

2025 OPEN ENROLLMENT PRESENTATION



2025

BENEFITS OVERVIEW



Why Are We Here?

2025 OPEN ENROLLMENT

“ THIS IS THE ONE* TIME EACH YEAR
YOU CAN REFLECT UPON YOUR
CURRENT BENEFIT ELECTIONS AND
MAKE ANY NEEDED CHANGES. ”

* Outside of a qualifying life event

Change. Drop. Add.

It's your choice!

Available October 28 through November 8, 2024.

2025 OPEN ENROLLMENT KEY POINTS

When Is It?

- October 28 – November 8

What Do I Need To Do?

- Review your current contact and beneficiary information
- Review your current benefits
- Assess your needs
- Research and Compare plan options
- Evaluate additional and voluntary benefits
- Enroll in your benefits of choice before 5pm on November 8th.

Where Are My Resources?

- In person Sessions
- Virtual Sessions
- Chat Now
- Plan documents are located on the Open Enrollment Website

SHOULD I PARTICIPATE?

YES

- I want to enroll, change, or cancel coverage for myself
- I want to add/remove coverage for dependents.
- I want to enroll in a Flexible Spending Account (FSA) or Dependent Care FSA
- I am currently enrolled in a Flexible Spending Account (FSA) and wish to continue my current deduction
- I want to change the amount of my Flexible Spending Account (FSA) deduction.

NO

- I want to continue my current coverage
- I want to continue the current coverage of my dependents.
- I do not want to enroll in a Flexible Spending Account (FSA)
- I do not want to continue my current enrollment in my Flexible Spending Account (FSA)

WHAT WILL WE COVER?

- *Overview of Health Insurance*
 - Medical
 - Dental
 - Vision
 - Other Voluntary Coverages
- *Resources*
 - Provider Information and Contacts
 - Benefit Website and Guide
- *How to Enroll*

OVERVIEW OF HEALTH INSURANCE

- We offer a range of coverages to you as an employee including:
- Medical
- Dental
- Vision
- Life Insurance
- Short and Long Term Disability
- Accident, Hospital, and Critical Illness
- Additional Group Life, AD&D, Spousal, and Dependent Coverage

WHAT'S CHANGING FOR 2025?

- Salary Tiers
 - Reduced number of tiers to 4
 - Salaries under 55,000 will all be included in 1st tier
- Dependent Care FSA
 - Allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for eligible dependent care expenses each year.
 - IRS Per household limit- \$5,000 (married and filing jointly or single parent); per person (if married or filing separately) - \$2,500
 - What does it cover? Childcare center, babysitter, nanny (birth through age 12), Summer day camp, Before or after-school care, Disabled dependent and/or spouse care, Elder care

YOUR MEDICAL OPTIONS

ATU offers 2 options:

- HDHP
 - With HSA
- PPO
 - With FSA



ARKANSAS TECH
UNIVERSITY

HDHP

\$4,000 Deductible HDHP (HSA) Plan

- In-Network Deductible: \$4,000 Individual/\$8,000 Family
- Annual Max: \$4,000 Individual /\$8,000 Family
- Copays: Member pays 100% until deductible is met
- Prescription Drugs: Member pays 100% until deductible is met.

HDHP (HSA) \$4000 2025 Plan—Option I		
Coverage Level	Employee Cost	Employer Cost
Salary Tier: Under \$55,000		
Employee Only	\$0.00	\$615.50
Employee and Spouse	\$426.00	\$768.22
Employee and Children	\$185.00	\$671.46
Employee and Family	\$543.00	\$903.73
Salary Tier: \$55,000— under \$80,000		
Employee Only	\$34.00	\$581.50
Employee and Spouse	\$482.00	\$712.22
Employee and Children	\$241.00	\$615.46
Employee and Family	\$597.00	\$849.73
Salary Tier: \$80,001—under \$125,000		
Employee Only	\$57.00	\$558.50
Employee and Spouse	\$515.00	\$679.22
Employee and Children	\$273.00	\$583.46
Employee and Family	\$624.00	\$822.73
Salary Tier: \$125,000+		
Employee Only	\$86.00	\$529.50
Employee and Spouse	\$527.00	\$667.22
Employee and Children	\$281.00	\$575.46
Employee and Family	\$638.00	\$808.73

Rate Chart is based on rates for an employee on a 12 month pay schedule.

PPO

\$3,000 Deductible PPO (FSA) Plan

- In-Network Deductible: \$3,000 Individual/\$6,000 Family
- Annual Max: \$6,000 Individual / \$12,000 Family
- Copays: Primary Care Office Visit: \$40 copay Specialist: \$80.00 copay
- Urgent Care: \$80.00 Copay
- Emergency Room: 30% after deductible
- Prescription Drugs:
- Generic: (\$20) | Brand: (\$50) | Non-preferred Brand: (\$70) | Specialty: \$250 | Mail Order (2x copay for 100-day supply)

PPO (FSA) \$3000 2025 Plan—Option 2		
Coverage Level	Employee Cost	Employer Cost
Salary Tier: Under \$55,000		
Employee Only	\$25.00	\$630.24
Employee and Spouse	\$489.00	\$782.35
Employee and Children	\$230.00	\$681.77
Employee and Family	\$636.00	\$904.23
Salary Tier: \$55,000— under \$80,000		
Employee Only	\$43.00	\$612.24
Employee and Spouse	\$533.00	\$738.35
Employee and Children	\$273.00	\$638.77
Employee and Family	\$683.00	\$857.23
Salary Tier: \$80,001—under \$125,000		
Employee Only	\$73.00	\$582.24
Employee and Spouse	\$559.00	\$712.35
Employee and Children	\$300.00	\$611.77
Employee and Family	\$710.00	\$830.23
Salary Tier: \$125,000+		
Employee Only	\$100.00	\$555.24
Employee and Spouse	\$574.00	\$697.35
Employee and Children	\$316.00	\$595.77
Employee and Family	\$726.00	\$814.23

Rate Chart is based on rates for an employee on a 12 month pay schedule.

Dental Insurance:

Blue Cross Blue Shield Dental Select

- **Annual Deductible:**
\$50 Individual / \$150 Family

Only Applies to Basic and Major Services:
 After the deductible has been met, it is satisfied for covered Basic and Major Services received.
- **Co-insurance: after your deductible is met** (when using network dentists)
 Preventive Services 100% - **No deductible**
 80% Basic Services
 50% Major Services
 50% Orthodontia (child only)
- **Calendar Year Plan Maximum: \$1,000**

DENTAL		
Coverage Level	Employee Cost	Employer Cost
Employee Only	\$0.00	\$29.85
Employee and Spouse	\$27.31	\$32.91
Employee and Children	\$23.61	\$32.51
Employee and Family	\$61.13	\$36.71

Rate Chart is based on rates for an employee on a 12 month pay schedule.

Vision

Vision Insurance:

Arkansas Blue Cross Blue Shield Vision Care

- **Copays:** \$10 Exam / \$15 Materials
- **Exam:** Every 12 months
- **Lenses or Contacts:** Every 12 Months
- **Frames:** Every 24 months

VISION	
Coverage Level	Your Monthly Cost
Employee Only	\$9.00
Employee and Spouse	\$16.67
Employee and Children	\$18.02
Employee and Family	\$25.67

Rate Chart is based on rates for an employee on a 12 month pay schedule.

Other Voluntary Coverages

- **Life Insurance**
- **EAP Services**
- **Disability Products**
- **Supplemental products**

NOTE: If you did not enroll during your initial new hire enrollment period, you may be required to go through the Evidence of Insurability process (EOI) which requires you to submit answers to medical questions to an underwriter for review and approval.

Life Insurance

- Basic
- Additional Life
- Accidental Death & Dismemberment

You may be required to go through the Evidence of Insurability process (EOI) which requires you to submit answers to medical questions to an underwriter for review and approval.

Basic Group Term Life/Accidental Death & Dismemberment (AD&D) Insurance

ATU pays a portion of the cost of the premium for you.

Coverage: 2x annual salary with a coverage maximum of \$75,000

Includes: Travel Assistance and Life Services Toolkit for no additional cost



NOTE: If you did not enroll during your initial new hire enrollment period, you may be required to go through the Evidence of Insurability process (EOI) which requires you to submit answers to medical questions to an underwriter for review and approval.

Voluntary Group Term Life

- You must be enrolled in Basic Group Term Life to elect coverage for yourself and dependents.
- Coverage amounts available for you and your spouse in \$10,000 increments up to \$300,000 and in \$5,000 increments up to \$25,000 for your children.
- Evidence of Insurability (EOI) is required for employees who elect amounts over the Guarantee Issue amounts of \$200,000 for Employees; \$50,000 for Spouses and \$25,000 for Children. EOI up to the guarantee issue amount will not apply to newly hired employees in their initial waiting period.
- You must elect employee Voluntary Life coverage in order to elect coverage for your dependents.
- Coverage for your spouse and children cannot exceed 100% of coverage you elect for yourself.

Voluntary Group Accidental Death & Dismemberment

- Coverage amounts available in \$10,000 increments up to \$300,000 for you and your spouse and in \$5,000 increments up to \$25,000 for your children. Coverage amounts over \$200,000 up to \$300,000 require EOI.
- You must elect employee coverage in order to elect coverage for your dependents.
- Coverage for your spouse and children cannot exceed 100% of coverage you elect for yourself.

Employee Assistance Program

- What is EAP?
 - Benefit to help you with any personal, emotional or work-related challenges provided at no cost to you.
- The program provides referrals to help with:
 - Depression, grief, loss, and emotional well-being
 - Family, marital, and other relationship issues
 - Life improvement and goal-setting
 - Addictions such as alcohol and drug abuse Stress or anxiety with work or family
 - Financial and legal concerns
 - Identity theft and fraud resolution
 - Online will preparation and other legal documents



Voluntary Disability:

Short Term Disability (STD)

You may enroll in STD coverage during your initial new hire enrollment period without providing (EOI). If you do not enroll when you are first hired, you may enroll during the Annual Open Enrollment period, but will **have an extended waiting period of 60 days** for disabilities caused by physical disease, pregnancy or mental disorders for the first 12 months. After 12 months, the waiting period of 7 consecutive days will apply.

NOTE: Disabilities caused by an accident will always have a 7 day waiting period with benefits being paid on the 8th day of the disability.

STD—Weekly Benefit	
Weekly Benefit	60% of your earnings up to \$1,250
Weekly Minimum	\$15 per week
Benefits Begin	8th consecutive day of your disability
Waiting Period	Applies if you don't enroll during your initial enrollment period

Short Term

Long Term

Long Term Disability (LTD)

You may enroll in LTD coverage during your initial new hire enrollment period. If you do not enroll when you are first hired, you may enroll during the Annual Open Enrollment period but you will be required to go through the Evidence of Insurability process (EOI) which requires you to submit answers to medical questions to an underwriter for review and approval before your LTD coverage can begin.

LTD—Monthly Benefit	
Monthly Benefit	60% of your earnings up to \$7,500
Benefits Begin	91st day of disability

Supplemental Benefits

Accident, Critical Illness, and Hospital Indemnity Coverage

- NO EOI required. You may enroll in these products during your initial new hire enrollment period or the Annual Open Enrollment period.
- **Includes annual health screening benefits of either \$50 or \$75**
- See information beginning on page 19 for details.



Air Ambulance Providers

ATU employees have two options to choose from for Air Ambulance Services:

- Survival Flight
- Air Evac

MEET YOUR BENEFITS TEAM

Human Resources is your first point of contact for benefit updates, qualifying events, and other general university-specific information.

Stephens is the insurance Consultant for our health plan. They help us resolve claims issues, or any issue related to your benefits.

AR BCBS is your medical, dental, and vision network, access this network of physicians and facilities to pay the least amount of out-of-pocket expenses.

The Standard is your vendor for basic life insurance, voluntary life insurance, and other supplemental coverages such as LTD, AD&D, and Critical Illness.

CAS is your section 125 plan administrator including FSA and HSA.



NEED ASSISTANCE?

If you would like assistance complete your elections during the Open Enrollment period, we have several options:

- Drop In Enrollment Sessions
- Virtual Sessions
- Live Chats

Find the Links Online on our Open Enrollment Page

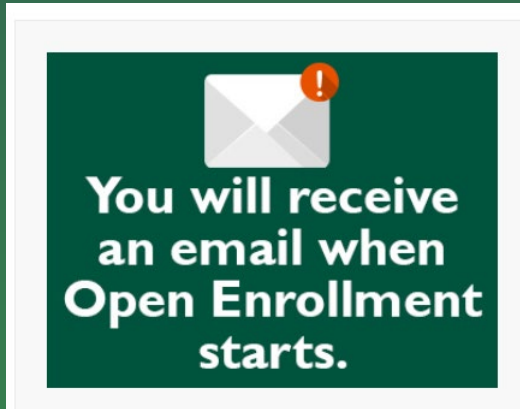
Virtual Sessions
Enrollment Events
Chat Now!

Day	Date	Location	Time
Monday**	28-Oct-24	Rothwell 308	1:00pm - 4:00
Tuesday	29-Oct-24	Rothwell 308	8:00am - Noon
Wednesday	30-Oct-24	Rothwell 308	8:00am - 11:30 1:00pm - 4:00
Thursday	31-Oct-24	Rothwell 308	8:00am - Noon
Friday	1-Nov-24	Rothwell 308	8:00am - Noon
Monday	4-Nov-24	Oz Campus - TAS 156	9:00am - 4:00pm
Tuesday	5-Nov-24	Oz Campus - TAS 156	9:00am - 4:00pm
Wednesday	6-Nov-24	Rothwell 308	1:00pm - 4:00
Thursday~	7-Nov-24	Rothwell 308	8:00am - 11:30
Friday	8-Nov-24	Rothwell 308	1:00pm - 4:00

** Vendor representatives from Blue Cross Blue Shield, the Standard, Survival Flight, and Air Evac will be available on-site during this date if you have questions regarding the plans available.

~ Vendor representatives from Blue Cross Blue Shield, Survival Flight, and Air Evac will be available on-site during this date if you have questions regarding the plans available.

How to Enroll



BE ON THE LOOKOUT FOR AN EMAIL !

You will receive an invitation via email from PlanSource with a link to access the platform during your enrollment period. Your log-in credentials will be the same as your OneTech credentials.

QUESTIONS???

2025 Open Enrollment Begins October 28, 2024.

THANK YOU!

2025 Open Enrollment Begins October 28, 2024.

Special thanks to MARCOMM for leaning in to help with this year's open enrollment processes.