

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

NEW YORK – Medicaid

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

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/> | Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org> | Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov> | Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov> | Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/> | Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/> | Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/> | <http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

Updated Notice of Outbreak Period Relief

The purpose of this notice is to inform you that recent guidance has been issued that may impact your rights and obligations under the Outbreak Period relief made available in connection with the COVID-19 Pandemic.

At the beginning of the COVID-19 Pandemic, the Department of Labor and Internal Revenue Service issued guidance that provided relief to participants and beneficiaries by requiring plans to disregard the time period beginning March 1, 2020 and ending 60 days after the end of the National Emergency (the "Outbreak Period") when determining a participant's or beneficiary's compliance with various notice and election deadlines including the following, as applicable:

- **HIPAA Special Enrollment:** The 60-day period to request enrollment on account of a change in family status (i.e., marriage, birth, adoption, placement for adoption) or on account of loss of other health coverage;
- **CHIPRA:** The 60 day period to request or change enrollment for loss of Medicaid or CHIP coverage or on account of becoming eligible for state premium assistance subsidy;
- **COBRA Elections** – The period to elect COBRA continuation coverage;
- **COBRA Premium Payments:** The 30-day grace period to make COBRA payments;
- **COBRA Qualifying Event Notice:** The 60-day deadline required for an employee or dependent to notify the plan of a COBRA qualifying event on account of the spouse's loss of eligibility for divorce or legal separation or for a child losing dependent status;
- **Disability Determination:** The COBRA qualified beneficiary's 60 day notification deadline to qualify for extension of COBRA coverage on account of an SSA disability determination;
- **Claims and Appeals:** the deadline to make an initial claim, appeal a denied claim or request external review

Recently updated guidance on Outbreak Period relief clarifies that the maximum period of relief available to individuals is one (1) year subject to earlier termination if the National Emergency ends. As a result, the Outbreak Period relief will end on the earlier of (a) one year from the date you became eligible for relief or (b) 60 days after the end of the COVID-19 National Emergency. Generally speaking, you become eligible for relief on the day when a notice or election deadline would ordinarily begin.

If you believe that you have a notice or election obligation that has expired as a result of this updated guidance or if you want to request additional information regarding the Outbreak Period relief please contact askbenefits@archildrens.org or **501-364-1168**.

Your Rights and Protections Against Surprise Medical Bills.

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain **out-of-pocket costs**, like a **copayment**, **coinsurance**, or **deductible**. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called **"balance billing."** This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
 - o Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
 - o Cover emergency services by out-of-network providers.
 - o Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - o Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, you may contact a BlueAdvantage customer representative by calling the number on your ID Card or the federal phone number for information and complaints is: 1-800-985-3059.

Visit www.cms.gov/nosurprises/consumers for more information about your rights under federal law.

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

To request special enrollment or obtain more information, contact the Benefits Department at askbenefits@archildrens.org or **501-364-1168**.

Note: Your special enrollment rights may be impacted by temporary relief that has been extended in connection with the COVID-19 National Emergency. For additional information about this relief please refer to the Updated Notice of Outbreak Period Relief.

** Continuation Coverage Rights Under COBRA **

Introduction

You are getting this notice because you recently gained coverage under the Arkansas Children's Flexible Benefits Plan (hereinafter referred to as the "Plan") which include group medical, dental, vision, EAP and Health FSA benefits. This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of medical, dental, vision, EAP or Health FSA coverage under the Plan.

This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do

to protect your right to get it.

When you become eligible for COBRA, you may

also become eligible for other coverage options that may cost less than COBRA continuation coverage. COBRA (and the description of COBRA continuation coverage in this notice) applies only to the group medical, dental, vision, EAP or Health FSA benefits offered under the Plan and not to any other benefits offered under the Plan by Arkansas Children's, Inc or its related entities (the "Employer").

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. The Plan provides no greater COBRA rights than what COBRA requires—nothing in this notice is intended to expand your rights beyond COBRA's requirements.

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 has occurred, and any required notice of the event has been timely and properly provided as described in this notice, COBRA continuation coverage must be offered to each person who has incurred a loss of coverage and 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 (or if your spouse reduces or eliminates your group health coverage in anticipation of a divorce or legal separation, and a divorce or legal separation later occurs, the divorce or legal separation may be considered a qualifying event).

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."

Children born to or placed for adoption with the covered employee during COBRA coverage period.

A child born to, adopted by, or placed for adoption with a covered employee during a period of COBRA continuation coverage is considered to be a qualified beneficiary provided that, if the covered employee is a qualified beneficiary, the covered employee has elected COBRA continuation coverage for himself or herself. The child's COBRA continuation coverage begins when the child is enrolled in the Plan, whether through special enrollment or open enrollment (in accordance with such time and enrollment requirements), and it lasts for as long as COBRA continuation coverage lasts for other family members of the covered employee. To be enrolled in the Plan, the child must satisfy the otherwise applicable Plan eligibility requirements and an enrollment form reflecting the addition of the child must be submitted to the Plan Administrator within 31 days from birth, adoption, or placement for adoption or during open enrollment as applicable.

Alternate Recipients under QMCSOs.

A child of the covered employee who is receiving benefits under the Plan pursuant to a qualified medical child support order (QMCSO) received by the Plan Administrator during the covered employee's period of employment with the Employer is entitled to the same rights to elect COBRA as an eligible dependent child of the covered employee.

When is COBRA continuation coverage available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the later of (1) the date of the qualifying event; or (2) the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the qualifying event. You must provide this notice to the Plan Administrator using the notice procedures below. If these procedures are not followed or if the notice is not provided in accordance with the procedures below to the Plan Administrator during the 60-day notice period, **YOU WILL LOSE YOUR RIGHT TO ELECT COBRA.**

Notice Procedures: Any notice that you provide must be in writing as described below. Oral notice, including notice by telephone, is not acceptable.

If you mail or hand-deliver your notice, you must mail or hand-deliver the notice to Arkansas Children's Inc. Contact askbenefits@archildrens.com for more information or to obtain electronic email information. If mailed, your notice must be postmarked no later than the last day of the required notice period. If hand-delivered, your notice must be received by 5:00 central time, at the address specified above, no later than the last day of the required notice period. Any written notice you provide must state the name of the Plan (Arkansas Children's Flexible Benefit), the name and address of the employee covered under the Plan, and the name(s) and address(es) of the qualified beneficiary(ies). Your written notice must also describe the qualifying event and the date it happened. If the qualifying event is a divorce, you may be asked to submit a copy of the divorce decree. If the qualifying event is due to a child ceasing to be a dependent under the Plan, the notice should specify the reason why the child ceases to be a dependent under the Plan. Notices should be signed and dated by the person submitting the notice.

Health FSA Component. COBRA coverage under the Health FSA will be offered only to qualified beneficiaries losing coverage who have underspent accounts. A qualified beneficiary has an underspent account if the annual limit elected by the covered employee, reduced by the reimbursable claims submitted up to the time of the qualifying event, is equal to or more than the amount of the premiums for Health FSA COBRA continuation coverage that will be charged for the remainder of the plan year. COBRA coverage will consist of the Health FSA coverage in force at the time of the qualifying event (i.e., the elected annual limit reduced by reimbursable claims submitted up to the time of the qualifying event). The use-or-lose rule will continue to apply, so any unused amounts will be forfeited at the end of the plan year, and COBRA coverage will terminate at the end of the plan year. Unless otherwise elected, all qualified beneficiaries who were covered under the Health FSA will be covered together for Health FSA COBRA coverage. However, each qualified beneficiary could alternatively elect separate COBRA coverage to cover that beneficiary only, with a separate Health FSA annual limit and a separate premium. For additional information about this alternative, contact the Plan Administrator for more information.

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. **Any qualified beneficiary for whom COBRA is not elected within the 60-day election period specified in the Plan's COBRA election notice WILL LOSE HIS OR HER RIGHT TO ELECT COBRA CONTINUATION COVERAGE.**

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and all of the qualified beneficiaries in your 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. **You must notify the Plan Administrator using the procedures set forth below. If these procedures are not followed or if the notice is not provided in writing, YOU WILL LOSE YOUR RIGHT TO EXTEND YOUR COBRA CONTINUATION COVERAGE.**

Notice Procedures: The disability extension is available only if you notify Optum Financial as described below, in writing of the Social Security Administration's determination of disability within 60 days after the latest of (1) the date of the Social Security Administration's disability determination; (2) the date of the covered employee's termination of employment or reduction of hours; and (3) the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination of employment or reduction of hours. You must also provide this notice within 18 months after the covered employee's termination of employment or reduction of hours in order to be entitled to a disability extension. **Note: Disability extension notices are to be provided to Optum Financial, the COBRA Administrator at the address specified below.**

Any notice that you provide must be in writing via mail. Oral notice, including notice by telephone, is not acceptable. You must send your notice by mail to Optum Financial, P.O. Box 2639, Omaha, NE 68103. You may contact Optum Financial's customer care center at (855) 687-2021. Your notice must be sent or postmarked no later than the last day of the required notice period. Any notice you provide must state the name of the Plan (Arkansas Children's Flexible Benefits Plan), the name and address(es) of the qualified beneficiary(ies). Notices should be signed and dated by the person submitting the notice. Your notice must also include a copy of the Social Security Administration's determination of disability.

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; became 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. This extension is not available under the Plan when a covered employee becomes entitled to Medicare after his or her termination of employment or reduction in hours, and only applies if the employee became entitled to Medicare benefits less than 18 months before the qualifying event (termination of employment or reduction in hours) and can last up until 36 months after the date of Medicare entitlement. **You must notify Optum Financial using the procedures specified below. If these procedures are not followed or if the notice is not provided in writing, YOU WILL LOSE YOUR RIGHT TO EXTEND YOUR COBRA CONTINUATION COVERAGE.**

Notice Procedures: This extension due to a second qualifying event is available only if you notify Optum Financial in writing of the second qualifying event within 60 days of the date of the second qualifying event.

Note: Second qualifying event extension notices are to be provided to the Plan Administrator, at the address specified below.

Any notice that you provide must be in writing via mail. Oral notice, including notice by telephone, is not acceptable. You must send your notice to You must send your notice by mail to Optum Financial, P.O. Box 2639, Omaha, NE 68103. You may contact Optum Financial's customer care center at (855) 687-2021. Your notice must be sent or postmarked no later than the

last day of the required notice period. Any notice you provide must state the name of the

Plan (Arkansas Children's Flexible Benefits Plan), the name and address(es) of the qualified beneficiary(ies). Notices should be signed and dated by the person submitting the notice. If the qualifying event is a divorce, you may be asked to submit a copy of the divorce decree. If the qualifying event is due to a child ceasing to be a dependent under the Plan, the notice should specify the reason why the child ceases to be a dependent under the Plan. Notices should be signed and dated by the person submitting the notice.

Coverage Period under the Health FSA. COBRA continuation coverage under the Health FSA component benefits, if applicable, can only last until the end of the year in which the qualifying event occurred and cannot be extended under any circumstances.

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, Medicare, Medicaid, Children's Health Insurance Program (CHIP) 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.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. The Plan will pay secondary and will base its payment upon benefits that would have been paid by Medicare under both Parts A and B with respect to Participants who are covered pursuant to COBRA, regardless of whether or not such Participants were, enrolled in Medicare Parts A and Parts B.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information

Arkansas Children's, Inc.
Administrative Committee - Plan Administrator
c/o _Benefits Department
#1 Children's Way, Slot 600, Little Rock, AR 72202
501-364-2135

The contact information for the Plan may change from time to time. The most recent information will be included in the most recent summary plan description (if you do not have a copy, you may request one from the Plan Administrator) or by contacting the Plan Administrator.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: GENERAL INFORMATION

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

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

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

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

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

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

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

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

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

How Can I Get More Information?

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

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

PART B: Information about Health Coverage Offered by Your Employer

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

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

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

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

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

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

Arkansas Children's Hospital (Little Rock) – Services	Hours	Phone Number	Location
<i>Human Resources Service Center</i>	Monday – Friday: 7:00 a.m. – 5:00 p.m.	501-364-1168	12 th and Battery Street
<i>Occupational Health Satellite Clinic</i>	Tuesdays: 6:00 a.m. - 4 p.m. (TB/Vaccination needs)	501-364-1231	Sturgis Building
<i>Occupational Health</i>	Monday – Friday: 6:00 a.m. – 4:30 p.m.	501-364-1219	HR Services Center
<i>Physical Therapy</i>		501-364-1192	
<i>Child Enrichment Center</i>	Monday – Friday: 6:15 a.m. – 7:30 p.m.	501-364-3566	6 Children's Way
<i>Cafeteria</i>	Capital Café Open 7 days a week 6:00 a.m. – 8:00 p.m.	N/A	2 nd floor near the Chapel
<i>Gift Shop</i>	Monday – Friday: 7:00 a.m. – 4:30 p.m.	501-364-1209	By the main hospital entrance

Arkansas Children's Northwest (Springdale) – Services	Hours	Phone Number	Location
<i>ACNW Occupational Health</i>	Monday – Thursday: 7:00 a.m. – 4:30 p.m.	479-725-6871	2nd floor
<i>Hunt Family Café</i>	Monday – Friday: 7:00 a.m. – 2:00 p.m. Saturday, Sunday: 10:00 a.m. - 1:00 p.m.	479-725-6823	Garden level
<i>The Daily Grind Coffee Shop</i>	Monday – Thursday: 8:00 a.m. - 4:00 p.m. Friday: 8:00 a.m. - 2:30 p.m.	479-725-6823	Main Entrance
<i>Terri and Chuck Erwin Gift Shop</i>	Monday – Friday: 7:00 a.m. – 2:00 p.m.	479-728-6952	Main Entrance



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

Summary

REMEMBER, YOU MUST ENROLL OR MAKE CHANGES BY THE DEADLINE IN ORDER TO HAVE COVERAGE IN 2023.

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
- 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](https://blueadvantagearkansas.com) & arkansashealthnetwork.com
 - [Deltadentalar.com](https://deltadentalar.com)
 - [Eyemed.com](https://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 a Benefits Advocate. 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.Arkansaschildrensnh.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.

Benefit	Vendor	Phone Number	Website
Medical	Blue Advantage of Arkansas	800-370-5852	www.blueadvantagearkansas.com
Prescription Drug		888-293-3748	
Dental	Delta Dental	800-462-5410	www.deltadentalar.com
Vision	EyeMed	866-939-3633	www.eyemed.com
Health Savings Account	Optum Financial	877-292-4040	www.optumfinancial.com
Flexible Spending Accounts (FSA)			
Short-Term Disability	Lincoln Financial Group	888-992-0531	www.mylincolnportal.com , portal code: ARCHILDRENS
Long-Term Disability			
Basic Life and AD&D Insurance		888-787-2129	www.mylincolnportal.com
Supplemental Employee Life Insurance			
Supplemental Spouse and Child(ren) Life Insurance		877-815-9256	www.lincolnfinancial.com
Group Accident Indemnity Plan			
Group Critical Illness Plan			
Whole Life Insurance	UNUM	866-679-3054	To review policy: www.unum.com/employees
Hospital Indemnity	Lincoln Financial Group	800-423-2765	www.mylincolnportal.com ID: ARKCHILD2
Retirement Plan	Transamerica	800-755-5801	www.transamerica.com/portal/home
Savings Management and Retirement Training (SMART)	Stephens Inc.	Cheryl Daughenbaugh 501-301-9900 Robert Jones 501-377-8112 Brete Garland 501-301-9900	cheryl.daughenbaugh@stephens.com , rjones@stephens.com or brete.garland@stephens.com
Healthy Happens Here Wellness program	Virgin Pulse	888-671-9395	www.teamacwellness.org
Employee Assistance Program (EAP)	Magellan	800-327-9860 (TTY 711)	www.Member.MagellanHealthcare.com
Credit Unions	Telcoe Federal Credit Union	501-375-5321 or 800-482-9009	www.telcoe.com
	United Federal Credit Union	479-646-0114 x7080	www.unitedfcu.com