



2023 Open Enrollment Guide

Arkansas State Employees



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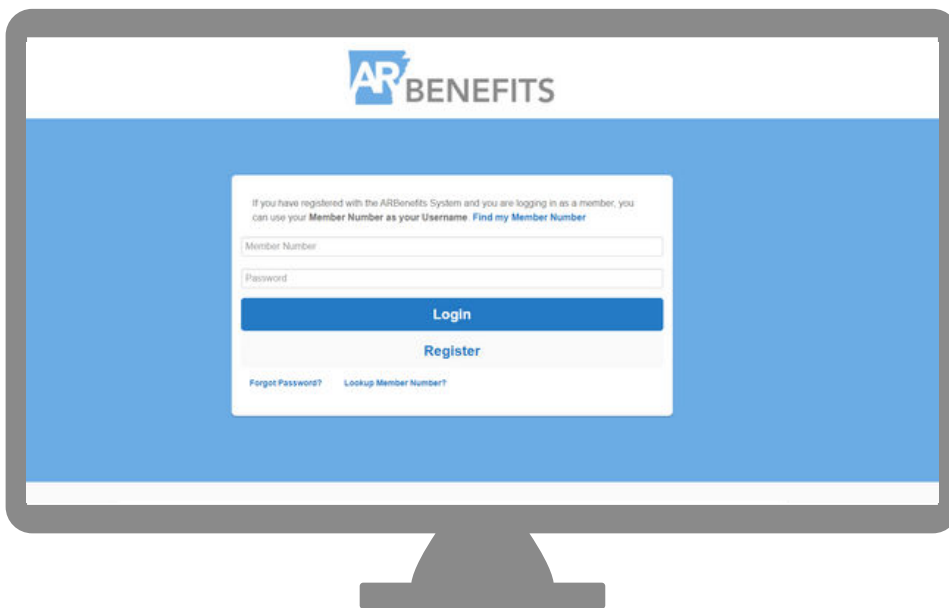
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2023 OPEN ENROLLMENT

Open Enrollment is the annual period when Arkansas employees can enroll or change their health insurance plan without a qualifying event. During Open Enrollment, employees may make changes for the 2023 Plan year, such as:

- Enroll in or cancel coverage
- Add/drop your spouse or dependent
- Change from pre-tax to post-tax deduction
- Change your plan level (excludes Medicare Retirees)
- Enroll in vision and/or dental coverage
- Sign up for voluntary products
- Elect or update FSA or HSA

Any Open Enrollment changes, excluding qualifying events, received prior to the first date of Open Enrollment or after the deadline will not be processed.



Enroll Online

The easiest and fastest way to enroll is online through your ARBenefits Member Portal. If your health insurance Plan will not change for Plan year 2023, you do not need to re-enroll online.

The coverage selected during Open Enrollment will continue be effective January 1, 2023 (premium rates may change from plan year to plan year).



Important Reminders

Employees who would like to contribute to a Flexible Spending Account (FSA) in 2023 or who would like access to rollover funds from their 2022 FSA **must submit an FSA Election Form during Open Enrollment.**

Employees who plan on retiring in the Plan year 2023 must be actively covered on an ARBenefits Health Insurance Plan on their last day of employment with the district to be eligible for retiree coverage.

ELIGIBILITY

Employees

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

1. Regular full-time employees of a participating Department or Constitutional Office that are:
 - In a budgeted position recognized by the General Assembly
 - Not seasonal or temporary
 - Working 1,000 or more hours
2. A member of the General Assembly.
3. An elected Constitutional Officer.
4. An appointed or elected member of a Board or Commission on a full-time, salaried basis.
5. Extra-help employee per the requirements outlined in the Summary Plan Description. Click [here](#) for more details.

Dependents

If your dependent is your current legal spouse, they may join; however, spouses eligible for coverage through their employer are not eligible for coverage. Former spouses are not eligible to join the plan even if there is a court order to include them in a plan.

To add a child as a dependent to your health plan, you must answer yes to one of the following:

- Is this your birth child, adopted child, or stepchild?
- Is the child under the age of twenty-six (26)?
- Is the child a Qualified Medical Child Support Order (QMCSO) dependent under twenty-six (26) years old, and do you have a judgment, decree, or order issued under state law?
- Are they qualified disabled dependent and have been medically certified as totally disabled due to mental or physical incapacity?



NON-ELIGIBLE: The following are not eligible to be enrolled as dependents under an ASE plan: (1) former spouse, the day following the final divorce date; (2) common-law spouse (not recognized in the State of Arkansas); (3) parent; (4) grandparent; (5) step-parent; (6) niece or nephew; (7) foster child (unless legally adopted); and (8) dependent children over the age of twenty-six (26).

ENROLLING

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

Enrolling through the portal allows you to:

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

How to Enroll

1. Log into the member portal at my.arbenefits.org
2. Click on the "Plan Enroll" tab
3. Make your selections and click "Next"
4. Upload documents if you are adding dependents

Once you have made all changes, you will then click "Approve" if everything is correct, "Edit" if you need to go back and make any changes or "Discard" to delete all changes.

Once you submit your selections, you will receive a confirmation email. If your changes require additional documentation, your submission will not be approved automatically, as the EBD team must review any documentation. If there are any other issues with your enrollment, you will receive additional communication from EBD.



Click here to view our "How to Enroll Online Guide"

TERMINOLOGY

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

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

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

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

Premium: The monthly amount you pay for health coverage.

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

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

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

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



[Click here to view more terminology.](#)

PLAN BENEFITS

Benefits Available Under All Plans

- ✓ **Coverage for care** including doctors, hospital stays, prescriptions, and rehabilitation.
- ✓ **In-network providers** nationwide through the BCBS provider network.
- ✓ **Access to specialists** without a referral. Some services may require pre-certification.
- ✓ **\$160 towards a breast pump**
- ✓ **24-hour care for emergencies** in or out-of-network.
- ✓ **Eligible Preventive Care covered 100%** with no deductible requirement.
- ✓ **\$1,400 paid towards each ear** every three years, towards the cost of hearing aids.

Employee Assistance Program (EAP)

The Employee Assistance Program offers short-term counseling and work-life support to help you and your family handle various issues.



Nurse24

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



Maternity Program

If you or your dependent is pregnant, you can take advantage of one-on-one support from a Registered Nurse who will help you achieve a healthy pregnancy. Call 1-800-225-1891 ext. 20225.

Chronic Condition Management

You are eligible for the Nurse Coaching Program if you have a condition such as diabetes, asthma, or high cholesterol. Call 1-800-482-8416 to get started.

My Blueprint Portal

Get access to your past claims, see how much you have contributed towards your deductible, find in-network providers and get an estimate on your out-of-pocket costs for service. Click [here](#) to get started.

PLAN OPTIONS

Premium Plan

Deductible

\$500 - Individual \$1,000 - Family

Out of Pocket (medical)

\$3,000 - Individual \$6,000 - Family

Out of Pocket (pharmacy)

\$3,100 - Individual \$6,200 - Family



Employee only: \$86.00

Employee and Spouse: \$247.11

Employee and Children: \$154.87

Employee and Family: \$315.26

Premium Plan Summary of Benefits

Classic Plan

Deductible

\$2,500 - Individual \$3,000/\$5,000 - Family

Out of Pocket (medical)

\$6,450 - Individual \$12,900 - Family



Employee only: \$49.35

Employee and Spouse: \$160.12

Employee and Children: \$90.09

Employee and Family: \$200.13

Classic Plan Summary of Benefits

Basic Plan

Deductible

\$6,450 - Individual \$12,900 - Family



Employee only: \$0.00

Employee and Spouse: \$90.11

Employee and Children: \$38.18

Employee and Family: \$107.30

Basic Plan Summary of Benefits

HSA vs FSA

Health Savings Accounts (HSA and Flexible Spending Accounts (FSA) allow you to contribute pre-tax funds to help cover eligible medical expenses. Optum Financial is the Third Party Administrator for the State of Arkansas HSAs and FSAs.

Flexible Spending Account

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

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

Enrollment: Must submit an FSA Enrollment Form annually.

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

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

Health Savings Account

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

Contributions: Can be adjusted at any time.

Enrollment: You do not need to re-enroll each year.

Rollover of Funds: Unused funds rollover year to year.

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

Different Types of FSAs

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

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

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



[Click here for more information on FSAs and HSAs](#)

VOLUNTARY PRODUCTS

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

Delta Dental

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

[Delta Dental Enrollment Forms](#)

[Delta Dental Plan Information](#)



Humana Vision

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

[Humana Vision Plan Information](#)

[Humana Vision Enrollment Form](#)



Colonial Life

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

[Colonial Life Plan and Enrollment Options](#)



Questions? Contact us:

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