ACH MISSION STATEMENT:

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

Visit us on the web at:
http://www.archildrens.org

This booklet highlights the main features of the Arkansas Children’s Hospital (ACH) Employee Benefit Package. It is intended to provide you with an overview of your employee benefits as an employee of ACH. This booklet does not include all plan rules and details and should not be considered as a substitute for plan documents or summary plan descriptions (SPD). The terms of your benefit plans are governed by legal plan documents, including insurance contracts. Should there be any inconsistencies between this booklet and the legal plan documents, the plan documents are the final authority on the benefit plan. ACH reserves the right to change its benefits plans, including premiums, or discontinue its benefit plans at any time.

Photography – Kelley Cooper, ACH Staff Photographer
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**IMPORTANT CONTACT INFORMATION**

Find important contact numbers on **pages 32 and 33** of the guide.
This booklet has been provided to you as an overview of the entire Employee Benefit Package provided to employees of Arkansas Children’s Hospital (ACH). Your employer sponsored financial benefits are a part of your total compensation you receive from ACH. Employee benefits are employer provided personal financial planning tools. We want to ensure each ACH employee is aware of the financial tools available to them. Hopefully, each ACH employee will inventory their personal financial situation and know which of these employer sponsored financial benefits would serve them and their family best.

View these benefit plans in the context of personal financial planning tools. This will allow you greater context on how these benefit plans support your efforts in meeting your personal and financial needs in many areas of your life. There are three key areas for most individuals’ personal financial plans - Cash Reserves for unexpected expenditures, Protection from personal financial risks, and Investing and Savings for immediate and long-term capital needs. In addition, ACH offers employees additional benefits as Assistance Programs.

Your ACH Employee Benefits Package includes:

**CASH RESERVES**
- Emergency Funds
  - TELCOE Federal Credit Union

**PROTECTION**
- Health Care
  - ACH Medical Benefits Plan
  - ACH Dental Benefits Plan
  - ACH Vision Care Plan
  - ACH Accident Indemnity Plan
  - ACH CancerSelect
  - ACH Critical Care Plan
  - ACH Flexible Spending Accounts
  - ACH Occupational Health Services
  - ACH Physical Therapy Services
  - ACH Employee Medical Clinic
  - ACH Fitness Center
- Survivor Income
  - ACH Group Term Life Insurance
  - Individual Whole Life Insurance
- Income Replacement
  - ACH Group Disability Insurance

**INVESTING AND SAVING**
- Retirement
  - ACH Retirement Plan
  - ACH Defined Contribution Retirement Plan
- Capital Goals
  - TELCOE Federal Credit Union

**ASSISTANCE PROGRAMS**
- ACH Savings Management and Retirement Training Plan (SMART)
- New Directions Employee Assistance Program
- Tuition Assistance
- Direct Deposit
- Paid Leave Program
- Cafeteria Discount
- Gift Shop Discount
- Hospital Discount (limitations apply; subject to change at anytime)
- Employer Provided Parking
- Campus Shuttle Service
- Qualified Transportation Expense Plan
- ACH Total Rewards
Change Your Personal Information and Certain Employee Benefit Elections

You can now submit changes via Employee Portal for certain personal information and benefits changes by using our online Change Forms. Online means NO PAPER FORMS and greater convenience because you can make the change from a personal workstation while at ACH. The list below provides you an idea of the kind of online transactions you can complete. The possible personal transactions are always updated, and new services added so watch Team ACH/Vital e-News and Employee Portal notices for updates and changes throughout the year.

What Can Be Changed?

- Correct your Mailing Address.
- Correct your Phone numbers for communications.
- Set up a contact email for faster, easier confirmations and communications.
- Make 403(b) Regular contribution changes to existing retirement accounts.
- Make 403(b) Catch up contributions changes to existing retirement accounts. (for employees 50 years or older by Dec. 31st by end of plan year)
- Change your existing Telcoe Credit Union - Payroll Withholding Amount.
- Change an existing Direct Deposit for your paycheck. Direct Deposit Online will automatically be set up when you set up your initial Direct Deposit.
- Change your ACH Fitness Center membership. You can enroll or cancel your membership.
- PTO/ETA Cash-In’s (available in December only).
- You can change your Federal and State Tax Withholding Exemptions, and update filing status.

How to Make the Change

To use this online change form...

- Log onto Employee Portal.
  If on-campus or off-campus use this internet address: [https://secure.archildrens.org/employeeportal/](https://secure.archildrens.org/employeeportal/)
  - In the Employee Portal Applications locate and click My Change Form option.
  - Select the section that you would like to change and click the Create New Change Form button.
  - Please review the information carefully before clicking the Save & Continue button.
  - You are provided a chance to review your information prior to final submission. If everything is as you wish, you must click the Submit Change Form button to process your request.

You will receive an ACH Employee Portal Notification email confirming your changes. You can also view these changes by returning to your Employee Portal Applications and click My Change Form option in Employee Portal.

If you have questions, please contact an HR Employee Benefits Specialist, at 364-1168.
What do you need to enroll?

• Please bring your ACH User ID and Password
• This Employee Benefits Guide for reference
• Your Social Security Number
• The full names, Social Security Numbers, dates of birth and addresses of any eligible dependents you may wish to enroll in any of the plans
• Life Insurance beneficiary information including Social Security Numbers, dates of birth, and addresses
• Summary Plan Description (SPD) of various benefits as needed
• Enrollment Forms provided and Benefit Election Worksheet
• If coordinating medical benefits you’ll need to bring information on secondary medical insurance

When are you eligible to enroll?

You are eligible to enroll in the benefits of your choice during one of three enrollment periods listed below. ACH will communicate specific beginning and ending sessions for our Open Enrollment each year:

- **Open Enrollment** held in May each year
- **New Hire Enrollment** within 30 days of hire date
- **Qualified Status Change** within 30 days of a qualified event – see Appendix, page 35

Who is eligible for benefits?

- You, if you are actively employed with Arkansas Children’s Hospital in an eligible employee type
- Your spouse, if you are actively employed with Arkansas Children’s Hospital in a family eligible employee type
- In the Medical, Dental, and Aflac Accident & Critical Illness Benefit Plan(s) ONLY, each dependent child until attainment of age 26
- In all other Benefit Plan(s) each unmarried dependent child under the age of 19; or each dependent (children between age of 19 and 25 and enrolled as a Full-Time student based on the educational institution’s definition of Full-Time, and employee or employee’s spouse provides at least 50% of the child’s financial support, and the dependent child’s primary residence is same as employee’s personal residence)

How do I get the service forms for benefits?

Most of the common benefit service forms are in digital format and can be viewed/printed from the ACH Vault. This method allows employees 24/7 access. To view, complete, and print the form . . .

- Visit the ACH Vault on Team ACH Website
- Enter “HR” as the specific folder and “FORMS” as specific subfolder
- Select your desired form using the Benefit Category-Form Name
- If you cannot find your desired form contact the benefit vendor or an HR Benefits Specialist for assistance

**Words to Know**

**Effective Date** – The date on which the coverage under an insurance plan goes into effect. May require the employee to elect to participate. Typically, the first day you would have insurance coverage.

**Qualified Status Change** – A special enrollment opportunity if active benefit plan participant experiences certain life events. The participant can change most benefit plan elections due to these life events. See page 35 for a list of qualified changes.

**Open Enrollment** – A period of a few weeks established prior to the beginning of a plan year during which benefit eligible employees may change benefit plan elections. Some individual benefit plans allow election changes during the plan year and so participants have no need to wait for Open Enrollment to change elections in these individual plans.
Telcoe Federal Credit Union (pay-EE)

**Eligible Employees:** All Employee Types  
**Eligibility Waiting Period:** After one pay period in eligible employee type  
**Enrollment/Change Window:** Anytime  
**Vendor:** Telcoe Federal Credit Union

CASH RESERVES

Life is full of surprises. Some are financial in nature. Cash Reserves are an essential first step in every person’s financial life, a sound financial plan includes a savings account to help a person pay for unexpected financial events. Most financial specialists recommend each person keep cash reserves equivalent to between 3 and 6 months of current living expenses.

A person’s cash reserve account needs to have a regular replenishment method established to keep this account recharged as the accumulated savings are used. These savings can be used to pay small medical expenses, large periodic insurance premiums, automobile repair expenses, vacations, etc. Your cash reserves can help you break the pattern of living from one paycheck to the next paycheck. Your cash reserves can help you navigate unexpected emergencies and seize short-term opportunities.

Membership in Telcoe Federal Credit Union is available to all ACH employees. You can start payroll deductions to make regular replenishment contributions to your account. A minimum deposit of $25 is needed to open a checking account. A minimum deposit of $10 is needed to open all other savings accounts.

Additional services that are available to members of the Telcoe Federal Credit Union include:
- Savings Accounts
- Certificates of Deposit
- ATM Card
- Telcoe offices are open Monday-Saturday

You can apply for this benefit by completing the necessary application located at the Human Resources Helpdesk.

To learn more about the services provided by Telcoe Federal Credit Union, visit them on the web at [www.telcoe.com](http://www.telcoe.com). See page 32 for a complete listing of vendors and phone numbers.


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THE POWER OF SAVINGS

By directing $125 a month into a savings account that earns 3%\(^*\) annually, in four years the account will grow to $6,366.75.

If you double your monthly contribution to $250, in four years your cash reserve will reach $12,733.50.

\(^*\) Hypothetical rate of return is for illustration only and does not represent past or future returns of any specific investment or investment strategy, or imply guaranteed earnings.
ACH Medical Benefits Plan (pay-S)

**Eligible Employees:** FT; WO-FT; OPT 3; PT-SP and WO-PT; Employee Only-PT

**Coverage Effective Date:** First of the month following one complete calendar month in eligible employee type

**Enrollment/Change Window:** Within 30 days of new hire or qualified status changes; Open Enrollment

**Vendor:** Blue Advantage of Arkansas

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**WORDS TO KNOW**

**SPD** – An acronym for Summary Plan Description: a written, summary statement describing the provisions and features of a benefit plan, including eligibility, coverage, employee rights and appeals procedures. The SPD must be provided to participants and is required for most benefit plans by the Department of Labor.

**Deductible** – Any required dollar amount the patient must pay each plan year for services received before the insurance plan pays any benefits. Deductibles do not apply to the ACH Co-pay prescription drug card purchases.

**Co-pay** – The flat amount or percentage paid by patients every time they use medical services or make a prescription drug purchase using the ACH prescription drug card. It is a cost sharing arrangement between the patient and the insurance plan.

**Co-insurance** – The flat amount or percentage paid by patients as a portion of their bill for services received. This amount is usually expressed as a percentage of the total -- if the insurance plan pays 80 percent of the claim, the patient then pays 20 percent of a pre-determined out-of-pocket maximum amount each plan year. It is a cost sharing arrangement between the patient and the insurance plan. This method of splitting the bill for services received does not come into effect until the patient has paid their full deductible in the plan year.

**Out-of-Pocket Maximum** – The limit in plan year on the amount the patient is required to pay for services received that are covered by their insurance plan. Look for this amount where key plan design features of the insurance plan are shown.

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**PROTECTION - HEALTH CARE**

Most people desire to protect themselves and their families against financial risks they face in everyday life. Medical care costs are one such risk. ACH provides health care benefits to assist eligible employees with the catastrophic financial cost that can arise as a result of illness. The ACH medical insurance plan also provides funding for well care preventative screening services. The best way to manage health care cost is to prevent medical claims. Smaller minor medical expenses are better paid by plan participants out-of-pocket. The health care related plans on the following pages can assist you in paying for the larger costs that can arise from illness and provide you financial assistance while you also take preventative actions to maintain wellness in your daily life.

The ACH Medical Benefits Plan is a Self-Funded Preferred Provider Plan, which enables us to provide a much more personalized approach to your health claim management. Locating a “preferred” physician is easy with our comprehensive health care provider directory located on the BlueAdvantage website under My Blueprint. See how to register for My Blueprint below. And, your medical insurance is administered by BlueAdvantage, conveniently located in Little Rock, AR, providing ACH employees with fast, friendly claim service. Premiums are paid on a pre-tax basis, thus reducing your taxable income.

Access information online by visiting [www.blueadvantagearkansas.com](http://www.blueadvantagearkansas.com) then register on My Blueprint for confidential service information about your individual medical benefits, medical provider directory, and individual claims status. See page 32 for a complete listing of vendors and phone numbers.
### Track Standard Track Wellness Track

| If insured prior to 7/1/15 Existing Employee/Member & Covered Spouse | All Benefit Eligible Employees may elect | Would complete online Health Assessment (HA) between 9/1/15 to 10/31/15
|---|---|---|
| Newly Benefits Eligible Employee/Member & Covered Spouse | All Benefit Eligible Employees may elect | If Hire Date or Eligibility Status Change Date before 7/1/15, you would complete HA between 9/1/15 - 10/31/15
| If Hire Date or Eligibility Status Change Date after 6/30/15, you would complete HA between 9/1/16 - 10/31/16 |

#### Provider Networks

- BCBS TrueBlue PPO • BlueCard PPO • BlueCard Worldwide
- BCBS TrueBlue PPO • BlueCard PPO • BlueCard Worldwide

### Calendar Year Deductible (1) Effective Date 1/1/16

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
<td>$650 per person $1,000 per person</td>
</tr>
<tr>
<td><strong>Spouse</strong></td>
<td>$650 per person $1,000 per person</td>
</tr>
<tr>
<td><strong>Child</strong></td>
<td>$450 per person $800 per person</td>
</tr>
</tbody>
</table>

#### Out-of-pocket Maximum (Includes deductible and co-insurance)

- $6,200 per person $12,400 per family
- $6,000 per person $12,000 per family

#### Individual Annual Maximum None

#### Footnotes:
(1) A $500 penalty will be imposed for failure to follow pre-certification procedures found in your Summary Plan Description.
Covered Charges

The following is a schedule of Covered Charges which will be covered by the Medical Benefits Plan, subject to any limitations and exclusions contained in the Summary Plan Description (SPD).

Hospital Care
Inpatient Hospital Expenses, including room and board and general nursing services, or special charges in the case of Intensive Care Unit accommodations, for each day of confinement as an inpatient, subject to the limitations set forth in the SPD. The excess, if any, of the amount charged over the following room and board maximums shall, in no event, be included as a Covered Charge under the Medical Benefits Plan:

<table>
<thead>
<tr>
<th>Ward or Semi-Private (1)</th>
<th>Allowable Charges for semi-private room</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU (1)</td>
<td>Allowable Charges of Hospital’s ICU</td>
</tr>
<tr>
<td>Single Bed or Private Room (1)</td>
<td>Allowable Charges for semi-private room, except that:</td>
</tr>
</tbody>
</table>

(1) if a private room is determined to be Medically Necessary, the Medical Benefits Plan will allow billed charges within Allowable Charges, or
(2) if services are rendered at an all private room facility, the Medical Benefits Plan will allow 90% of billed charges, within Allowable Charges.

Footnote: (1) A $500 penalty will be imposed for failure to follow pre-certification procedures found in Section IV of the Summary Plan Description (SPD).

Pregnancy Coverage
The care and treatment of Pregnancy are covered the same as any other Sickness. Services rendered by a midwife (R.N. or R.N.P.) in a Hospital or Birthing Center are covered if the midwife is licensed by the state and works under the supervision of a Physician.

LOCATE A NETWORK PROVIDER

- Log onto www.blueadvantagearkansas.com
- Select Provider Directory
- Select TrueBlue or National Provider Network (BlueCard) option. Make your selection choices
Frequently Asked Questions

Q: Whichever Drug Card Plan I elect, can I change it at any time?
A. No, you can change Drug Card Plans election only during annual open enrollment.

Q: Which pharmacy can I use to file my claim?
A. All network pharmacies in the network, including the ACH Outpatient Pharmacy will file your prescription claims for you.

Q: How do I know which drug card plan is for me?
A. Typically, employees who do not meet OR exceed a deductible in a calendar year elect the Co-Pay Card because the out-of-pocket expense for the year is less.

Q: What is a maintenance drug?
A. A drug that has low probability for dosage or therapy changes due to side effects, serum drug concentration monitoring, or therapeutic response over a course of prolonged therapy. Drugs most common use is to treat a chronic disease state when a therapeutic endpoint cannot be determined. Drug is usually administered continuously.

Q: If I elect the Co-Pay Card why should I choose generic drugs?
A. You should always select generic drugs IF they are appropriate for your drug therapy. AND generic drugs save you money because of the lesser Co-Pay and because ACH is a self-funded medical plan, they save the plan money because they cost less.

Q: How do I choose generic drugs?
A. Request the writer of your prescription to specify a generic drug or a generic drug substitute if available.

Q: What is a self-funded plan?
A. Self-funding the ACH group medical plan means that ACH and its employees pay 100% of the medical claim costs. There is no insurance company paying the bill. By paying for medical claims out of our own pockets ACH and you do not have to pay additional fees to cover the risk an insurance company would experience if it paid the claims on our behalf.

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**Outpatient Prescription Funding Options**

Participant chooses his/her preferred option.

<table>
<thead>
<tr>
<th>Drug Card Plan Features</th>
<th>Option #1 Co-Insurance Card Plan</th>
<th>Option #2 Co-Pay Card Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Insurance Premium</td>
<td>Same regardless of Prescription Plan Elected</td>
<td>Same regardless of Prescription Plan Elected</td>
</tr>
<tr>
<td>Upfront Out-of-Pocket</td>
<td>Medium to High (Deductible + Co-Insurance)</td>
<td>Low (Co-Pay)</td>
</tr>
<tr>
<td>Total Annual Out-of-Pocket</td>
<td>Generally lower if multiple scripts and other medical services purchased, depends on generic/name brand purchase mix</td>
<td>Generally higher if multiple scripts and other medical services purchased, depends on generic/name brand purchase mix</td>
</tr>
<tr>
<td>Claim Filing</td>
<td>Automatic Participant does not file</td>
<td>Automatic Participant does not file</td>
</tr>
<tr>
<td>Claim Filing Deadline</td>
<td>Filed at script purchase (Point of Sale)</td>
<td>Filed at script purchase (Point of Sale)</td>
</tr>
<tr>
<td>Co-Pay Paid at Script Purchase</td>
<td>None</td>
<td>$10 (1st Tier - Generic)</td>
</tr>
<tr>
<td>Co-Insurance and Deductible Paid at Script Purchase</td>
<td>Deductibles and Co-Insurances (up to annual limits) must be paid at time of script purchase.</td>
<td>None</td>
</tr>
<tr>
<td>Script cost applied to insurance Deductible and maximum out-of-pocket</td>
<td>Total script cost does apply</td>
<td>Co-Pays do not apply</td>
</tr>
<tr>
<td>FSA-Medical “Auto Reimbursement” of out-of-pocket share paid</td>
<td>Yes, if FSA-Medical participation and elected “auto reimbursement”</td>
<td>Yes, if FSA-Medical participation and elected “auto reimbursement”</td>
</tr>
<tr>
<td>Script Mail Order Option is for Maintenance or Life Supporting Prescriptions.</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Script purchase eligible for ACH Outpatient Pharmacy discount</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
**Words to Know for Medical Insurance**

Please refer to complete definitions in Summary Plan Description.

The following terms have special meanings and, when used in this Medical Benefits Plan, will be capitalized.

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**Allowable Charges** means services or supplies received out of Arkansas may be determined by the local Blue Cross and Blue Shield Plan. Please note that all benefits under this Plan are subject to and shall be paid only by reference to the Allowable Charge as determined at the discretion of the Plan. This means that regardless of how much a health care Provider may bill for a given service, the benefits under this Plan will be limited by the established Allowable Charge.

If services are rendered by a participating Provider, that Provider is obligated to accept the established rate as payment in full, and should only bill the member for Deductible, Co-insurance and any non-covered services; however, if services are rendered by a non-participating Provider, the member will be responsible for all amounts billed in excess of the Allowable Charge.

**Covered Charges** means the Allowable Charges for certain Hospital and other medical services and supplies, as outlined in the Medical Benefits Plan, are Medically Necessary and incurred for the treatment of an Injury or Sickness. Covered Charges are subject to the maximum benefit limits and any other limitations of the Medical Benefits Plan. A Covered Charge is incurred on the date that the service or supply is performed or furnished.

**Covered Child** means your dependent child until attainment of age 26.

**In-Network** means a facility or provider in the medical provider networks with which this medical insurance plan has contracted to provide medical care, services, equipment, and supplies to participants. Those contracted provider networks are identified in the matrix on page 7. Due to their nature, the Medical Benefits Plan has classified certain services as “In-Network” and subject to the “In-Network” provisions even though the provider or facility may not be a member of the PPO.

**Inpatient Hospital Expenses** means charges made by a Hospital for providing room and board and other Hospital services and supplies to a Participant who is confined in the Hospital on a full-time inpatient basis. After 23 hours of observation, a confinement will be considered an inpatient confinement. Covered charges for room and board will be payable as shown under covered charges.

**Lifetime** means any period of time during which a Participant is covered under the ACH Medical Benefits Plan in reference to benefit maximums and limitations. Under no circumstances does Lifetime mean during the lifetime of the Participant.

**Preferred Provider Organization or PPO** means the medical provider networks with which this medical insurance plan has contracted to provide medical care, services, equipment, and supplies to participants. Those contracted provider networks are identified in the matrix on page 7.

**Special In-Network Provisions** means certain Covered Charges which are provided by an Out-of-Network provider will be paid according to the In-Network provisions. The determination of whether a particular Out-of-Network service should be paid according to the In-Network provisions will be subject to the discretion of the Claims Administrator, utilizing the following guidelines:

1. If services are not available from an In-Network provider, then services provided by an Out-of-Network provider will be subject to In-Network provisions.
2. If a participant receives care outside of Arkansas, the provider must be a member in the BlueCard Network before it can be treated as an In-Network claim. Call the PPO Providers number on back of membership card for “BlueCard” In-Network provider listing.
3. Emergency services provided by an Out-of-Network provider will be subject to In-Network provisions.
4. Services rendered by an Out-of-Network anesthesiologist, pathologist or radiologist in connection with an admission to an In-Network Medical Care Facility will be subject to In-Network provisions.

**Well Child Care** means routine examinations and immunizations administered through age 26. In addition to appropriate immunizations, the following Physician services are included for each visit: (1) physical exam; (2) lab tests; (3) patient history; (4) development assessment; (5) anticipatory guidance.

**Well Adult Care** means annual gynecological, mammogram or prostate examinations and adult physical exam. See SPD for details.

**Well Newborn Care** means nursery care or Physician services rendered to a newborn in a Medical Care Facility during the first five days after birth, if the newborn is enrolled in the Medical Benefits Plan on a timely basis, and if enrollment is required.

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**The employee premium for the group health insurance:** There are 26 pay periods in a calendar year. The employee health insurance premium is the same regardless of the outpatient prescription drug option you choose to cover prescription drug expenses.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Pre-tax Employee Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$50.50 per pay period</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$111.50 per pay period</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$136.75 per pay period</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$153.00 per pay period</td>
</tr>
</tbody>
</table>
ACH Dental Benefits Plan (pay-S)

Eligible Employees: FT; WO-FT; OPT 3; PT-SP and WO-PT; Employee Only-PT
Coverage Effective Date: First day of the month following one complete calendar month in eligible employee type
Enrollment/Change Window: Within 30 days of new hire or qualified status changes; Open Enrollment
Vendor: Delta Dental

Dental benefits are provided by Delta Dental located in North Little Rock, AR. Delta’s commitment to ACH employees is evident by their vast dental care provider directory. Choose an In-Network provider for maximum benefits; however, reduced benefits are available for Out-Of-Network Providers. A network provider list is available on Delta’s website. To keep premium costs to a minimum, *Major Services and *Orthodontia are not covered for the first 12 months after your effective date of coverage. To be able to submit a claim for Major Services and Orthodontia, the dental claim being submitted must have a service date for dental service incurred that is after the 12 month period ends. Premiums are paid on a pre-tax basis, thus reducing your taxable income. There is a Carry Over Benefits Rider allowing you to carry over a portion of your unused annual maximum to apply against costs in future years that exceed your annual maximum.

<table>
<thead>
<tr>
<th>Dental Plan Services</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$50 per participant/$100 per family</td>
</tr>
<tr>
<td>Maximum Calendar Year Benefit</td>
<td>$1,500 per participant</td>
</tr>
<tr>
<td>Preventive Services:</td>
<td>- 100% no deductible. Two visits per year, maximum</td>
</tr>
<tr>
<td>• Routine oral exams</td>
<td>- 100% no deductible</td>
</tr>
<tr>
<td>• Cleanings and x-rays</td>
<td>- Limited to two (2) cleanings and set of x-rays per benefit period (calendar year).</td>
</tr>
<tr>
<td>• Limited to two (2) cleanings and set of x-rays per benefit period (calendar year).</td>
<td>- The plan offers 2 additional cleans in the calendar year per Evidence-Base Dentistry, (Pregnancy, Diabetes, Heart Disease, and Periodontal Disease)</td>
</tr>
<tr>
<td>Basic Services</td>
<td>80% after in-network deductible up to Maximum Calendar Year Benefit</td>
</tr>
<tr>
<td>• Fillings</td>
<td></td>
</tr>
<tr>
<td>• Extractions</td>
<td></td>
</tr>
<tr>
<td>• Oral surgery</td>
<td></td>
</tr>
<tr>
<td>* Major Services</td>
<td>50% after in-network deductible up to Maximum Calendar Year Benefit</td>
</tr>
<tr>
<td>• Crowns</td>
<td></td>
</tr>
<tr>
<td>• Bridges</td>
<td></td>
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<tr>
<td>• Dentures</td>
<td></td>
</tr>
<tr>
<td>• Root Canal</td>
<td></td>
</tr>
<tr>
<td>• Implants (single tooth or as a support for bridge or denture)</td>
<td></td>
</tr>
<tr>
<td>* Orthodontia – for dependent children or adults</td>
<td>- 50% after in-network deductible</td>
</tr>
<tr>
<td>• Braces</td>
<td>- $1,500 Lifetime Maximum</td>
</tr>
<tr>
<td>Carry Over Benefit Rider</td>
<td>If your total annual paid claims are less than $751 you will automatically have a $375 carry over benefit added to next year’s $1,500 Calendar Year Benefit.</td>
</tr>
</tbody>
</table>

The employee premium for the group dental insurance: There are 26 pay periods in a calendar year.

<table>
<thead>
<tr>
<th>Pre-tax Employee Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only:</td>
</tr>
<tr>
<td>Employee + Child(ren):</td>
</tr>
<tr>
<td>Employee + Spouse:</td>
</tr>
<tr>
<td>Employee + Family:</td>
</tr>
</tbody>
</table>

Access printable claim forms and FAQs online by visiting www.deltadentalar.com. For a list of in-network dentists for the Delta Premier Plan and Delta Dental PPO use the dentist search under the subscribers section. See page 32 for a complete listing of vendors and phone numbers.
ACH Vision Care Plan (pay-EE)

**Eligible Employees:** FT; WO-FT; OPT 3; PT-SP and WO-PT; Employee Only-PT  
**Coverage Effective Date:** First of the month following one complete calendar month in eligible employee type  
**Enrollment/Change Window:** Within 30 days of new hire or qualified status changes; Open Enrollment  
**Vendor:** EyeMed

The EyeMed provider network is growing to offer member access to 30,000 providers at 16,000 locations. The network now includes Lenscrafters, as well as private practice optometrists, ophthalmologists, and opticians.

Under the vision plan, you are covered for one eye exam every 12 months. Your eye exam may be for glasses or contact lenses.

### Vision Care Services

<table>
<thead>
<tr>
<th>Services</th>
<th>Member Cost</th>
<th>Out-of-Network Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam with dilation as necessary</td>
<td>$5</td>
<td>Up to $35</td>
</tr>
<tr>
<td>Standard Plastic Lenses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$20</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$20</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$20</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>Frames: $100 allowance toward</td>
<td>20% off</td>
<td>Up to $50</td>
</tr>
<tr>
<td>any frame available at provider</td>
<td>balance</td>
<td></td>
</tr>
<tr>
<td>location</td>
<td>over $100</td>
<td></td>
</tr>
<tr>
<td>Lens Options:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UV Coating</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Tint (solid and gradient)</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Scratch Resistant</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Progressive (add on a</td>
<td>$65</td>
<td>$40</td>
</tr>
<tr>
<td>bifocal)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>$45</td>
<td>N/A</td>
</tr>
<tr>
<td>Other Add Ons &amp; Services</td>
<td>20% discount</td>
<td></td>
</tr>
<tr>
<td>Contact Lenses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional – $115 Allowance</td>
<td>15% discount</td>
<td>Up to $92</td>
</tr>
<tr>
<td>Disposables – $115 Allowance</td>
<td></td>
<td>Up to $92</td>
</tr>
<tr>
<td>Medically Necessary –</td>
<td></td>
<td>Up to $200</td>
</tr>
<tr>
<td>Frequency:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam</td>
<td>Every 12 months</td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td>Every 24 months</td>
<td></td>
</tr>
<tr>
<td>Lenses or contact lenses</td>
<td>Every 12 months</td>
<td></td>
</tr>
<tr>
<td>Lasik or PRK Vision Correction</td>
<td>15% off retail or 5% off promotional price</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Pre-tax Employee Premium

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only:</td>
<td>$6.01 per month</td>
</tr>
<tr>
<td>Employee + One:</td>
<td>$11.31 per month</td>
</tr>
<tr>
<td>Employee + Family:</td>
<td>$16.59 per month</td>
</tr>
</tbody>
</table>

Visit EyeMed on the web at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). View membership benefit information, an in-network provider list is printable, and review eyecare basics. See page 32 for a complete listing of vendors and phone numbers.
An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don’t budget for accidents if you’re like most people. When a Covered Accident occurs, the last thing on your mind is the charges that may be accumulating while you’re at the emergency room, including:

- The ambulance ride
- Wheelchairs
- Use of the emergency room
- Crutches
- Surgery and anesthesia
- Bandages
- Stitches
- Casts

You get the picture. These costs add up—fast. You hope they never happen, but at some point you may take a trip to your local emergency room. If that time comes, wouldn’t it be nice to have an insurance plan that pays benefits regardless of any other insurance you have? This group accident plan does just that.

If You Think it Can’t Happen to You, Think Again

Emergency Department Visits (Data are for the U.S.)

- Number of visits: 136.3 million
- Number of injury-related visits: 40.2 million
- Number of visits per 100 persons: 44.5
- Percent of visits with patient seen in fewer than 15 minutes: 27.0%
- Percent of visits resulting in hospital admission: 11.9%
- Percent of visits resulting in transfer to a different (psychiatric or other) hospital: 2.1%

Source: National Hospital Ambulatory Medical Care Survey: 2011 Emergency Department Summary Tables. Tables 1, 4, 14, 24

Plan Features

- Nonoccupational coverage
- No limit on the number of claims
- Pays regardless of any other insurance plans you may have
- Benefits available for your Spouse and/or Dependent Children
- Benefits for both inpatient and outpatient treatment of Covered Accidents
- Guaranteed issue (No underwriting is required to qualify for coverage.)
- Payroll deduction (Premiums are paid by convenient payroll deduction.)
- Portable coverage (You can continue coverage when you leave employment.)

Pre-tax Employee Premium

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$8.04</td>
</tr>
<tr>
<td>Employee + child(ren)</td>
<td>$13.68</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$11.82</td>
</tr>
<tr>
<td>Family</td>
<td>$17.46</td>
</tr>
</tbody>
</table>

See page 32 for a complete listing of vendors and phone numbers.
ACH CancerSelect Plan (pay-EE)

Vendor: Transamerica Assurance

While CancerSelect is no longer offered by Arkansas Children’s Hospital for new enrollments, the policy will remain available to those currently enrolled in this benefit.

CancerSelect is a Cancer-Only Policy.

Policy Form Series CP500200. Underwritten by Transamerica Life Insurance Company.
Home Office: Cedar Rapids, IA, Administrative Office: Little Rock, AR

Pays in addition to other major medical insurance
Benefits are paid in addition to any other insurance you may have, including your employer’s medical plan and Medicare (in most states).

Pays directly to you
CancerSelect benefits are paid directly to you or to your designated beneficiary.

Pays wide range of benefits
(See your individual policy’s benefit schedule page for specific limits)
- In-Hospital Benefits
- In-or Out-of-Hospital Benefits
- Outpatient Benefits
- Non-Medical Benefits

In-Hospital Benefits Provides coverage for:
- Hospital Confinement
- Attending Physician
- Private-duty Nurse
- Drugs and Medicine
- Transplants
- Extended Benefits
- Government or Charity Hospital

Outpatient Benefits Provides coverage for:
- Physician
- Drugs, Medicines, Lab
- Hospice Care
- 2nd and 3rd Surgical Opinions
- Skin Cancer
- Extended Care Facility

In- or Out-of-Hospital Benefits Provides coverage for:
- Radiation Therapy
- Chemotherapy Drugs
- Related Radiation and Chemotherapy Expenses
- Experimental Treatment
- Surgery
- Blood, Plasma, and Blood Components
- Anesthesia
- Lab Test
- Diagnostic Tests
- Reconstructive Surgery
- Prosthesis
- Physical and Speech Therapy

Non-Medical Benefits Provides coverage for:
- Transportation
- Family Member Lodging and Transportation
- Ambulance
- Bone Marrow Donor’s Expenses
- Wavier of Premium
- Continuation of Coverage on Dependent Children

The employee premium for CancerSelect is paid on a before-tax basis under the Section 125 Cafeteria Plan. See page 32 for a complete listing of vendors and phone numbers.

Limitations and exclusions do apply, refer to your policy for complete information.

ASL ACH-0205
A group critical illness plan helps prepare you for the added costs of battling a specific critical illness. The good news is that many people with a critical illness survive these life-threatening battles. Unfortunately, as the recovery process begins, people become aware of the medical bills that have piled up.

Your recovery doesn’t have to be spoiled by medical bills. With this plan, our goal is to help you and your family cope with and recover from the financial stress of surviving a critical illness.

According to medical statistics:

- In 2012, an estimated 1.25 million Americans experienced a new or recurrent heart attack.
- Approximately every 25 seconds, an American suffers a heart attack.
- On average every 40 seconds, someone in the United States has a stroke.
- In the US, men have a slightly less than 1-in-2 risk of developing cancer; for women the risk is a little more than 1-in-3.

Heart Disease and Stroke Statistics, American Heart Association, 2012
American Cancer Society, Cancer Facts and Figures 2012

Covered Critical Illnesses

1. Cancer (Internal or Invasive) 100%
2. Heart Attack (Myocardial Infarction) 100%
3. Stroke (Apoplexy or Cerebral Vascular Accident) 100%
4. Major Organ Transplant 100%
5. Renal Failure (End-Stage) 100%
6. Carcinoma in Situ 25%
7. Coronary Artery Bypass Surgery 25%

1 All covered conditions are subject to the definitions found in your certificate.
2 If a benefit is paid for Carcinoma in Situ, the Internal Cancer benefit will be reduced by 25 percent. If a benefit is paid for Coronary Artery Bypass Surgery, the Heart Attack benefit will be reduced by 25 percent.

Plan Features

- Additional Occurrence Benefit – If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then insurance company will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months.
- Re-occurrence Benefit - If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, insurance company will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months, or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the Insured has gone treatment free for 12 months.
- Child Coverage at No Additional Cost - Each Dependent Child is covered at 25 percent of the primary insured amount at no additional charge.
- $50 Health Screening Benefit (Employee and Spouse Only) - After the waiting period, an insured may receive a maximum of $50 for any one covered health screening test per calendar year. Insurance company will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.
- Covered Health Screening Tests include:
  - Mammography
  - Colonoscopy
  - Pap smear
  - Breast ultrasound
  - Chest X-ray
  - Bone marrow testing
  - Hemocult stool analysis
  - Thermography
  - Fasting blood glucose test
  - PSA (blood test for prostate cancer)
  - Stress test on a bicycle or treadmill
  - CA 15-3 (blood test for breast cancer)
  - CA 125 (blood test for ovarian cancer)
  - CEA (blood test for colon cancer)
  - Flexible sigmoidoscopy
  - Serum protein electrophoresis (blood test for myeloma)
  - Serum cholesterol test to determine level of HDL and LDL

See page 32 for a complete listing of vendors and phone numbers.
ACH Flexible Spending Accounts (pay-EE)

**Eligible Employees:** FT; WO-FT; OPT 3; PT-SP; PT; WO-PT

**Coverage Effective Date:** First day of the month following one complete calendar month in eligible employee type

**Enrollment/Change Window:** Within 30 days of new hire or qualified status changes; Open Enrollment

**Plan Year Contributions/Reimbursements:** July 1 – June 30

**Vendor:** Total Administrative Services Corp (TASC)

Under your ACH Flexible Benefits Plan (Section 125 Cafeteria Plan) you also have two types of Flexible Spending Accounts. If you have eligible health care expenses (usually your out-of-pocket medical expenditures, such as health plan deductibles, dental expenses, vision care expenses, portions of prescription drug costs not reimbursed by our health plan etc.), and dependent care expenses you can take advantage of these reimbursement accounts. The amount you elect to set aside from your paycheck (before income taxes are calculated) becomes dollars you then receive from this account – dollars, which are not taxed, when you pay expenses later.

<table>
<thead>
<tr>
<th>1. Health Care Reimbursement Account</th>
<th>2. Dependent Care Reimbursement Account</th>
</tr>
</thead>
</table>
| Each plan year (July 1st - June 30th), you may contribute up to $2,550 for health care expenses not covered by any healthcare plan.  
  • Medical and dental deductibles, co-insurance and co-payments  
  • Expenses above reasonable and customary limits  
  • Expenses which exceed plan limits (for example, dental expenses exceeding $1,500 for one person in a calendar year)  
  • Can be reimbursed for most over-the-counter medical expenditures with a prescription or letter of medical necessity  
  • “Automatic Reimbursement,” also known as “auto crossover” is a feature, when elected, that allows the ACH sponsored group medical and dental insurance claim administrators, to electronically submit insured member’s out-of-pocket portion of covered claims to the member’s FSA-Medical Reimbursement account. Eligible out-of-pocket medical related expenses are then reimbursed according to the terms of FSA-Medical Reimbursement account. This “auto” feature can reduce your personal administrative effort related to FSA-Medical Reimbursement claim submission and forfeiture risk.  
  • Direct deposit is the best option for reimbursement payments (You must elect) | Each personal income tax year (January 1st - December 31st), you may contribute up to $5,000. Exception: If you are married and file separate tax returns, your maximum contribution is $2,500.

Eligible dependent care expenses for children age 12 and younger include:
  • Salary paid to a care provider (in or outside your home)
  • Non-tuition expenses for preschools, nursery schools, kindergartens, licensed day care centers and day camps
  • Direct deposit is the best option for reimbursement payments (You must elect)

1) **Plan Year:** July 1st thru June 30th - Only period of time a participant can actually deposit scheduled contributions. Each July 1st a new plan year begins and if the participant wants to continue participating in the FSA-Medical they must enroll anew during the May Open Enrollment period for that next plan year.

2) **Grace Period:** July 1st thru Sept. 15th following the previous plan year end of June 30th (2.5 months in length) - This is an extension of time following the normal June 30th plan year-end where a participant can both “incur” a new claim and “file” that new claim or file any previous claim for reimbursement with a service date that falls during the previous plan year date range (7/1 – 6/30).

3) **Run-out Date:** always Sept. 29th - This is a hard date that represents the last day you can “file” any previous claim for reimbursement where the claim’s service date falls during the previous plan year range (7/1 – 6/30) plus the Grace Period range (7/1 – 9/15).

**Summary:** You can “contribute” to your FSA-Medical during normal plan year of July 1st and June 30th (12 months in length)

You can “incur” a new claim for reimbursement between July 1st and Sept. 15th (14.5 months in length, plan year plus grace period.)

Access information online by visiting www.tasconline.com. Then access your confidential service information after you have registered on the website. See page 32 for a complete listing of vendors and phone numbers.
ACH Qualified Transportation Expense Plan (pay- EE)

- Qualified Transportation Expense-Parking (QTEP)

**Eligible Employees:** FT; WO-FT; OPT 3; PT-SP; PT and WO-PT. Only ACH employees are eligible. Dependents of ACH employees and UAMS employees are not eligible to participate in the QTEP.

**Coverage Effective Date:** First day of the month following one complete calendar month in eligible employee type.

**Enrollment/Change Window:** Within 30 days of new hire, by 15th of any calendar month thereafter

**Vendor:** Total Administrative Services Corp (TASC)

The costs of transportation getting to and from work are after-income tax expenses for all employees. Federal income tax law does allow an exception to the after-income tax treatment for certain transportation expenses like qualified parking. That exception requires participating in a QTE plan for reimbursing yourself for qualified parking expenses.

Federal tax law allows employers to establish a Qualified Transportation Expense-Parking (QTEP) plan that can be used by participating employees who pay qualified parking expenditures.

**HOW DOES THE QTEP PLAN WORK?**

The QTEP plan works similar to the ACH Flexible Spending Accounts. The QTEP plan is a “reimbursement plan.” An employee may elect to participate in the QTEP plan. No employee is required to participate. The participant makes voluntary monthly pre-tax salary reduction contributions.

The QTEP participant will be responsible to pay any qualified parking expenses up-front then complete a QTEP Claim Form request for reimbursement and include appropriate supporting documentation confirming the parking expenses for which they are requesting reimbursement.

**ONLINE RESOURCES**

“Viewable Guides and HR Forms” Employee Benefit Guide, Retirement Plans Highlights, and HR Forms

**Online Resources**

Now you can view online the current version of your Employee Benefit Guide. This electronic version details all of the ACH employee benefit plans just like the paper copy. It is a great overview of the entire employee benefit package you enjoy here at ACH. A hard copy of the Guide is provided to each employee. A replacement or additional copy of the paper version of the Employee Benefit Guide can be picked up anytime at Human Resources Services Center. To access this NEW online version...

- Log into the ACH Vault through Team ACH, then select Administrative Tools.
- Select Advanced Search Tab.
- Enter “HR” as the specific folder and “FORMS” as specific subfolder.
- Scroll down and select the link that begins “Employee Benefit Guide...”
ACH Occupational Health (pay-ER)

Eligible Employees: All Employee Types
Eligibility Waiting Period: Immediate

- ACH Occupational Health provides services and resources to maintain and enhance the health of ACH team members. Occupational Health and Wellness is designed to promote health and wellness among our workforce.
- Occupational Health is available to provide: Pre-employment health screens, assessment and treatment of work-related injuries, illnesses and exposures, substance abuse prevention, ADA and ergonomic accommodation studies, tobacco cessation, wellness initiatives/assessments, health surveillance monitoring, preventative screening for TB and other infectious diseases, as well as immunization programs.
- The Occupational Health and Wellness offices are open Monday through Friday from 6:00am - 4:30pm.

ACH Physical Therapy Services (pay-EE)

Eligible Employees: All Employee Types
Eligibility Waiting Period: Immediate

Arkansas Children’s Hospital (ACH) is committed to supporting employees during periods of physical recovery. Employees have access to Physical Therapy services via an on-site suite located within the HR Service Center, Occupational Health clinic. These outpatient clinical services are provided by the Department of Rehabilitation Services by appointment Monday through Friday.

ACH Employee Medical Clinic (pay-S)

Eligible Employees: All Employee Types, their spouses and qualifying dependents
Eligibility Waiting Period: Immediate

The Employee Medical Clinic strives to enhance organizational health by improving the health and quality of life for our employees and their families. The clinic is located in the HR Service Center to promote ease of access and reduce lost work time.
- General services include:
  — Acute care
  — Ancillary services to include laboratory and radiology
  — Preventative and Wellness services.
- Services available by appointment Monday through Friday
ACH Healthy Happens Here
Wellness Program (pay-ER)

Eligible Employees: All Employee Types
Eligibility Waiting Period: Immediate

Arkansas Children’s Hospital has committed to creating a culture of wellness for employees, patients, families and the community. ACH offers employees and spouses annual health screenings, on-campus fitness centers, Employee Assistance Programs, tobacco cessation programs, healthy food choices, walking paths, Weight Watchers, access to Mayo Clinic Healthy Living Online web portal and much more.

Employees may participate in the Healthy Rewards program and earn up to $100 in gift cards.

Tier 1 – Earn 460 pts. and earn a $50 gift certificate
Tier 2 – Earn 480 pts. and earn a $25 gift certificate
Tier 3 – Earn 500 pts. and earn a $25 gift certificate

Points earned can be redeemed Sept. 1st – Nov. 15th

Health Assessment – 100 pts.
Complete the Mayo Clinic Health Assessment between September 1st and October 31st.

Biometrics – 100 pts.
Know your numbers… Obtain your numbers at the ACH annual biometric screenings in August at ACH, Occupational Health, or your physician’s office or lab.

Tobacco Free > 6 months or Enroll in Tobacco Cessation Program – 100 pts.
Update tobacco status or enroll in tobacco cessation with Occupational Health. Points will be populated on website after February 1st.

Challenge – 100 pts.
Participate in one of two wellness challenges. More details available in the spring.

Physical Activity Tracker – 20 pts.
Logging your daily activity for at least two weeks will help you establish a regular exercise routine. You’ll earn 1 point for each day you log at least one activity.

Nutrition Tracker – 20 pts.
Recording everything you eat at each meal – and in between – will help you identify patterns in your eating. You’ll earn 1 point for every day you log your daily calories.

Weight Tracker – 20 pts.
Tracking your progress against your weight-loss goal can help keep you motivated. You’ll earn 1 point for each day you enter your weight. Limit weigh-ins to just once a week for better success. Remember: This is a marathon, not a sprint.

Weight challenge – 20 - 40 pts.
Successfully complete the weight challenge by reaching your individual weight goal. Weight Goals will be determined on individual BMI measurements.

• BMI < 29.9 - maintain weight 40 pts.
• BMI> 30 – lose 5% of body weight 20 pts.
• BMI> 30 - lose 10% of body weight 40 pts.

Final Weigh-In: January 5th – 31st
Final Weigh-In: October 12th – November 6th

Track your success on the Mayo Clinic Healthy Living Online web portal at http://www.teamachwellness.org

**November 15th will be the last day to redeem gift cards on the Healthy Living Online web portal**

If it is unreasonably difficult due to a medical condition for an employee to achieve the standards for the reward under this program, call the Fitness Center at 364-1088 and an alternative way to qualify for the reward will be provided.

Log onto the Mayo Clinic Healthy Living Online web portal at http://www.teamachwellness.org to begin working on a healthier you.

For more information contact Becky Wade, Wellness Coordinator at ext. 41615.

ACH Fitness Centers (pay-S)

Eligible Employees: FT; WO-FT; OPT3; PT-SP; PT; WO-PT for payroll deduction.
Bank draft Only – ZB; EXTRN; WO-NB; PT-NB; HIPNB; All Temporary.
Eligibility Waiting Period: Immediate
Enrollment/Change Window: Anytime

The East Campus Fitness Center features treadmills, stationary bikes, ellipticals, selectorized weights, free weights, basketball, racquetball, volleyball, an indoor walking track and a variety of group exercise classes.

Hours of operation are Mondays – Thursdays 5:30am – 8:00pm, Fridays 5:30am – 6:30pm, and Saturdays 8:00am – 12:00pm. A downsized fitness center is located in the main hospital on the first floor. Hours are 24 hours per day/7 days per week.

Memberships: Memberships are available for ACH employees, their spouses and their dependents age 13 to 25. Membership fees per pay period for the Fitness Center are $4.62 for an individual membership, $9.23 for an employee plus one, and $13.85 per family membership.

For more information about registering for a Fitness Center membership contact the Fitness Center at 364-1088.
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance (pay-ER)

**Eligible Employees:** FT; WO-FT; OPT 3; PT-SP and WO-PT;

**Coverage Effective Date:** First of the month following one complete calendar month of continuous employment from most recent date of hire

**Enrollment/Change Window:** Within 30 days of new hire or qualified status changes

**Vendor:** Symetra Life Insurance Company

We have you covered! ACH provides eligible employees with a basic life and AD&D insurance amount of one (1) times your annual base salary up to $300,000 in death benefit. If your base salary changes so does your death benefit. Benefits are paid to the beneficiaries you designate.

Supplemental Employee Term Life Insurance (pay-EE)

**Eligible Employees:** FT; WO-FT; OPT 3; PT-SP and WO-PT;

**Coverage Effective Date:** The first of the month following one complete calendar month of continuous employment from most recent date of hire, if later, the date employee enters an Eligible Employee Type, or if subject to underwriting approval the first of the month after such approval

**Enrollment/Change Window:** Within 30 days of new hire or qualified status change date for issue of up to guaranteed issue limits with no evidence of insurability, otherwise, anytime, but then subject to evidence of insurability

**Vendor:** Symetra Life Insurance Company

For complete family coverage, at initial hire date eligible employees may elect to cover their spouse and children. Employee’s spouse may have up to 50% of Employee’s Supplemental Life coverage – up to $30,000. More coverage is available up to $225,000 with evidence of insurability. You may elect $5,000 or $10,000 per dependent child.

Supplemental Dependent Term Life Insurance (pay-EE)

**Eligible Employees:** FT; WO-FT; OPT 3; PT-SP and WO-PT;

**Coverage Effective Date:** The first of the month following one complete calendar month of continuous employment from most recent date of hire, if later, the date employee enters an Eligible Employee Type, or if subject to underwriting approval the first of the month after such approval

**Enrollment/Change Window:** Within 30 days of new hire or qualified status change date for issue of up to guaranteed issue limits with no evidence of insurability, otherwise, anytime, but then subject to evidence of insurability

**Vendor:** Symetra Life Insurance Company

Do you need additional life insurance? At your initial hire date, eligible employees may elect one, two, or three times their annual salary up to $100,000 without having to answer health questions to determine evidence of insurability. Guarantee Issue maximum is $100,000. Maximum Issue Amount is $450,000 if eligible and employee provides evidence of insurability.

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PROTECTION - SURVIVOR INCOME

A major objective of most people is to protect their dependents from the financial consequences of their unexpected death. These financial consequences can be costs arising at death such as burial expenses or debts coming due at death, unpaid debts that are payable in the future, increased living expenses occurring for remaining dependents such as retraining for surviving spouse, loss of future earnings that would have been available to support dependents, or loss of future earnings that would have been available to accumulate capital for objectives like children’s higher education.

---

Monthly rates for child(ren):

<table>
<thead>
<tr>
<th>Option 1 - $5,000</th>
<th>$0.75</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 2 - $10,000</td>
<td>$1.50</td>
</tr>
</tbody>
</table>

Monthly rates per $1,000 of coverage for employee and spouse

Supplemental and Dependent Life Insurance. Employee and Spouse rates are based on the employee’s attained age.

**The premiums for Supplemental and Dependent Life are deducted only on the first pay period of each calendar month.**

Rate changes due to age and moving to new age bracket are effective on July 1 and begin on the following August 1.

Access detailed benefit information and service questions online by visiting our group website at: www.symetra.com. See page 32 for a complete listing of vendors and phone numbers.
Unum’s whole life insurance is designed to pay a death benefit to your beneficiaries but it can also gain cash value you can use while you are living. This benefit offers an affordable, guaranteed level of premium that won’t increase due to age. Unlike term life insurance offered through the workplace, this coverage can continue into retirement.

Advantages of the plan
• Coverage is available to eligible employees age 15 to 80 who are actively at work.*
• The policy accumulates cash value at a guaranteed rate of 4.5%. ** Once your cash value builds to a certain level, you can borrow from the cash value or use it to buy a smaller “paid-up” policy with no more premiums due.
• You get affordable rates when you buy this policy through your employer and it is paid for through convenient payroll deduction.
• You own the policy so you can keep this coverage if you leave the company or retire. Unum will bill you directly.
• Coverage becomes effective on the date you sign the application.
• During enrollment, you may be able to get this insurance up to a specified amount without taking a medical exam. You may be asked a few health questions.

Who can get coverage?

There are two life coverage options available for your spouse. You may purchase an individual policy or a Spouse Term Life benefit.

• Individual spouse coverage — Can be purchased without purchasing employee coverage. The minimum policy amount is $2,000. The actual benefit amount is based on the coverage amount chosen and age at issue. If you leave your employer, you can keep your spouse’s policy and be billed directly at home.
• Spouse Term Life benefit — Employees must purchase coverage to add this Spouse Term Life benefit. Coverage is available from $5,000 to $25,000 and lasts for 20 years. This coverage amount cannot exceed the employee base coverage amount. This benefit is not available if you purchase individual coverage for your spouse and will be cancelled if employee coverage is cancelled.

There are two life coverage options available for your children. You may purchase an individual policy, a term life benefit or both.

• Individual child coverage — Can be purchased without purchasing employee or spouse coverage. Each policy covers one child or grandchild; you can purchase coverage for each of your children/grandchildren. Coverage is available up to $50,000 — benefit amounts are based on issue age and premium selected. Your children can keep it, even if you leave your employer.
• Child Term Life benefit — Employees must purchase coverage to add the Child Term Life benefit. This benefit covers all eligible children. Coverage is available from $1,000 to $10,000 and ends when your policy ends or when the last child turns 25. At that time, children are guaranteed the right to buy an individual whole life policy at five times the amount of their rider. Coverage will be cancelled if employee coverage is cancelled.

Additional Coverage Options
• Waiver of Premium — If you become disabled for at least six months and are under age 65, you won’t have to pay the premium for your policy. Unum will waive your cost while you are receiving benefits until you recover and return to work.
• Long Term Care — Help protect your savings from the drain of expensive care by choosing from several options that can extend or increase your coverage. This coverage allows you to use the benefit whether you receive care at home, in a long term care facility, an assisted living facility, an adult day care, or in a nursing home.

*Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company’s business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

**The policy accumulates cash value based on a non-forfeiture interest rate of 4.5% and the 2001 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage. This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to policy form L-21848 or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable. Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, Tennessee unum.com

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CU-9682 (03-14)

The premiums for the ACH Whole Life Insurance are paid on an after-tax basis and are determined by the amount of coverage selected. See page 13 for complete listing of vendors and phone numbers.
Short Term Disability (pay-ER)

**Eligible Employees:** FT; WO-FT; OPT 3; PT-SP; PT; WO-PT. Employees covered by Exempt Management Vacation Plan (VAC) not covered under STD. They are covered under a separate Sick Plan. See Policy #300315 - Exempt Management Vacation

**Coverage Effective Date: Newly Employed:** Employee must be actively at work continuously for 6 full months following their first day of work (means most recent date of hire). After the 6-month period ends, employee must work at least one normally scheduled work day, after which the coverage is effective if employee is in an Eligible Employee Type from list above.

**Currently Employed:** If the employee changes positions and moves into an Eligible Employee Type following his/her being actively at work for 6 continuous months plus one scheduled work day from most recent date of hire, coverage is effective on the 1st day of the month following the date employee changes to an Eligible Employee Type.

**Enrollment/Change Window:** All eligible employees automatically enrolled

**Vendor:** Symetra Life Insurance Company

Should you become unable to work because of non-occupational illness or injury, our STD plan will replace 80% of your base salary up to a maximum of $3,000 per week. All full-time (equivalent) and part-time employees who have been in their position for at least six months are eligible for up to 13 weeks of disability (91 calendar days) beginning on the eighth (8th) calendar day of disability.

PREGNANCY COVERAGE

Benefits under STD and LTD plans are payable on the same basis as for a disease if a female employee, while eligible for coverage under the plans is absent from active work because of a disabling pregnancy-related condition. A physician’s certification that the employee is disabled because of the pregnancy will be necessary.

Access detailed benefit information and service questions online by visiting our group website at: www.symetra.com
See page 32 for a complete listing of vendors and phone numbers.

---

Long Term Disability (pay-ER)

**Eligible Employees:** FT; WO-FT; OPT 3; PT-SP and WO-PT. PT employees are not covered under LTD

**Coverage Effective Date: Newly Employed:** Employee must be actively at work continuously for 6 full months following their first day of work (means most recent date of hire). After the 6-month period ends, employee must work at least one normally scheduled work day, after which the coverage is effective if employee is in an Eligible Employee Type from list above.

**Currently Employed:** If the employee changes positions and moves into an Eligible Employee Type following his/her being actively at work for 6 continuous months plus one scheduled work day from most recent date of hire, coverage is effective on the 1st day of the month following the date employee changes to an Eligible Employee Type.

**Enrollment/Change Window:** All eligible employees automatically enrolled

**Vendor:** Symetra Life Insurance Company

Your coverage will transfer to LTD from STD if you remained disabled for more than 90 days. Our LTD plan will replace 60% of your base salary up to a maximum of $15,000 per month. All full-time (equivalent) employees who have been in their position for at least six months are eligible to receive LTD benefits.

**Long Term Disability Benefit Period Chart**

<table>
<thead>
<tr>
<th>Age when disability occurs</th>
<th>Benefit Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>59 or younger</td>
<td>continue to end of month when you attain age 65</td>
</tr>
<tr>
<td>60</td>
<td>60 months</td>
</tr>
<tr>
<td>61</td>
<td>48 months</td>
</tr>
<tr>
<td>62</td>
<td>42 months</td>
</tr>
<tr>
<td>63</td>
<td>36 months</td>
</tr>
<tr>
<td>64</td>
<td>30 months</td>
</tr>
<tr>
<td>65</td>
<td>24 months</td>
</tr>
<tr>
<td>66</td>
<td>21 months</td>
</tr>
<tr>
<td>67</td>
<td>18 months</td>
</tr>
<tr>
<td>68</td>
<td>15 months</td>
</tr>
<tr>
<td>69+</td>
<td>12 months</td>
</tr>
</tbody>
</table>

... or the greater of the 1993 amended Social Security Normal Retirement Age (see LTD Summary Plan Description)
<table>
<thead>
<tr>
<th>BENEFIT SUMMARY</th>
<th>SHORT TERM DISABILITY (STD)</th>
<th>LONG TERM DISABILITY (LTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Hours</td>
<td>The minimum number of hours an employee must work each week to be eligible for disability coverage.</td>
<td>20 hours</td>
</tr>
<tr>
<td>Types of Disabilities</td>
<td>The determination of whether or not disabilities occurring on or off the job are covered.</td>
<td>Non-occupational only (non-work-related)</td>
</tr>
<tr>
<td>Elimination Period</td>
<td>The period of time a person must be disabled before benefits commence.</td>
<td>7 calendar days</td>
</tr>
<tr>
<td>Definition of Earnings</td>
<td>The amount of an employee's earnings used to calculate disability benefit payments.</td>
<td>Regular weekly base rate of pay immediately before a period of disability begins, excluding over-time pay, incentive pay; bonus, call back, preceptor pay, shift differential or other compensation.</td>
</tr>
<tr>
<td>Scheduled Benefit</td>
<td>The gross disability benefit payable.</td>
<td>80% of earnings reduced by Other Income Benefits. Paid bi-weekly.</td>
</tr>
<tr>
<td>Minimum Benefit</td>
<td>The minimum monthly disability benefit payable.</td>
<td>$25 Minimum Weekly Benefit</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>The maximum disability benefit payable.</td>
<td>$3,000 weekly</td>
</tr>
<tr>
<td>Supplemental Benefit</td>
<td>Not Applicable</td>
<td>Additional Catastrophic Benefit of 20% of LTD monthly benefit amount up to $5,000/LTD disability claim incident for additional support when claimant unable to perform 2 or more Activities of Daily Living(ADL). ADLs are the things we normally do in daily living including any daily activity we perform for self-care (such as feeding ourselves, bathing, dressing, grooming), work, homemaking, and leisure.</td>
</tr>
<tr>
<td>Supplemental Benefit</td>
<td>Not Applicable</td>
<td>COBRA Medical Premium Supplement up to $300 per month to assist claimant in paying COBRA continuation medical premium up to 18 months. COBRA must be elected.</td>
</tr>
<tr>
<td>Supplemental Benefit</td>
<td>Not Applicable</td>
<td>Retirement Protection Benefit which will provide LTD claimant a monthly amount equal to 2% of gross base monthly earnings as a contribution into an Individual Retirement Account (IRA). Must be actively deferring in ACH Retirement Plan at time of disability.</td>
</tr>
<tr>
<td>Definition of Disability</td>
<td>The requirement an employee must meet in order to be eligible to receive disability benefits.</td>
<td>Inability to perform own occupation and have a 1% earnings loss.</td>
</tr>
<tr>
<td>Other Income Benefits</td>
<td>Other income benefit sources which are used to reduce the monthly benefit payable. This includes: Jones Act/Maritime Doctrine, disability payments, pension, unemployment compensation, Workers Comp, no-fault, statutory disability benefits, Social Security, Railroad Retirement, Canada Pension Plan, Quebec Pension Plan, Veteran's benefits, group disability or retirement benefits.</td>
<td>Other income benefit sources include those (due to the employee's disability or retirement) which are payable to the employee's spouse, children and dependents. This integration with Other Income Benefits is direct integration. Under direct integration, offsets are subtracted from the Scheduled Benefit.</td>
</tr>
<tr>
<td>Benefit Period</td>
<td>The maximum period of time for which benefits are payable.</td>
<td>13 weeks</td>
</tr>
<tr>
<td>How to Start Disability Benefits</td>
<td>Contact Human Resources-Benefits. See contact page 33 in this guide. Employee must complete Leave/STD Packet.</td>
<td></td>
</tr>
</tbody>
</table>
We want to help you save for your future retirement years! All ACH employees are eligible to participate in the 403(b) Tax Sheltered Annuity. This Plan allows you to save a portion of your salary without having to pay taxes on it. In fact, you don’t pay any taxes on your 403(b) savings or the appreciation your contributions earn until you take your money out for your planned retirement. You have a variety of structured investment options from which to choose.

<table>
<thead>
<tr>
<th>Years Service</th>
<th>ACH Matching Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year or more</td>
<td>is the lesser of 50% of employee contribution or 5% of gross compensation and deposited once per year</td>
</tr>
</tbody>
</table>

You are 100% vested in the salary deferral contributions you make to your Retirement Plan. You are gradually vested in the employer matching contributions and the employer defined contribution based on your years of service with ACH.

**Note:** All Employee types can make voluntary deferral contributions. Not all employee types can receive an Employer Match. See above.

**INVESTING & SAVING**

Most people have several different goals throughout their lifetime for which they need to accumulate money. People want saved money for emergencies, vacations, college costs, a new residence or new car, or to provide income during their retirement years. Saving and investing money is made much easier if a vehicle or plan is available where regular deposits can be made and this plan can offer some income tax savings as a result of making deposits into the plan.

Retirement means many different things to people. Most say that having invested money that can be used later in life to replace earned income, thereby giving the person the option to work where and when they want to, is what retirement means to them. After age 65 a person’s retirement years can last from 10, 20, 30 years or more as our population continues to live longer. So a personal risk is living too long or outliving one’s income. Starting now to save and invest money that can be used in your retirement years is an important action to initiate for yourself.

**GOOD TO KNOW**

A separate Beneficiary Designation must be completed.
**ACH Defined Contribution Retirement Plan (Pay-ER)**

**Eligible Employees:** FT; WO-FT; OPT 3; PT-SP; PT-NB; PT; WO-PT

**Eligibility Waiting Period:** Employer contribution after one year employment in which employee worked at least 1,000 hours in eligible employee type and employed on last day of plan year. To receive Employer contribution employee must be age 21 or older on last day of plan year

**Enrollment/Change Window:** Eligible employees are automatically enrolled

**Vendor:** Transamerica Retirement Solutions

The ACH Defined Contribution Plan allows the employer to make a discretionary contribution equal to a percentage of eligible employee’s gross compensation. Discretionary means ACH can choose from year to year whether to make a defined contribution and can decide from year to year on the percentage of gross compensation to contribute. Employer contributions will be dependent on ACH’s financial performance during the year.

**GOOD TO KNOW**

A separate Beneficiary Designation must be completed.

**WORDS TO KNOW**

**Vesting** – Vesting equals ownership. It is the percentage of ownership in employer contributions and the related investment earnings on those contributions. Employee is always 100% vested in his/her voluntary deferral contributions.

**Years of Service** – A 12-month plan year in which the employee works at least 1,000 productive hours. The year of service is used to determine entry date and vesting percentage in the plan.

**ACH Savings Management and Retirement Training (SMART) Plan (Pay-ER)**

**Eligible Employees:** All Employee Types

**Eligibility Waiting Period:** Immediate

**Retirement Advisor:** Stephens, Inc.

Planning for your financial future is critically important. Knowing how to plan ranks towards the top of “need to know” items in life. Peter Lynch, one of the most successful mutual fund managers of all time, is quoted “A stock market decline is as routine as a January blizzard in Colorado. If you are prepared it can’t hurt you.”

The ACH SMART plan offers you an opportunity to be prepared, increase your investment knowledge, and create and follow a savings and retirement plan suited personally for you. Education and personalized investment strategies offered by Stephens, Inc. to ACH Retirement Plan participants.

Call Stephen’s Certified Retirement Plan Specialist, Robert Jones, for your appointment at 501-377-8112 or rjones@stephens.com.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year</strong></td>
<td>JAN - DEC</td>
<td>JUL - JUN</td>
</tr>
<tr>
<td><strong>Age for Eligibility</strong></td>
<td>None</td>
<td>N/A</td>
</tr>
<tr>
<td>Deferral</td>
<td>21 or older</td>
<td>21 or older</td>
</tr>
<tr>
<td>Match</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Employer Defined Contribution</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Years of Service for Eligibility</strong></td>
<td>None. Start Immediately</td>
<td>N/A</td>
</tr>
<tr>
<td>Deferral (All Employee Types)</td>
<td>One year and be Actively Employed on December 31st</td>
<td>One yr. and be Actively Employed on June 30th</td>
</tr>
<tr>
<td>Match</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Employer Defined Contribution</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Years of Service for 100% Vesting</strong></td>
<td>6 years (Fully vested on death, disability or normal retirement age)</td>
<td>6 years (Fully vested on death, disability or normal retirement age)</td>
</tr>
<tr>
<td>Deferral</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Match</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Employer Defined Contribution</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Entry Date Into Plan</strong></td>
<td>Immediate</td>
<td>N/A</td>
</tr>
<tr>
<td>Deferral</td>
<td>The Plan Year when Age &amp; Service requirements attained.</td>
<td>On Next Jan. 1 or July 1 after Age &amp; Service requirements attained</td>
</tr>
<tr>
<td>Match</td>
<td>Applied on deferrals from Jan 1st of that Plan Year.</td>
<td>N/A</td>
</tr>
<tr>
<td>Employer Defined Contribution</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Normal Retirement Age</strong></td>
<td>62 and 5 years of service completed</td>
<td>62 and 5 years of service completed</td>
</tr>
<tr>
<td><strong>Hours for Year of Service</strong></td>
<td>1,000 in an Eligible Employee Type</td>
<td>1,000 in an Eligible Employee Type</td>
</tr>
<tr>
<td>Deferral</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Match</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Employer Defined Contribution</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Employee Elective Deferral Contribution</strong></td>
<td>For Plan Year</td>
<td>N/A</td>
</tr>
<tr>
<td>Regular</td>
<td>Maximum: 2015 - $18,000</td>
<td>N/A</td>
</tr>
<tr>
<td>Catch up Deferrals if Age 50 or Older on 12/31</td>
<td>Maximum: 2015 - $6,000</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>2016 - IRS to announce</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Matching Employer Contribution</strong></td>
<td>Not eligible</td>
<td>N/A</td>
</tr>
<tr>
<td>Years of Service:</td>
<td>50% of deferral up to 5% of salary. The employer match contribution is made on 100% of plan year employee deferrals made between Jan 1 - Dec 31 in the plan year employee attains 1st anniversary, if all other eligibility criteria is satisfied.</td>
<td>N/A</td>
</tr>
<tr>
<td>Less than 1</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>1 or more</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Vesting Schedule</strong></td>
<td>100%</td>
<td>N/A</td>
</tr>
<tr>
<td>Employee Deferral, Employer Match and Defined Contribution:</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Years of Service Completed for Vesting (Less than 2 plan years)</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>2</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>3</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>4</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>5</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>6 or more</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Loan (maximum loan is the lesser of 50% of the account value or $50,000)</strong></td>
<td>Call 1-800-755-5801 to apply for a loan.</td>
<td>N/A</td>
</tr>
<tr>
<td>Deferral</td>
<td>Available</td>
<td>N/A</td>
</tr>
<tr>
<td>Match</td>
<td>Available</td>
<td>N/A</td>
</tr>
<tr>
<td>Employer Defined Contribution</td>
<td>Available</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>59½ Withdrawal</strong></td>
<td>Available</td>
<td>N/A</td>
</tr>
<tr>
<td>Deferral</td>
<td>Available</td>
<td>N/A</td>
</tr>
<tr>
<td>Match</td>
<td>Available</td>
<td>N/A</td>
</tr>
<tr>
<td>Employer Defined Contribution</td>
<td>Available</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Hardship Withdrawal</strong></td>
<td>Call 1-800-755-5801 to apply for Hardship Distribution</td>
<td>N/A</td>
</tr>
<tr>
<td>Deferral</td>
<td>Not Available</td>
<td>N/A</td>
</tr>
<tr>
<td>Match</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Employer Defined Contribution</td>
<td>Not Available</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Investment Options</strong></td>
<td>36 investment options available - Employee Directed</td>
<td>PortfolioXpress allocation service without investment directions</td>
</tr>
<tr>
<td><strong>Defaul t Fund</strong></td>
<td>PortfolioXpress allocation service without investment directions</td>
<td>PortfolioXpress allocation service without investment directions</td>
</tr>
</tbody>
</table>

Access information online by visiting [www.trsretire.com](http://www.trsretire.com) then select Log On as participant. Follow directions if you are a first time user. To access your unique confidential account information, enter your ACH employee number and the password that you selected when you registered. See page 32 for a complete listing of vendors and phone numbers.
New Directions Employee Assistance Program (pay-ER)

**Eligible Employees:** All Employee Types  
**Coverage Effective Date:** Immediate  
**Vendor:** New Directions Behavioral Health

As an employee at Arkansas Children’s Hospital (ACH), a big job is asked of you: to champion children by making them better today and healthier tomorrow. Chances are, daily demands don’t end when you walk from the hospital walls. That’s why ACH partners with New Directions to offer an Employee Assistance Program (EAP) to help you best manage your life, at no cost and all confidence to you. Here, you can find the tools you need, whether online or in person, at any stage of a life challenge. Visit ndbh.com and use your login (childrens) to see the kind of things people use the program for, including: parenting advice, legal documentation and support, caring for your aging parent, conflict with a colleague, losing weight, reducing debt, improving things with your spouse, managing others, grief, loss, addiction and everything in between. You’ve got enough on your plate: outsource your emotional health to the experts who can make your life easier on your journey, at your pace. Visit ndbh.com or call 800-624-5544 for balanced healthcare and a better life.

Tuition Assistance (pay-S)

Tuition Assistance Application must be SUBMITTED to and APPROVED by Human Resources prior to first day of class or training. See FAQs with Tuition Assistance Application located in ACH Vault.

**Eligible Employees:** FT; WO-FT; OPT 3; PT-SP; PT and WO-PT  
**Eligibility Waiting Period:** After 6 months of continuous employment. Must be in an eligible employee type at time of application, and remain in an eligible employee type at time of reimbursement.

Got the time to attend some education classes but not the money? ACH can help. You can be reimbursed up to $4,000 per fiscal year (July 1 – June 30) ($2,000 if part-time employee) for approved education expenses, tuition, books, and fees. You must have been employed in an eligible employee type at least 6 continuous months prior to beginning of the education course. Please retrieve the Current Policy #300360 - Tuition Assistance Program from the ACH Policies. Provisions can change from time to time, so the best practice is to review current policy.

You can retrieve details by viewing and printing the Tuition Assistance Application, which includes FAQs, from the ACH Vault. We strongly suggest you call Human Resources, using the contact page 33 in this guide to verify your understanding of the Tuition Assistance program well before your class or training start.

Direct Deposit (pay-ER)

**Eligible Employees:** All Employee Types  
**Eligibility Waiting Period:** Immediate. Required for All Employees

Eliminate the hassle of waiting for your paycheck to arrive by mail, completing a deposit slip, and getting to the bank before it closes. Let ACH deposit your paycheck for you...electronically! You’ll get a “pay-check preview” two days before pay day giving you an opportunity to review your check for accuracy and you can view your past paystubs anytime using Insite. Best of all, you can change financial institutions all at your convenience.

You will start Direct Deposit of your paycheck by completing the New Hire paperwork when you are cleared to work by Occupational Health. You will need to bring your bank account information (Bank Name, Routing number, Account number and type of account) with you in order to set this up. Once your Direct Deposit is established, you will then make account number or bank name changes on-line using the Employee Portal, see instructions on page 3 of this guide.
Like many forward-thinking companies ACH chooses to offer a pooled or “comprehensive” paid leave approach to both hourly and salaried employees. This approach provides a specific amount of paid leave intended for employees’ use for a variety of purposes. It combines traditional vacation and sick leave plans into one flexible, paid leave approach. The amount of paid leave employees receive in a year increases with the length of their employment.

ACH is a 24/7 operation and our focus is on patient needs resulting in the majority of ACH Team members not experiencing the same holiday schedules as employees in other professions. We need a flexible leave program to ensure that there is equity and fairness in the allowance of paid time off.

The benefits of a pooled or comprehensive approach to paid leave include empowering our employees with more flexibility and responsibility in scheduling and using their paid leave time. One of the important employee retention goals of the new century is to find ways to give employees more freedom and flexibility. With the more flexible pooled approach, the entire block of unused time is usable without being sick, so there is more incentive to schedule paid time off as vacation or other personal days.

Paid leave is provided for the purpose of rest, relaxation and a planned interruption from the workplace or to attend to personal affairs, i.e.; for vacation, illness, caring for children, school activities, medical/dental appointments, leave, or emergencies. Paid leave is designed to be taken within the year accrued in order to receive the personal replenishment value intended. Supervisors and staff have the responsibility to plan schedules that meet operating requirements of departments and time off needs of staff. In order to balance and meet service and staffing requirements, staff members and supervisors want to plan time off schedules well in advance.

It is one more way to introduce increased flexibility into the workplace, and encourage employees to manage their paid time off to support their success at home as well as at work. Work/life balance is important to a person’s whole life. We hope our employees appreciate the implicit trust.

ACH uses three components to determine the total days per year of paid leave that each employee receives. The three components are vacation days which increase with your length of employment, paid holidays, and a sick/personal day allotment. ACH combines the days allotted for each component and determines the total paid leave days per year that employees receive.

ACH observes the following eight holidays per year:

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

Paid leave is divided into three (3) categories: ETA (Earned Time Account), PTO (Paid Time Off) and Exempt Management Vacation (VAC). PTO and VAC plans are for salaried employees, exempt from receiving overtime pay.

**Eligible Employees:** FT; WO-FT; OPT 3; PT-SP; PT-NB; PT; WO-PT; WO-NB

**Eligibility Waiting Period:** Immediate
ETA (Earned Time Account) (pay-ER)

*Hourly employees* accrue vacation, sick/personal days and holidays in an ETA (*Earned Time Account*). Each pay period, your ETA accrues at a rate based on years of service and hours worked (*up to a maximum of 80 hours*) per pay period. After completing your 90-day probationary period, ETA (*you’ve been accruing since your first day of work*) is available for use. However, your ETA account will be charged should holidays or inclement weather days occur during your 90-day probationary period.

<table>
<thead>
<tr>
<th>Plan Level</th>
<th>Years of Service</th>
<th>ETA Accrual Rate per 80 Hour Pay Period</th>
<th>ETA Accrual Rate per 1 Hour</th>
<th>Total Number of Days per YR (assumes 8 hr workday)*</th>
<th>Max Hour Carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETA 1</td>
<td>0 – 2</td>
<td>6.770</td>
<td>0.084625</td>
<td>22</td>
<td>176</td>
</tr>
<tr>
<td>ETA 2</td>
<td>3 – 4</td>
<td>7.385</td>
<td>0.092313</td>
<td>24</td>
<td>192</td>
</tr>
<tr>
<td>ETA 3</td>
<td>5 – 9</td>
<td>8.310</td>
<td>0.103875</td>
<td>27</td>
<td>216</td>
</tr>
<tr>
<td>ETA 4</td>
<td>10 – 14</td>
<td>9.850</td>
<td>0.123125</td>
<td>32</td>
<td>256</td>
</tr>
<tr>
<td>ETA 5</td>
<td>15+</td>
<td>11.385</td>
<td>0.142313</td>
<td>37</td>
<td>296</td>
</tr>
</tbody>
</table>

*Note: ETA Accrual prorated for less than 80 hours per pay period.*

*The ETA Plan’s “basic unit” is HOURS, not DAYS. The days illustrated is an example based on 8 hours per day. If 12-hour workday, then divide max hour carryover by 12 to determine max count of days.*

PTO (Paid Time Off) (pay-ER)

*Exempt professional employees* accrue vacation, sick/personal days and holidays in a PTO (*Paid Time Off*) Account. Each pay period, your PTO accrues at a rate based on years of service and hours worked (*up to a maximum of 80 hours*) per pay period. After completing your 90-day probationary period, PTO (*you’ve been accruing since your first day of work*) is available for use. However, your PTO account will be charged should holidays or inclement weather days occur during your 90-day probationary period.

<table>
<thead>
<tr>
<th>Plan Level</th>
<th>Years of Service</th>
<th>PTO Accrual Rate per 80 Hour Pay Period</th>
<th>PTO Accrual Rate per 1 Hour</th>
<th>Total Number of Days per YR (assumes 8 hr workday)*</th>
<th>Max Hour Carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTO 1</td>
<td>0 – 4</td>
<td>8.310</td>
<td>0.103875</td>
<td>27</td>
<td>216</td>
</tr>
<tr>
<td>PTO 2</td>
<td>5 – 9</td>
<td>9.850</td>
<td>0.123125</td>
<td>32</td>
<td>256</td>
</tr>
<tr>
<td>PTO 3</td>
<td>10+</td>
<td>11.385</td>
<td>0.142313</td>
<td>37</td>
<td>296</td>
</tr>
</tbody>
</table>

*Note: PTO Accrual prorated for less than 80 hours per pay period.*

*The PTO Plan’s “basic unit” is HOURS, not DAYS. The days illustrated is an example based on 8 hours per day. If 12 hour workday, then divide max hour carryover by 12 to determine max count of days.*

VAC (Exempt Management Vacation Plan) (pay-ER)

*Salaried-exempt management employees* are granted a bank of Vacation days based on years of service. Each July 1, you will be credited Vacation days to use throughout the ACH fiscal year (*July 1 – June 30*). If you are a new VAC employee, you will receive a prorated bank of Vacation days calculated from your hire date through June 30. Holidays are paid as part of your regular pay and are not subtracted from your Vacation bank.

<table>
<thead>
<tr>
<th>Plan Level</th>
<th>Years of Service</th>
<th>Leave Days per YR</th>
<th>Paid Holidays per YR</th>
<th>Total Number of Days per YR (assumes 8 hr workday)*</th>
<th>Max Hour Carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAC 1</td>
<td>0 – 4</td>
<td>20</td>
<td>8</td>
<td>28</td>
<td>80</td>
</tr>
<tr>
<td>VAC 2</td>
<td>5 – 9</td>
<td>25</td>
<td>8</td>
<td>33</td>
<td>80</td>
</tr>
<tr>
<td>VAC 3</td>
<td>10+</td>
<td>30</td>
<td>8</td>
<td>38</td>
<td>80</td>
</tr>
</tbody>
</table>

*The VAC Plan’s “basic unit” is HOURS, not DAYS. The days illustrated is an example based on 8 hours per day.*
Cafeteria Discount (pay-EE)

**Eligible Employees:** All Employee Types  
**Eligibility Waiting Period:** Immediate for discounts

Excellent meal choices are served each day in the ACH Cafeteria. The cafeteria is open daily serving breakfast from 6:00am to 10:30am, lunch from 11:00am to 1:45pm and supper from 5:00pm to 7:00pm. Items may be ordered from the grill during the day and later at night. Employees who present their ACH ID badge at time of purchase receive a 20% discount.

You can also participate in the ACH Piggy Bank program. Simply chose the amount you want payroll deducted and then use your ID badge to go “cash-less” in the checkout line. You can apply for the convenient ACH Piggy Bank by logging onto the ACH Piggy Bank webpage located on Team ACH Webpage.

Gift Shop Discount

**Eligible Employees:** All employee types  
**Eligibility Waiting Period:** Immediate

The hospital gift shop is an attractive, well-supplied shop operated for the convenience of patients, families, employees and visitors. Many unique jewelry and gift items as well as cards, candy, and balloons are easily accessible to all who enter the hospital. ACH employees receive a year-round discount of 10% on selected lines, and a 25% discount **(on one eligible item)** during the week of their birthday. ACH reserves the right to change or discontinue hospital discount programs at any time.

Hospital Discount

**Eligible Employees:** Members of the ACH Medical Benefits Plan (both employee members and dependent members)  
**Eligibility Waiting Period:** Immediate  
**Reference:** Policy #D02-Hospital Service Discount Policy

All covered members enrolled in the ACH Medical Benefits Plan enjoy a 20% discount on **selected hospital services** delivered at ACH. ACH reserves the right to change or discontinue hospital discount programs at any time.

Employer Provided Parking/Campus Shuttle

**Eligible Employees:** All employees  
**Eligibility Waiting Period:** Immediate

All ACH employees enjoy employer provided parking with the added advantage of peace of mind knowing their vehicle is monitored (24/7) by surveillance cameras as well as ACH security officers. Employees can pay for a reserved parking space in the ACH Employee Parking Deck.

On rainy days or any day for that matter, employees may use the Shuttle bus to be safely “shuttled” anywhere on the ACH campus.
ACH Total Rewards (pay-EE)

**Eligible Employees:** FT; WO-FT; OPT 3; PT-SP; PT; WO-PT

**Eligibility Waiting Period:** Immediate

Financial planning and personal responsibility are partners of successful financial outcomes. Human Resource Benefits is committed to assist you with tools to help meet these two objectives. This is accomplished by offering a suite of benefits statements, and direct access to your elected benefit plans. We call this - Total Rewards.

This package is designed to engage employees’ awareness of their personal benefit elections, and provide them with tools for financial planning. These financial statements are vitally important, but are only as good as your use of their content for managing, and planning for your financial future.

Providing Resources for your financial planning:

- **Rewards Statement**
  - Economic Value of Compensation, Benefits, & Training
- **Benefits Statement**
  - Itemizing both Direct and Indirect Benefits Compensation, and coverage levels at a point in time
- **Salary and Position History**
  - Earnings History, Pay stub, Year-end Tax Document, & position history
- **Career Accomplishments**
  - Service Awards

Benefits are “indirect compensation”

Your Paycheck is “direct compensation”

Employees receive financial value through the employer sponsored benefit plans. Employees should view these benefit plans as personal financial tools. This partnership of employer sponsored and employee elected benefits can provide the covered employee partial funding assistance for planned and unplanned personal financial expenditures.
Benefit Service and Contact Information:
Vendor Service Contacts, Policy Numbers, Phone Numbers, Local Contacts and websites.

**POLICY NUMBERS**

For your policy number refer to your Membership ID card if applicable, your policy if one received, or contact the appropriate benefit vendor Customer Service using the telephone number shown on this page.

If you need a new membership card contact that vendor’s Customer Service using the telephone number shown on this page.

<table>
<thead>
<tr>
<th>Medical</th>
<th>Retirement/403(b) Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>BlueAdvantage Administrators</td>
<td>Transamerica Retirement Solutions</td>
</tr>
<tr>
<td>1-800-370-5852</td>
<td>1-800-755-5801</td>
</tr>
<tr>
<td>Arkansas Blue Cross/Blue Shield</td>
<td>Suzanne Steed</td>
</tr>
<tr>
<td>Pharmacy Benefit Management</td>
<td>Local Representative</td>
</tr>
<tr>
<td>Pharmacy RX Bin #004336</td>
<td>353-1815</td>
</tr>
<tr>
<td>1-888-293-3748</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental</th>
<th>Flexible Spending Account</th>
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<tbody>
<tr>
<td>Delta Dental</td>
<td>Total Administrative Services Corp (TASC)</td>
</tr>
<tr>
<td>Customer Service</td>
<td>1-800-422-4661</td>
</tr>
<tr>
<td>1-800-462-5410</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.deltadentalar.com">www.deltadentalar.com</a></td>
<td><a href="http://www.tasconline.com">www.tasconline.com</a></td>
</tr>
</tbody>
</table>

| Vision Care                                 | New Directions                         |
|---------------------------------------------|Employee Assistance                      |
| EyeMed                                       |                                         |
| 1-866-939-3633                              | New Directions Behavioral Health        |
| www.eyemedvisioncare.com                   | 1-800-624-5544                          |
|                                             |                                         |
|                                             | www.ndbh.com                            |

| Cancer Select                               | TELCOE Federal Credit Union             |
|---------------------------------------------|Local office:                            |
| Transamerica Assurance Company              | 820 Louisiana St., Little Rock          |
| 1-888-763-7474                              | TELCOE                                  |
|                                             | 375-5321 or 1-800-482-9009             |
|                                             | www.telcoe.com                          |

| Group STD and LTD                           | Group Term Life                         |
|---------------------------------------------|Customer Service                         |
| Customer Service                            | Symetra Life Insurance Company          |
| Symetra Life Insurance Company              | 1-800-SYMETRA (796-3872)                |
| 1-800-SYMETRA (796-3872)                    |                                         |
| www.symetra.com                             | www.symetra.com                         |

| Critical Illness & Accident                 | Interest-Sensitive Whole Life           |
|---------------------------------------------|Customer Service                         |
| Customer Service                            | Unum                                    |
| Continental American Insurance Company an Aflac Company | 1-800-635-5597 |
| 1-800-433-3036                              |                                         |
| www.caicworksite.com                        | www.unum.com                             |
Human Resources/Benefits Information

Office Hours: 7am-5pm – Monday-Friday
Mailing Address: Arkansas Children’s Hospital; 1 Children’s Way Slot #600; Little Rock, AR 72202
Location: 1919 West 12th Street; Little Rock, AR 72202
Human Resources Services Center: 364-1168; Fax 364-7219

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**Benefit Professionals:**

**Ramón C. Henderson,** Director of Benefits  
Voice: 364-2135 Fax: 364-7219  
Email: hendersonrc@archildrens.org

**Cheryl Dearing,** Benefits Specialist  
Voice: 364-2199 FAX: 364-7219  
Email: dearingcr@archildrens.org

**Dee Forbush,** Benefits Specialist  
Voice: 364-4116 FAX: 978-6402  
Email: forbushdl@archildrens.org

**Margie Hollingshead,** Benefits Specialist  
Voice: 364-4114 FAX: 978-6403  
Email: hollingsheadme@archildrens.org

**Geanine Stevenson,** FMLA Coordinator  
Voice: 364-2160 FAX: 978-6402  
Email: stevensonlg@archildrens.org

**Deborah Sturdevant,** Benefits Specialist  
Voice: 364-2113 FAX: 364-7219  
Email: sturdevantdd@archildrens.org

**Melissa Jones,** HR Specialist  
FAX: 364-7219  
Email: jonesmr@archildrens.org

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**What to Expect from ACH Employee Benefit Professionals**

We work diligently for our employees, and not for an insurance company. Our benefit professionals are in a non-bias position to educate and serve your interest. When you interact with ACH Employee Benefits you will work directly with a benefit professional. We have certified and licensed staff trained in today’s ever changing area of employee welfare benefit plans. Our employee benefit professionals are continually educated on current legislation. This allows us to help our employees receive awareness of legislation that may involve their financial welfare.

**Services Offered**

Our leading aim is to provide value to employees through Benefit Education and Assistance.

- Administration & Education of Product Services
- Fiduciary Management & Oversight
- Coordination of Plan Enrollments, (New Hires, Open Enrollment, and Qualifying Events)
- Complex Employee Claims Assistance & Advocacy
- Billing Review & Audit Support

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**OTHER IMPORTANT ACH NUMBERS**

- **ACH Security:** 364-4353
- **ACH Outpatient Pharmacy:** 364-1223 or 364-1378
- **ACH Parking Deck:** 364-3615
- **East Campus Fitness Center:** 364-1088
- **Emergency:** 88
- **Occupational Health:** 364-1219
- **Payroll Office:** 364-2533 or 364-2535
- **Wellness Program:** 364-1615
Appendix

**Benefit Payment Code:**
Payment Codes used throughout this benefits booklet to communicate payment responsibility for each benefit.

*(Pay-S)* means the costs of this benefit are SHARED between EMPLOYER and EMPLOYEE

*(Pay-ER)* means the cost of this benefit is paid 100% by EMPLOYER

*(Pay-EE)* means the cost of the benefit is paid 100% by EMPLOYEE

**Meditech Employee Type Codes:**
You may find these codes helpful for determining eligibility for different benefit plans. Your Employee Type determines your eligibility for different benefits. You can view your own employee type in your employee file by selecting the My ACH Position button in the Employee Portal.

<table>
<thead>
<tr>
<th>Minimum FTE</th>
<th>Maximum FTE</th>
<th>Minimum Scheduled Hours per pay period (two work weeks)</th>
<th>Employee Type Code used in Meditech &amp; Employee Portal Systems</th>
<th>Employee Type Description</th>
<th>Special Notes</th>
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</thead>
<tbody>
<tr>
<td>Eligible for all benefits - FAMILY COVERAGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.00</td>
<td>1.00</td>
<td>80</td>
<td>FT</td>
<td>Full-time</td>
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<tr>
<td>0.80</td>
<td>1.24</td>
<td>64</td>
<td>OPT 3</td>
<td>Option 3</td>
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<tr>
<td>0.50</td>
<td>0.79</td>
<td>40</td>
<td>PT-SP</td>
<td>Part-time (Special Benefits)</td>
<td>No NEW Employees since 1990</td>
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<tr>
<td>0.80</td>
<td>1.00</td>
<td>64</td>
<td>WO-FT</td>
<td>Weekend Option (Full-time)</td>
<td></td>
</tr>
<tr>
<td>0.50</td>
<td>0.79</td>
<td>40</td>
<td>WO-PT</td>
<td>Weekend Option (Part-time)</td>
<td></td>
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<tr>
<td>Eligible for reduced benefits - Employee Only Coverage</td>
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<td></td>
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<tr>
<td>0.50</td>
<td>0.79</td>
<td>40</td>
<td>PT</td>
<td>Part-time</td>
<td></td>
</tr>
<tr>
<td>Not Eligible for benefits (Can make voluntary retirement plan deferrals)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.10</td>
<td>0.49</td>
<td>8</td>
<td>PT-NB</td>
<td>Part-time (No Benefits)</td>
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<td>0.10</td>
<td>0.49</td>
<td>8</td>
<td>WO-NB</td>
<td>Weekend Option (No Benefits)</td>
<td>Each Department sets schedule</td>
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<td>0.00</td>
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<td>HIPNB</td>
<td>Hippy Program (No Benefits)</td>
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<td>0.50</td>
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<td>0</td>
<td>EXTRN</td>
<td>Extend RN (Contract Nursing)</td>
<td>Each Department sets schedule</td>
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<td>0.00</td>
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<td>ZB</td>
<td>Zero Based</td>
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<td>0.00</td>
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<td>On ACTIVE Military Duty</td>
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<td>TEMP</td>
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**ACH WORK SHIFTS**

<table>
<thead>
<tr>
<th>Weekday Shifts</th>
<th>Normal Start Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meditech ID</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>6am-8am</td>
</tr>
<tr>
<td>2</td>
<td>2pm-4pm</td>
</tr>
<tr>
<td>3</td>
<td>10pm-12am</td>
</tr>
<tr>
<td>6</td>
<td>Flex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weekend Shifts</th>
<th>Normal Start Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meditech ID</td>
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</tr>
<tr>
<td>1</td>
<td>6am-8am</td>
</tr>
<tr>
<td>2</td>
<td>2pm-4pm</td>
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<tr>
<td>3</td>
<td>10pm-12am</td>
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<tr>
<td>6</td>
<td>Flex</td>
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<tr>
<td>4</td>
<td>7am-7pm</td>
</tr>
<tr>
<td>5</td>
<td>7pm-7am</td>
</tr>
</tbody>
</table>
Appendix (continued)

Qualified Status Changes

You can change your pre-tax Section 125 Cafeteria Plan benefit election if you execute the change within 30 calendar days of the effective date of the event. Events that make a status change a qualified status change are listed below. Contact Human Resources Services Center prior to or within 30 calendar days of the effective date and provide proof documents of the event you are using a qualified status change. If the 30-calendar day window is missed, your requested benefit change will be denied.

Marital Status\(^1,2\)

A change in marital status includes marriage, death of a spouse, legal separation, divorce or annulment.

Change in Number of Tax Dependents\(^1,2\)

A change in number of dependents includes the following: birth, death, legal adoption and court ordered placement for adoption.

Change in Status of Employment Affecting Coverage Eligibility\(^1,2\)

Change in employment status of the employee such as changing from a non-benefit eligible employee type to a benefit eligible employee type. Change in employment status of the employee’s spouse or dependent of the employee, that affects the individual’s eligibility under an employer’s plan includes commencement or termination of employment.

Gain or Loss of Dependents’ Eligibility Status

An event that causes an employee’s dependent to satisfy or cease to satisfy coverage requirements under an employer’s plan may include change in age, student, marital, employment or tax dependent status.

Change in Residence

A change in the place of residence of the employee, spouse or dependent that affects eligibility to be covered under an employer’s plan includes moving out of an HMO service area.

Open Enrollment Under Other Employer’s Plan\(^3\)

You may make an election change when your spouse or dependent makes an Open Enrollment Change in coverage under their employer’s plan if they participate in their employer’s plan and:

- the other employer’s plan has a different period of coverage (usually a plan year) or;
- the other employer’s plan permits mid-plan year election changes under this event.

Judgment/Decree/Order\(^4\)

If a judgment, decree or order from a divorce, legal separation, annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual’s plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.

Medicare/Medicaid\(^4\)

Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change. Does not apply to Dependent Care FSA plan.

Family and Medical Leave Act (FMLA) Leave of Absence

Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave.

Provider Change and Cost Change\(^3\)

You may make a corresponding election change to your Dependent Care FSA benefit whenever you actually switch dependent care providers. However, if a family relative (who is related by blood or marriage) provides custodial care for your eligible dependent, you cannot change your FSA contribution amount solely on a desire to increase or decrease the amount paid to that relative. Does not apply to Medical Reimbursement FSA plan.

1 Applies to all Off-the-job Accident Insurance
2 Applies to Critical Care Plan
3 Does NOT APPLY for Flexible Spending Account - Medical Reimbursement
4 Does NOT APPLY for Flexible Spending Account - Dependent Care

This brochure is a brief description of coverage and is not a contract. Read your insurance certificate carefully for exact terms and conditions.
Termination Checkout Guidelines

Checking out with your department manager:
This Checkout list will provide you a list to consider of the items you may need to return in order to end your employment commitment with ACH. Your department or division manager may also have a list and other items they require returned.

- Photo ID, Badges
- Keys – all keys, building, office doors, even desk and / or cabinet keys
- Parking Decals, Parking Deck Pucks
- Uniforms (if previously provided)
- Computers / Laptops, PDA’S, Palm Pilots, Pagers, Cellular Phones
- Books, journals, and other office literature
- Other Employer Sponsored Items
- Correct forwarding/mailing address. Critical tax & payroll communications will be sent.
- Correct telephone number. You may be contacted for feedback on your work experience at ACH
- Other Dept./Division specific items (contact supervisor)

Checking out of your benefit accounts:
In most cases, your benefits end on or near your termination date. In some cases, you might elect to reassign your individual coverage under a specific benefit plan and keep it active for a time after your termination from ACH. Generally the action you need to take to reassign your current participation so you can continue coverage needs to be completed in the 30 days following your termination date. The check out actions the employer needs to complete due to your termination will also generally be fully completed within 30 days of your term date. Review the individual benefit plans listed on the backside of this Checkout guide for more details on individual benefit plans.

Automatic Cancellation Benefit Items
Some benefit plan participation will process an automatic cancellation/expiration date driven by your actual termination date and the plan’s pre-established rules. You will not have any follow-up action required to complete cancellation of these benefits. These benefits are identified in section Automatic Cancellation Benefit Items.

Employee Cancellation Benefit Items
However, there are several benefits that will require your direct involvement to cancel or if you wish to reassign in order to continue your participation. Without you taking action, continuation in these plans, identified in section Employee Cancellation Benefit Items, would not occur. Or without you completing the necessary forms benefits would not be continued as you might desire. Keep in mind your business relationship is with the vendor in some of these plans, not with ACH.

Rights for insurance continuation under the COBRA law.
The COBRA regulations grant all participants under a Cafeteria 125 Plan (medical, dental, vision insurances, and FSA-Medical Reimbursement account) the right to continue coverage beyond your termination date according to plan rules. An instructional letter explaining continuation options will automatically be mailed to the last mailing address you provided.

These Check Out procedures and practices are governed by federal and state laws, vendor rules, and employer policies and cannot be altered by the ACH Human Resource or Benefits Personnel. Planning ahead and getting your specific questions asked and answered are the best practices to help keep you from experiencing a gap in needed benefit coverage or extended delay in receiving benefits. If you have additional benefit check out questions, contact Benefits Section in ACH Human Resources @ 1-501-364-1168.
Automatic Cancellation Benefit Items:

Group Medical Insurance
BlueAdvantage of Arkansas
Coverage continues to the end of your termination month. COBRA letter will be sent offering continuation and COBRA premium rates, along with instructions. Website: www.BlueAdvantageArkansas.com Contact: 1-800-370-5852

Group Dental Insurance
Delta Dental
Coverage continues to the end of your termination month. COBRA letter will be sent offering continuation and COBRA premium rates, along with instructions. Website: www.deltadentalar.com Contact: 1-501-835-3400 ext. 2372

Group Disability Insurance
Symetra Life Insurance
Coverage ends on term date. No continuation options.

Employee Cancellation Benefit Items:

Group Basic TERM Life Insurance
Symetra Life Insurance
Only if coverage continuation desired. Call to convert to individual plan please contact Symetra within 31 days from termination date with questions. Contact: 1-800-SYMETRA (796-3872) Website: www.symetra.com

Voluntary Critical Illness Insurance
Continental American Insurance Co (CAIC)
To cancel or to convert to direct billing plan contact: Contact: 1-800-433-3036 Website: www.caicworksite.com

Voluntary Accident Insurance
Continental American Insurance Co (CAIC)
To cancel or to convert to direct billing plan. Contact: 1-800-433-3036 Website: www.caicworksite.com

Flexible Spending Accounts
Total Administrative Services Corp (TASC)
Medical Reimbursement - Coverage continues thru end of plan year (06/30/xx) in which you terminate. COBRA instruction letter will be sent offering continuation, but FSA contributions are after-tax under COBRA. Submit outstanding claims before June 30th of the current fiscal year. Contact: 1-800-422-4661 Website: www.tasconline.com

Dependent Care - Coverage ends on term date. No continuation options. Please submit trailing claims before June 30th of the current fiscal year. Contact: 1-800-422-4661 Website: www.tasconline.com

QTE-Parking - Coverage ends on term date. No continuation options. Please submit trailing claims prior to 6 months elapsing after term date. Contact: 1-800-422-4661

Group Vision Care Plan
EyeMed
Coverage continues to the end of your termination month. COBRA letter will be sent offering continuation and COBRA premium rates, along with instructions. Website: www.eyemedvisioncare.com Contact: 1-866-939-3633

Paid Leave
Arkansas Children’s Hospital
Please review last pay stub for unused paid leave balance. Cash out check is generally paid 3-4 weeks after actual term date. Contact: Payroll Dept. 1-501-364-2533

Employee Assistance Program
New Directions
Coverage extends 30 days beyond employee’s date of separation, or longer if involved in open case. Contact: 1-800-624-5544 Website: www.ndbh.com (Login: “childrens”)

Supplemental TERM Life Insurance
Symetra Life Insurance
Only if coverage continuation desired. Call to convert to individual plan please contact Symetra within 31 days from termination date with questions. Contact: 1-800-SYMETRA (796-3872) Website: www.symetra.com

Voluntary WHOLE LIFE Insurance
UNUM
To cancel or change to direct billing plan contact: Contact: 1-800-635-5597 Website: www.unum.com

Retirement Plans
Transamerica Retirement Solutions - Generally 30 days must elapse from term date, then employer auto notifies Transamerica of term date. Final paycheck and paid leave cash out check must process first. Transamerica sends participant a TERM Kit including instructions and paper service forms. Participant completes forms for desired service type, remitting fully completed forms to ACH Human Resources for final processing and forwarding to Transamerica on behalf of participant.

ACH 403(b) Retirement Plan
Contact: 1-800-755-5801 Website: https://www.trsretire.com/

ACH 403(b) Loans - To payoff outstanding loan balance:
Contact: 1-800-755-5801 Website: https://www.trsretire.com/

ACH Defined Contribution Retirement Plan
Contact: 1-800-755-5801 Website: https://www.trsretire.com/

Credit Union - TELCOE
Contact: 1-800-482-9009 Website: www.telcoe.co