

# 2025

## BENEFITS OVERVIEW

---



Compiled by Stephens Insurance, LLC

# TABLE OF CONTENTS

<b>03</b>	Inside Your Benefits	<b>19</b>	Voluntary Supplemental Plans
<b>04</b>	Benefits Overview & Rates	<b>20</b>	Accident Coverage
<b>09</b>	Medical Benefit Options	<b>25</b>	Hospital Indemnity
<b>10</b>	Virtual Health	<b>26</b>	Critical Illness
<b>11</b>	Maximizing Your Benefits	<b>27</b>	EAP Services
<b>12</b>	Health Savings Account (HSA)	<b>28</b>	Life Services Tool Kit
<b>13</b>	Dependent Care FSA(DCFSA) & Flexible Spending Account (FSA)	<b>29</b>	Travel Assistance
<b>14</b>	Dental Benefits	<b>30</b>	Air Ambulance
<b>15</b>	Vision Benefits	<b>31</b>	Retirement Plan
<b>16</b>	Life Insurance	<b>32</b>	Plansource Online Enrollment
<b>18</b>	Voluntary Disability Benefits	<b>36</b>	Benefit Contact Information





# INSIDE YOUR BENEFITS

## Benefit Information

This guide includes 2025 employee benefit information available to you and your eligible dependents through Arkansas Tech University (ATU). Please review the ATU Human Resources (HR) website for additional details regarding available benefits. Plans refer to the Summary Plan Description (SPD) for a full description of each group benefit plan.

ATU places great value on the benefits offered to its faculty and staff. Electing your benefits is one of the most important decisions you will make as an employee. There are two opportunities to enroll in benefits. 1) During your Initial Enrollment Period and 2) the Annual Open Enrollment Period.

## Initial Enrollment Period

Benefits are offered to eligible employees who work a minimum of 30 hours per week. Coverage may begin the first of the month following your waiting period (waiting period = the first of the month following date of hire). An email from Plansource will inform you when it is time to enroll. After your initial enrollment period closes, changes cannot be made until the next open enrollment period unless you experience a qualifying event.

## Annual Open Enrollment Period

The Annual Open Enrollment period is typically held in October each year for an effective date of January 1st. Human Resources will notify you of scheduled meeting times and available resources to assist you in completing your elections. You can make changes in benefits through the PlanSource on-line portal or visit with Human Resources. Additional benefit information is available through PlanSource, including the summary of benefits, rates and policy information.

## Pre-Open Enrollment Homework

To best prepare for Open Enrollment, you can review your benefits by logging into OneTech and navigating to Current Employee Benefits through Self-Service Banner.

Please contact a member of Human Resources Department if you need assistance reviewing your benefits.

## Qualifying Life Events

Unless you have a qualifying life event, the elections you make during your initial new hire enrollment period and the annual enrollment period can't be changed until the next open enrollment period in the Fall of 2025. Some common examples of qualifying life events include:

- Getting married or divorced
- Having a baby or adopting a child
- Loss or gain of medical coverage of a spouse
- Change in your status of employment
- Entitlement to Medicare, Medicaid, or Enrollment in CHIP Programs

Should any of these events occur, you have 30 days from the date of event to make a change to your benefits. Benefit changes must be consistent with the change in status. Please contact a member of the Human Resources Department to ensure a timely change in your benefits.

# BENEFIT OVERVIEW & RATES

This guide contains a brief overview of your benefits. Please refer to plan documents or your plan administrator for additional information.

## Medical Insurance—Arkansas Blue Cross and Blue Shield

ATU offers two medical plans to choose from: the \$4,000 deductible HDHP (HSA) and the \$3,000 deductible (PPO). Please make sure to review your 2025 benefit options carefully to ensure you choose the right plan for you and your family.

### HDHP (HSA) \$4000 2025 Plan—Option I

Coverage Level	Employee Cost	Employer Cost
<b>Salary Tier: Under \$55,000</b>		
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
<b>Salary Tier: \$55,000— under \$80,000</b>		
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
<b>Salary Tier: \$80,001—under \$125,000</b>		
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
<b>Salary Tier: \$125,000+</b>		
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

### \$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.

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



# BENEFIT OVERVIEW *continued*

## Medical Insurance—Arkansas Blue Cross and Blue Shield

### \$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
<b>Salary Tier: Under \$55,000</b>		
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
<b>Salary Tier: \$55,000— under \$80,000</b>		
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
<b>Salary Tier: \$80,001—under \$125,000</b>		
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
<b>Salary Tier: \$125,000+</b>		
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.



# BENEFIT OVERVIEW *continued*

## 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 per person.

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 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.



# BENEFIT OVERVIEW *continued*

**Life Insurance, EAP Services, Disability Products and supplemental products are provided to full time employees through Standard Insurance Co.**

## **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.

### **Increasing coverage—**

If you are **currently enrolled**, you may increase your coverage amounts up to the Guarantee issue amounts without providing EOI during the Annual Open Enrollment period as follows:

- **Employee**—you may increase your current coverage amount by \$10,000 or \$20,000 without providing EOI, not to exceed the Guarantee issue amount of \$200,000.
- **Spouse**—you may increase your current coverage amount by \$10,000 or \$20,000 without providing EOI, not to exceed the Guarantee issue amount of \$50,000.
- **Child(ren)**—you may increase your current coverage amount by \$5,000 or \$10,000 without providing EOI, not to exceed the Guarantee issue amount of \$25,000.

If you **are not currently enrolled** in the Voluntary Term Life, you may enroll during the Annual Open Enrollment period as follows:

- **Employee**—you may elect \$10,000 or \$20,000 without providing EOI, not to exceed the Guarantee issue amount of \$200,000.
- **Spouse**—you may elect \$10,000 or \$20,000 without providing EOI, not to exceed the Guarantee issue amount of \$50,000.
- **Child(ren)**—you may elect \$5,000 or \$10,000 without providing EOI, not to exceed the Guarantee issue amount of \$25,000.

## **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.

# BENEFIT OVERVIEW *continued*

## 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.

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

**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.

### 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	
<b>Monthly Benefit</b>	60% of your earnings up to \$7,500
<b>Benefits Begin</b>	91st day of disability

## 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





# MEDICAL & PRESCRIPTION

The following chart provides an overview of the medical benefits offered through ATU. You may choose between two medical plans. Benefit amounts noted are for services rendered with an in-network provider. **Please keep in mind, utilizing a non-network provider will result in higher out of pocket costs for you and your family.**

**Please review carefully and ask questions to determine which benefit option is best for your family.**

Plan Benefits	Option 1: HDHP (HSA) \$4,000	Option 2: PPO (FSA) \$3,000
<b>Calendar Year Deductible</b>		
Individual	\$4,000	\$3,000
Family	\$8,000	\$6,000
<b>Out-of-Pocket Maximum</b>		
Individual	\$4,000	\$6,000
Family	\$8,000	\$12,000
<b>Coinsurance</b>	0%	30%
<b>Age appropriate annual Wellness Exam</b>	No cost to you	No cost to you
<b>Office Visits</b>		
Primary Care Office Visit	0% after deductible	\$40
Specialist Office Visit (consult & evaluation)	0% after deductible	\$80
<b>Urgent Care</b>	0% after deductible	\$80
<b>Inpatient Hospital Facility</b>	0% after deductible	30% after deductible
<b>Outpatient Hospital Surgical Services</b>	0% after deductible	30% after deductible
<b>Outpatient Hospital Services (non surgical)</b>	0% after deductible	30% after deductible
<b>Emergency Room</b>	0% after deductible	30% after deductible
<b>Prescription Drugs</b>		
Generic		\$20 copayment
Preferred		\$50 copayment
Non-Preferred	0% after deductible	\$70 copayment
Specialty		\$250 copayment
		2x retail copay per 100 day supply



# VIRTUAL HEALTH

## With Virtual Health, the doctor is always on-call

With a click, connect with experienced physicians and pediatricians from your smart device or computer. Virtual Health gives you peace-of-mind around the clock if you're a senior, parent, or just busy and on-the-go.

## Virtual Health is perfect for these nonemergency medical conditions:

- Acne
- Allergies
- Common Cold
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Fever
- Flu
- Headache
- Insect bites
- Nausea
- Pink eye
- Respiratory problems
- Rash
- Sore throat
- Urinary problems
- Vomiting
- And more...

## Nonemergency behavioral health conditions such as:

- Addictions
- Anxiety
- Depression
- Bipolar disorders
- Eating Disorders
- LGBTQ support
- Grief and loss
- Relationship issues
- Men's issues
- Panic disorders
- Stress management
- Trauma and PTSD
- Women's issues
- And more...

## Virtual Health is **NOT** for emergencies

Of course, if you have a broken bone, excessive bleeding, dangerously high fever, bad burn, symptoms of heart attack or stroke, etc., get to an emergency room as quickly as possible - and don't hesitate to call 911 if you need to.



**Questions?** Learn more about virtual health at [MyVirtualHealth.com](https://MyVirtualHealth.com) and sign up today, so you'll be ready when you have a need. With virtual health, you can begin to enjoy healthcare on your own terms. Anytime. Anywhere.





# MAXIMIZING YOUR BENEFITS

## Take the First Step Toward Your Health

Studies show that people with a Primary Care Physician have lower overall health care costs and are happier with their care.

What is a primary care physician? A primary care physician (PCP), sometimes called a family doctor is usually a family medicine doctor, general practice doctor, internal medicine doctor, pediatrician or geriatrician. A PCP will advise you and your family on the care you need, including checkups to keep you healthy. If you need help finding an in-network doctor near you, call Arkansas Blue Cross at 800.238.8379 between 8 am and 5 pm Monday through Friday.

### Wellness Benefit

Regardless of the medical plan that you choose, ATUs medical benefits provide wellness visits from your primary care physician at no cost to you. Below are examples of services covered that are not subject to your copay or deductible if obtain through an in-network provider.

#### Age Appropriate Adult Routine Physical Exam, including...

- Initial evaluation
- Examination
- Appropriate lab tests
- PSA tests

#### Age Appropriate Routine Gynecological Exams, including...

- Annual routine pelvic exams
- Annual routine PAP smears
- Routine mammography

### Preventive Child Care

The wellness benefit for preventive child care is for children from birth through age 18, according to the schedule of visits and covered benefits shown below. Covered preventive child care includes:

- Medical history
- Physical exams
- Routine tests
- Appropriate immunizations
- Lab tests
- Vision screening (age 5 or younger)

The wellness benefit for preventive child care covers visits occurring during each of the following intervals:

- Within two weeks after birth
- Within two weeks preceding or following the date the eligible dependent reaches the following ages: 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months
- Within one month preceding or following the date the eligible dependent reaches the following ages: 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, 16 years, 18 years



# HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a unique, tax-advantaged account that can be used to pay for current or future healthcare expenses. When combined with a High Deductible Health Plan (HDHP), it offers savings and tax advantages that a Copay Plan can't duplicate. With an HSA, you will have:

- A savings account used for eligible medical expenses as well as deductibles, co-insurance, prescriptions, vision expenses, and dental care
- Unused funds that will roll over year to year; no “use it or lose it” penalty
- The potential to build more savings through investing; members choose from a variety of self-directed investment options with no minimum balance
- Additional retirement savings; after age 65, funds can be withdrawn for any purpose without penalty, but may be subject to income tax if not used for IRS-qualified medical expenses

## How does an HSA work?



Employee enrolls in an HDHP and a Health Savings Account



Employee Contributes pre-tax payroll deductions or online contributions



Employee spends, saves, or invests HSA dollars



HSA balance grows for when it's needed most

## How much can I contribute?

The IRS provides inflation-adjusted contribution limits each year. For 2025, those guidelines are:

- **Individual Contribution Limit** \$4,300
- **Family Contribution Limit** \$8,550
- **Catch-Up Contribution Limit (age 55+)** \$1,000



For a list of eligible expenses, log on to [www.consolidatedadmin.com](http://www.consolidatedadmin.com). A CAS debit card will be issued for you to access HSA funds.

# FLEXIBLE SPENDING ACCOUNT

A Flexible Spending Account (FSA) helps ATU team members take home a larger paycheck by reducing their taxable income. Team members enrolled contribute tax-free dollars into an account that can be used throughout the year on qualified medical, dental and vision or qualified dependent care expenses — reducing out-of-pocket costs.

We offer three different types of accounts: A **Health FSA** that covers general-purpose health expenses; a **Dependent Care FSA** that covers qualified dependent care services; and a **Limited Purpose FSA** (for use with an HSA) that pays for dental and vision expenses only.

Health FSA	<b>(NEW!)</b> Dependent Care FSA	Limited Purpose FSA
<p>This allows team members to set aside pre-tax dollars to pay for qualified medical, dental and vision expenses such as deductibles, coinsurance amounts, copays, and other expenses that are described in IRS Publication 502 – Medical and Dental Expenses. Premiums for health and other insurance are not eligible expenses.</p> <p><b>Contribution Limit: \$3,300</b></p>	<p>This allows team members to set aside pre-tax dollars to pay for qualified dependent care services. (Not to be used for dependent medical expenses.) See the complete list in IRS Publication 503 – Child and Dependent Care Expenses.</p> <p><b>Contribution Limit: \$5,000 per family; or \$2,500 each for married filing separately</b></p>	<p>This allows team members to set aside pre-tax dollars to pay for only qualified dental and vision expenses such as deductibles, coinsurance amounts, copays, and other expenses that are described in IRS Publication 502 – Medical and Dental Expenses.</p> <p><b>Contribution Limit: \$3,300</b></p>

## What happens if I have funds left in my FSA at the end of the year?

FSAs are governed by IRS regulations. As a result, the money you set aside must be used for expenses incurred during the plan year in which you make the election.

However, the IRS allows for an exception to apply for Health FSAs. IRS guidance allows Health FSAs to provide for “carryovers” in which participants may carryover unused balances of up to \$660 in unused funds remaining at the end of the plan year, to be used for qualified medical expenses incurred in subsequent plan years. Any money not used to reimburse eligible expenses will be forfeited.



**For a list of eligible expenses, log on to [www.consolidatedadmin.com](http://www.consolidatedadmin.com).  
A CAS debit card will be issued for you to access FSA funds.**

# DENTAL

ATU offers dental coverage to meet the varied needs of our employees through Arkansas Blue Cross Blue Shield's Dental Select program.

Good dental health is just as important as your annual physical. If left unattended, dental diseases can contribute to health issues like heart disease, stroke, and diabetes. In fact, gum health is as good an indicator of heart disease as high cholesterol is!

Dental plans protect you from major dental expenses such as root canals and crowns, and covers preventive care, like exams and cleanings.

**To find a dentist anywhere in the United States, go to [arkansasdentalblue.com](http://arkansasdentalblue.com) and select "Find a Doctor."**



## Deductible and Plan Maximum

<b>Calendar Year Deductible</b> (applies to <b>Basic and Major Services</b> )	\$50 per person (up to three per family)	
<b>Calendar Year Plan Maximum</b>	\$1,000 per person per calendar year	
<b>Plan Benefits</b>	<b>What You Pay</b>	
<b>Plan pays...</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Diagnostic &amp; Preventive Services</b> Exams, Cleaning, X-rays, Sealants	0% Covered in Full (deductible does NOT apply)	10% (deductible does NOT apply)
<b>Basic Services</b> Fillings (white composite), Extractions, Endodontics (root canal), Oral Surgery, Anesthesia	20% (after deductible)	30% (after deductible)
<b>Major Services</b> Inlays, Onlays, Crowns, Partials and Dentures, Implants, Surgical Periodontics	50% (after deductible)	60% (after deductible)
<b>Child Orthodontia (Under age 19)</b>	Lifetime Maximum \$1,000 per child	

**Dental Xtra** offers condition specific additional benefits for members who have diabetes, coronary artery disease, suffered a stroke, oral cancer, Sjogren's syndrome and women who are pregnant. Dental Xtra benefits are paid at 100% when using a participating dentist. **Refer to your benefit summary for additional information or visit [arkansasdentalblue.com](http://arkansasdentalblue.com)**



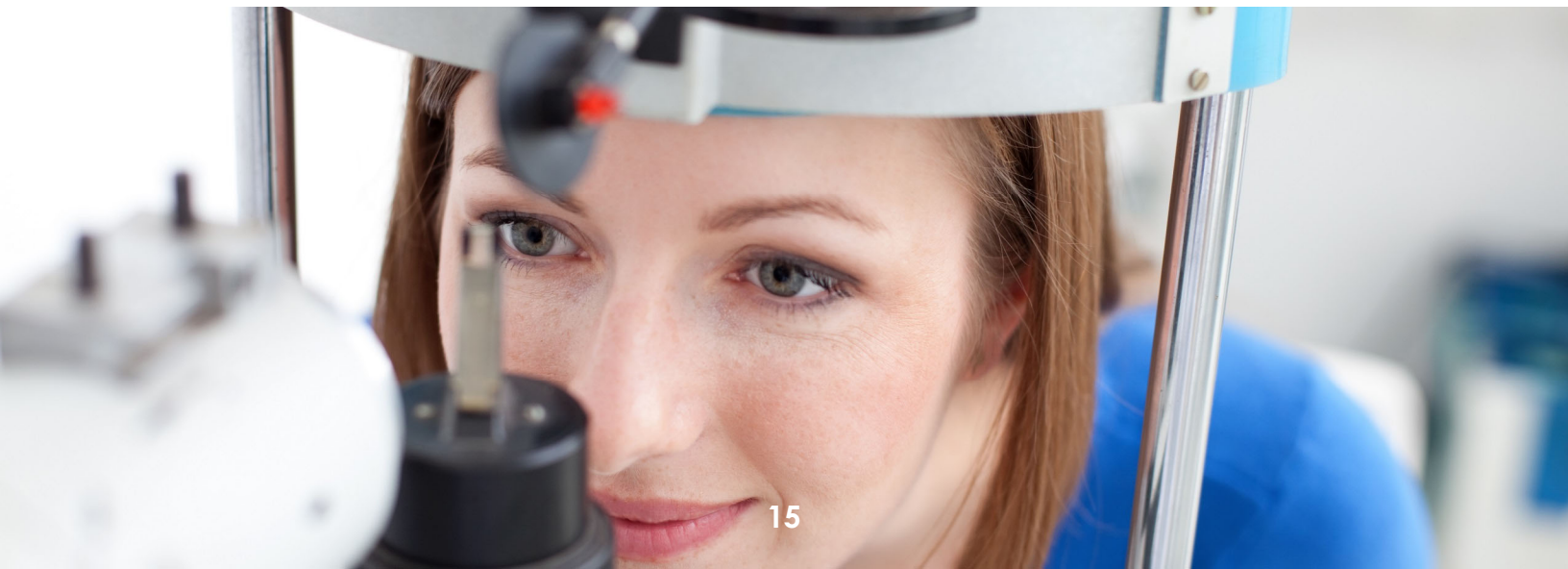
# VISION

Vision coverage through Blue Cross Blue Shield's VSP Vision Care saves you money and supports good eye health, including early detection of glaucoma, cataracts, and vision issues related to diabetes.

VSP's Choice Network includes 31,000+ providers across the country. Log on to [arkansasbluecross.com/findcare](http://arkansasbluecross.com/findcare) to find a vision care provider in your area. For additional information call Customer Service at 800.877.7195 Monday through Friday 7 a.m. to 10 p.m.

**To avoid higher out-of-pocket costs be sure to choose an in-network eye care provider.**

Services	In-Network—You Pay
<b>Office Visit (Once every 12 months)</b>	\$10 exam copay
<b>Frames (once every 24 months)</b>	Up to \$150 allowance 20% off amounts exceeding the allowance
<b>Single Vision Lenses (Once every 12 months) Scratch Coating Polycarbonate for children</b>	\$20 copay
<b>Elective Contact Lenses instead of glasses (once every 12 months)</b>	Fitting Fee—up to \$60 Up to \$150 allowance 15% off amounts exceeding the allowance
<b>Extra Discounts and savings</b> Lens enhancements Additional Glasses Sunglasses Laser vision correction (LVC)	20-25% average discount 20% discount 20% discount Average 15-20% discount



# BASIC TERM LIFE AND AD&D

Life insurance can be essential to the financial security of you and your family. **Basic Group Term Life Insurance provides an affordable way to help your family take care of financial obligations.**



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

ATU offers Basic Group Term Life and AD&D insurance at two times your annual salary to a maximum of \$75,000 of coverage through Standard Insurance Company. **ATU participates in the cost sharing of this option.**

New hires may enroll in Basic Term Life/ADD coverage during the initial new hire waiting period. If you are not a new hire and are not currently enrolled in Basic Group Term Life, 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 you can be added to the plan.

Visit [www.standard.com/mhs](http://www.standard.com/mhs) to submit a medical history statement online. Coverage will not begin until you are notified of your approved status.

- **Includes Accelerated Benefit:** If you become terminally ill, you may be eligible to receive up to 75% of your Life benefit to a maximum of \$75,000.
- **Includes Employee Assistance Program (EAP):** 6 Face-to-Face EAP visits per issue, per calendar year. See the EAP Section for additional information.
- **Includes Travel Assistance 24/7:** For more information visit [www.standard.com/travel-info](http://www.standard.com/travel-info).
- **Includes Life Services Toolkit:** You and your beneficiaries can access online content for will preparation, identity theft support and other tools and calculators. The toolkit provides your beneficiaries with services for grief, and legal and financial matters. For more information visit [www.standard.com/mytoolkit-info](http://www.standard.com/mytoolkit-info).
- **AD&D includes Family Benefits Package:** Designed to help surviving family members maintain their standard of living, including benefits to help with child care, career adjustment for your spouse and higher education for your children.



**Rates for all products will be calculated for you when you enroll in PlanSource.**





# VOLUNTARY LIFE AND AD&D

You can also elect Voluntary Term Life Insurance and Voluntary Accidental Death and Dismemberment (AD&D) coverage for yourself and your family, as detailed below.

<b>Voluntary Life Insurance Benefit Highlights</b>	
<b>Employee Benefits</b>	
<b>Life Amount</b>	5x annual earnings, up to \$300,000 (increments of \$10,000)
<b>Guarantee Issue</b>	\$200,000
<b>Age Reduction Schedule</b>	50% at age 70
<b>Spouse Plan</b>	
<b>Life Amount</b>	100% of employee amount, up to \$300,000 (increments of \$10,000)
<b>Guarantee Issue*</b>	\$50,000
<b>Age Reduction Schedule</b>	50% at age 70
<b>Child(ren) Plan // Ages 6 months to age 26</b>	
<b>Life Amount</b>	100% of employee amount, up to \$25,000, in increments of \$5,000

AD&D Insurance provides additional coverage for the accidental loss of life or loss of use of body parts. You do not need to be enrolled in the Basic Term Life/AD&D or Voluntary Term Life coverage to purchase Voluntary AD&D.

<b>Voluntary AD&amp;D Benefit Highlights</b>	
<b>Employee Benefits</b>	
<b>AD&amp;D Amount</b>	5x annual earnings, up to \$300,000 (increments of \$10,000)
<b>Guarantee Issue</b>	\$200,000
<b>Age Reduction Schedule</b>	50% at age 70
<b>Spouse Plan</b>	
<b>AD&amp;D Amount</b>	100% of employee amount, up to \$300,000 (increments of \$10,000)
<b>Guarantee Issue*</b>	\$50,000
<b>Age Reduction Schedule</b>	50% at age 70
<b>Child(ren) Plan // Ages 6 months to age 26</b>	
<b>Life Amount</b>	100% of employee amount, up to \$25,000, in increments of \$5,000

This is a voluntary benefit. You are responsible for 100% of the premium cost. Premiums are deducted post tax so if you ever need it, your benefit payment is not taxed.



Rates for all products will be calculated for you when you enroll in PlanSource.





# DISABILITY

Even if you are healthy now, it's important to protect yourself and the people who count on our income. Disability insurance can help you pay your bills when you are unable to work. Short-Term Disability (STD) and Long-Term Disability (LTD) coverage is available to full-time employees **actively at work**, working at least 30 hours per week.

## Short-Term Disability

Short-Term Disability (STD) Insurance helps protect your income for a short duration in case you become ill or injured.

- **STD** pays **60% of basic earnings**, up to \$500 per week minus any offsets for other income such as Social Security and sick time
- Your STD benefits **begin on the 8th day** following an accident or illness, you may receive this benefit for up to 12 weeks.

If you do not enroll within 31 days of becoming eligible you will have a 60-day waiting period to satisfy during the first twelve (12) months of coverage before benefits are payable. **You must be actively at work to enroll in this coverage.**

## Long-Term Disability

Long-Term Disability (LTD) Insurance helps safeguard your financial security by replacing a portion of your income while you are unable to work. LTD benefits are intended to protect your income for a long duration after you have depleted short-term disability.

- **LTD** pays **60% of monthly base income**, up to \$7,500 per month.
- Your LTD benefits will **begin on the 91st day** of disability or whenever your STD coverage ends and may continue to your social security normal retirement age.

If you are not currently enrolled in the LTD Plan and are not a new hire in your initial enrollment period, you will be required to go through the Evidence of Insurability process (EOI). This requires you to submit answers to medical questions to an underwriter for review and approval before you can enroll during the Annual Open Enrollment period.



**Rates for all products will be calculated for you when you enroll in PlanSource.**

# SUPPLEMENTAL BENEFITS

In addition to the plans that ATU offers, there are additional supplemental plans you can choose to enroll in through The Standard. These options are available to full-time **actively-at-work** employees working at least 30 hours per week. Benefits are payable directly to you to use wherever you need it most.

## Accident—Two Plans to Choose from—Enhanced or Premier

- Provides comprehensive coverage for accidental injuries including hospitalization, rehab, and physical therapy
- Provides coverage 24 hours a day—no matter where the accident occurs
- Coverage is guaranteed, no health questions or underwriting is required
- Coverage is available to your spouse and children
- The coverage is effective the first of the month following the month of enrollment.
- Both Plans are portable; you can take it with you if you leave your place of employment
- **Includes a \$75 annual wellness screening benefit**

## Hospital Indemnity

- Provides coverage for hospitalization, intensive care, ambulance and wellness.
- This plan provides a lump sum benefit that you can use to cover out of pocket costs such as deductible and coinsurance
- Coverage is available to your spouse and children
- The coverage is effective the first of the month following the month of enrollment.
- This plan is portable; you can take it with you if you leave your place of employment
- **Includes a \$50 annual wellness screening benefit**

## Critical Illness

- You can choose policy amounts of \$10,000, \$20,000 or \$30,000; Spouse coverage is available in policy amounts of \$5,000, \$10,000 or \$15,000, but not more than 50% of the policy amount you choose. Your child(ren) are automatically covered at 50% of your coverage amount at no additional cost for the same critical illnesses that you are. They are also covered for 21 additional childhood diseases including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- The coverage is effective the first of the month following the month of enrollment.
- This plan is portable; you can take it with you if you leave your place of employment
- **Includes a \$75 annual wellness screening benefit**



Premiums for these supplemental plans are determined by your selection of the plan type and the level of coverage you are electing. Rates for all products will be calculated for you when you enroll in PlanSource.



# ACCIDENT COVERAGE

Having an accident doesn't just hurt you, it can also damage your finances. Accident insurance is an affordable way to make sure you can cover the gap between what your medical insurance covers and what you'd owe out of pocket if you or a family member were to get injured. Benefits are payable directly to you to use wherever you need it most. With the Standard, **you can choose between two plans: Enhanced or Premier Options.**



## WHAT IS COVERED?

- Both provide coverage for accidental injuries, including Urgent Care and Emergency Room visits, hospitalization visits, rehab, and physical therapy
- Both provide coverage 24 hours a day—no matter where the accident occurs
- Benefits are paid directly to YOU
- Coverage is guaranteed, no health questions or underwriting is required
- Coverage is available to your spouse and children. If your child under age 18 is injured while participating in an organized athletic activity you'll receive an additional 25% payment.
- Both Include an annual \$75 Health Maintenance Screening Benefit just for going to the doctor for a covered wellness screening.
- Both provide a portability option that allows you to continue coverage if your employment ends.

## WHAT MAKES THEM DIFFERENT?

- The benefit payment amount you receive for medical services received for a covered accident. The Premier Plan has a higher payable amount for services received.
- Both include an Accidental Death and Dismemberment benefit (AD&D). The Enhanced plan includes a \$50,000 AD&D benefit and the Premier plan includes a \$100,000 AD&D benefit at no additional cost.

***Please refer to the following Accident summaries for additional information.***

**Rates for all products will be calculated for you when you enroll in PlanSource.**

*The coverage is effective the first of the month following the month of enrollment.*



# ACCIDENT: ENHANCED OPTION

These are actual benefits you could receive in the event of a covered accident. Benefits are paid once per covered accident unless otherwise noted:

Emergency Care Benefits	
Ambulance — Air	\$800
Ambulance — Ground	\$300
Emergency Room Visit	\$150
Urgent Care Visit	\$50
Initial Care Visit (not payable if Urgent Care or Emergency Room Visit Benefit is payable)	\$50
Emergency Dental Care — Crown	\$200
Emergency Dental Care — Extraction	\$100
Outpatient X-ray	\$50
Major Diagnostic Exam (such as CT scan, MRI, EEG)	\$200
Transfusion Blood, Plasma or Platelets	\$300

Specific Injury Benefits	
Burns	\$200-\$10,000, depending on severity
Coma	\$7,500
Concussion	\$150
Eye Injury	\$200
Lacerations	\$75-\$500, depending on size
Skin Graft	25% of burn benefit

Follow-Up Care	
Medical Appliance (e.g., wheelchair, cane or brace)	\$100
Chiropractic Care (maximum 2 visits per covered accident, 1 per day)	\$50 per day
Physician Follow-up (maximum 2 visits per covered accident, 1 per day)	\$50 per day
Hearing Device	\$500
Prosthesis	One: \$500 Two or more: \$1,000
Occupational, Speech or Physical Therapy (maximum 3 visits per covered accident, 1 per day)	\$50 per day

Dislocations	Non-surgical/Surgical
Ankle, Collarbone (sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	\$800/\$1,600
Knee (not including kneecap)	\$900/\$1,800
Collarbone (acromioclavicular), Spine	\$400/\$800
Finger, Rib, Toe	\$150/\$300
Hip	\$2,500/\$5,000
Partial Dislocation	25% of the associated dislocation listed above (non-surgical)

Fractures	Non-surgical/Surgical
Ankle, Arm (shoulder to elbow), Arm (elbow to wrist), Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder Blade, Sternum, Wrist	\$550/\$1,100
Bones of Face, Coccyx, Nose, Vertebrae	\$500/\$1,000
Rib	\$400/\$800
Finger, Toe	\$100/\$200
Hip	\$2,500/\$5,000
Leg (hip to knee)	\$2,000/\$4,000
Leg (knee to ankle), Pelvis, Vertebral Column	\$1,200/\$2,400
Skull (depressed)	\$4,000/\$8,000
Skull (non-depressed)	\$1,500/\$3,000
Chip Fracture	25% of the associated fracture listed above (non-surgical)

## Wellness Benefit

To promote healthier routines, You and your covered dependents also will receive an annual wellness screening benefit of \$75 when visiting a doctor for a covered wellness screening such as a mammogram, Pap test, PSA (Prostate Specific Antigen) test, or colonoscopy.



**Rates for all products will be calculated for you when you enroll in PlanSource.**

*The coverage is effective the first of the month following the month of enrollment.*



# ACCIDENT: ENHANCED OPTION

## Surgical Benefits

Knee Cartilage (Once per covered accident, regardless of whether one or both knees require repair. If both exploratory and repair surgeries are performed, will pay repair benefit amount)	
Exploratory	\$200
Repair	\$750
Tendon, Ligament, Rotator Cuff (If two or more surgeries are required for the same covered accident, will pay the highest benefit amount)	
Exploratory	\$200
Repair of one	\$750
Repair of two or more	\$1,000
Ruptured Disc	
Repair	\$750
Abdominal/Thoracic Surgery (If more than one surgery required for the same covered accident, will pay the highest benefit amount)	
Exploratory	\$200
Laparoscopic Repair Surgery	\$750
Open Repair Surgery	\$1,500
Surgical Facility Benefit	\$150

## Hospital Benefits

Hospital Admission (once per covered accident)	\$1,000
Daily Hospital Confinement (maximum 365 days per covered accident)	\$200 per day
Critical Care Unit Admission* (once per covered accident)	\$750
Daily Critical Care Unit Confinement* (maximum of 15 days per covered accident)	\$200 per day
Daily Rehabilitation Facility (maximum 90 days per covered accident)	\$100 per day

\* Payable in addition to any Hospital Admission and/or Daily Hospital Confinement Benefit you may be eligible to receive.

## Additional Benefits

Lodging (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$175
Transportation (per trip) (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$150
Health Maintenance Screening Benefit (once per calendar year)	\$75
Youth Organized Sports Benefit	Additional 25% of total benefit payable

## Accidental Death and Dismemberment (AD&D)

Accidental Death	
You:	\$50,000
Spouse:	\$25,000
Child:	\$12,500

In the event of a covered accidental dismemberment or impairment, this policy would pay a percentage of the Accidental Death benefit:

Loss of both hands or feet	30%
Loss of one hand and one foot	30%
Loss of one hand or one foot	15%
Loss of one digit (finger or toe)	2%
Loss of two or more digits (fingers and/or toes)	5%
Uniplegia	15%
Hemiplegia, Paraplegia or Triplegia	30%
Quadriplegia	50%
Loss of sight (one eye); loss of hearing (one ear)	15%
Loss of sight (both eyes); loss of hearing (both ears)	30%

In the event of an accidental death, this policy would pay the full Accidental Death benefit. In certain scenarios, it would also pay an additional percentage of the Accidental Death benefit:

Air Bag Benefit	10%
Helmet Benefit	10%
Seat Belt Benefit	10%
Repatriation/transportation of remains	10%
Death that occurs while aboard commercial transportation	100%

In the event of an accidental death, accidental dismemberment or accidental impairment of a public safety officer that occurs in the line of duty, an additional 100% of the accidental death or accidental dismemberment or impairment benefit amount will also be paid:

Line of Duty Benefit	100% of AD&D Benefit
----------------------	----------------------

# ACCIDENT: PREMIUM OPTION

These are actual benefits you could receive in the event of a covered accident. Benefits are paid once per covered accident unless otherwise noted:

Emergency Care Benefits	
Ambulance — Air	\$1,500
Ambulance — Ground	\$600
Emergency Room Visit	\$200
Urgent Care Visit	\$60
Initial Care Visit (not payable if Urgent Care or Emergency Room Visit Benefit is payable)	\$60
Emergency Dental Care — Crown	\$350
Emergency Dental Care — Extraction	\$150
Outpatient X-ray	\$60
Major Diagnostic Exam (such as CT scan, MRI, EEG)	\$300
Transfusion Blood, Plasma or Platelets	\$600

Specific Injury Benefits	
Burns	\$500-\$12,500, depending on severity
Coma	\$15,000
Concussion	\$200
Eye Injury	\$300
Lacerations	\$100-\$800, depending on size
Skin Graft	50% of burn benefit

Follow-Up Care	
Medical Appliance (e.g., wheelchair, cane or brace)	\$200
Chiropractic Care (maximum 2 visits per covered accident, 1 per day)	\$60 per day
Physician Follow-up (maximum 3 visits per covered accident, 1 per day)	\$70 per day
Hearing Device	\$600
Prosthesis	One: \$1,000 Two or more: \$2,000
Occupational, Speech or Physical Therapy (maximum 4 visits per covered accident, 1 per day)	\$50 per day

Dislocations	Non-surgical/Surgical
Ankle, Collarbone (sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	\$1,000/\$2,000
Knee (not including kneecap)	\$1,000/\$2,000
Collarbone (acromioclavicular), Spine	\$500/\$1,000
Finger, Rib, Toe	\$200/\$400
Hip	\$3,500/\$7,000
Partial Dislocation	25% of the associated dislocation listed above (non-surgical)

Fractures	Non-surgical/Surgical
Ankle, Arm (shoulder to elbow), Arm (elbow to wrist), Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder Blade, Sternum, Wrist	\$650/\$1,300
Bones of Face, Coccyx, Nose, Vertebrae	\$750/\$1,500
Rib	\$500/\$1000
Finger, Toe	\$200/\$400
Hip	\$3,000/\$6,000
Leg (hip to knee)	\$3,000/\$6,000
Leg (knee to ankle), Pelvis, Vertebral Column	\$1,700/\$3,400
Skull (depressed)	\$5,250/\$10,500
Skull (non-depressed)	\$2,000/\$4,000
Chip Fracture	25% of the associated fracture listed above (non-surgical)

## Wellness Benefit

To promote healthier routines, You and your covered dependents also will receive an annual wellness screening benefit of \$75 when visiting a doctor for a covered wellness screening such as a mammogram, Pap test, PSA (Prostate Specific Antigen) test, or colonoscopy.



**Rates for all products will be calculated for you when you enroll in PlanSource.**

*The coverage is effective the first of the month following the month of enrollment.*



# ACCIDENT: PREMIUM OPTION

## Surgical Benefits

Knee Cartilage (Once per covered accident, regardless of whether one or both knees require repair. If both exploratory and repair surgeries are performed, will pay repair benefit amount)	
Exploratory	\$250
Repair	\$1,000
Tendon, Ligament, Rotator Cuff (If two or more surgeries are required for the same covered accident, will pay the highest benefit amount)	
Exploratory	\$250
Repair of one	\$1,000
Repair of two or more	\$1,500
Ruptured Disc	
Repair	\$1,000
Abdominal/Thoracic Surgery (If more than one surgery required for the same covered accident, will pay the highest benefit amount)	
Exploratory	\$400
Laparoscopic Repair Surgery	\$1,000
Open Repair Surgery	\$2,000
Surgical Facility Benefit	\$500

## Hospital Benefits

Hospital Admission (once per covered accident)	\$1,500
Daily Hospital Confinement (maximum 365 days per covered accident)	\$400 per day
Critical Care Unit Admission* (once per covered accident)	\$1,000
Daily Critical Care Unit Confinement* (maximum of 15 days per covered accident)	\$200 per day
Daily Rehabilitation Facility (maximum 90 days per covered accident)	\$150 per day
* Payable in addition to any Hospital Admission and/or Daily Hospital Confinement Benefit you may be eligible to receive.	

## Additional Benefits

Lodging (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$200
Transportation (per trip) (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$200
Health Maintenance Screening Benefit (once per calendar year)	\$75
Youth Organized Sports Benefit	Additional 25% of total benefit payable

## Accidental Death and Dismemberment (AD&D)

Accidental Death	
You:	\$100,000
Spouse:	\$50,000
Child:	\$25,000

In the event of a covered accidental dismemberment or impairment, this policy would pay a percentage of the Accidental Death benefit:

Loss of both hands or feet	30%
Loss of one hand and one foot	30%
Loss of one hand or one foot	15%
Loss of one digit (finger or toe)	2%
Loss of two or more digits (fingers and/or toes)	5%
Uniplegia	15%
Hemiplegia, Paraplegia or Triplegia	30%
Quadriplegia	50%
Loss of sight (one eye); loss of hearing (one ear)	15%
Loss of sight (both eyes); loss of hearing (both ears)	30%

In the event of an accidental death, this policy would pay the full Accidental Death benefit. In certain scenarios, it would also pay an additional percentage of the Accidental Death benefit:

Air Bag Benefit	10%
Helmet Benefit	10%
Seat Belt Benefit	10%
Repatriation/transportation of remains	10%
Death that occurs while aboard commercial transportation	100%

In the event of an accidental death, accidental dismemberment or accidental impairment of a public safety officer that occurs in the line of duty, an additional 100% of the accidental death or accidental dismemberment or impairment benefit amount will also be paid:

Line of Duty Benefit	100% of AD&D Benefit
----------------------	----------------------



# HOSPITAL INDEMNITY

Medical insurance is important, especially when you have a hospital stay. Planned or unplanned, it can leave you with unexpected bills and out-of-pocket costs. Group Hospital Indemnity Insurance can help cover unexpected expenses such as copays, deductibles and out-of-network charges as well as everyday living expenses. It pays a fixed benefit amount directly to you for hospital stays, regardless of your treatment costs or other insurance coverage you might have.

ATU offers this benefit option to actively at work full-time employees 18 years old or older working at least 30 hours per week. You can choose coverage for your spouse age 18 and older and your children from birth to age 25.

BENEFITS	AMOUNTS PAID TO YOU
Hospital Admission—1 per calendar year (at least 20 consecutive hours in a hospital)	\$500 per day
Daily Hospital Confinement (max of 15 days per stay for at least 20 consecutive hours in a hospital )	\$150 per day
Daily Critical Care Unit Confinement (max of 15 days per stay payable in addition to a hospital admission and/or daily hospital confinement benefit)	\$150 per day
Waiver of Premium if confined to a hospital for more than 30 days	Premium is waived until the last day of the month of your hospitalization

## BENEFIT HIGHLIGHTS

Waiver of Premium if confined to a hospital for more than 30 days your premium is waived until the last day of the month of your hospitalization.

Benefit is portable. You can take it with you if you change jobs.

You may enroll for coverage for you and your dependents if you enroll within 31 days after becoming eligible. If you do not enroll during this period, you may do so during the annual open enrollment period.

## Wellness Benefit

To promote healthier routines, You and your covered dependents also will receive an annual wellness screening benefit of \$ 50 when visiting a doctor for a covered wellness screening such as a mammogram, Pap test, PSA (Prostate Specific Antigen) test, or colonoscopy.

**Rates for all products will be calculated for you when you enroll in PlanSource.**

*The coverage is effective the first of the month following the month of enrollment.*



# CRITICAL ILLNESS

Critical Illness Insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious illness. It pays a lump-sum benefit directly to you upon diagnosis of a covered illness, regardless of your treatment costs or what's covered by your medical insurance. Coverage is available to actively at work full-time employees 18 or older working at least 30 hours per week.

Coverage amounts of \$10,000, \$20,000 or \$30,000 are available for you and coverage increments of \$5,000 up to \$15,000 are available for your spouse as long as it's not more than 50% of your benefit amount. Your dependent children are automatically covered at 50% of your amount for no additional charge and are also covered for 21 additional childhood diseases including Cystic Fibrosis, Down Syndrome, Muscular Dystrophy, Spina Bifida and Cerebral Palsy.

COVERAGE & OPTIONS	PERCENTAGE OF POLICY AMOUNT
Cancer Diagnosis	100%
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
End-Stage Renal Failure	100%
Coma	100%
Paralysis of two or more limbs	100%
Loss of site	100%
Occupational HIV	100%
Occupational hepatitis	100%
Severe coronary artery disease with bypass surgery	25%
Carcinoma in situ (cancer that hasn't metastasized)	25%

EMPLOYEE RATES			
AGE	\$10,000	\$20,000	\$30,000
18 - 29	\$3.60	\$7.20	\$10.80
30 - 39	\$5.40	\$10.80	\$16.20
40 - 49	\$11.00	\$22.00	\$33.00
50 - 59	\$22.60	\$45.20	\$67.80
60 - 69	\$41.60	\$83.20	\$124.80
70+	\$72.90	\$145.80	\$218.70

SPOUSE RATES			
AGE	\$5,000	\$10,000	\$15,000
18 - 29	\$1.80	\$3.60	\$5.40
30 - 39	\$2.70	\$5.40	\$8.10
40 - 49	\$5.50	\$11.00	\$16.50
50 - 59	\$11.30	\$22.60	\$33.90
60 - 65	\$20.80	\$41.60	\$62.40
75+	\$36.45	\$72.90	\$109.35

## Wellness Benefit

To promote healthier routines, You and your covered dependents also will receive an annual wellness screening benefit of \$75 when visiting a doctor for a covered wellness screening such as a mammogram, Pap test, PSA (Prostate Specific Antigen) test, or colonoscopy.

You may enroll for coverage for you and your spouse up to the maximum amount if you enroll within 31 days after becoming eligible. If you do not enroll during this period or want to increase your coverage up to the maximum amount, you may do so during the annual open enrollment period.

**Rates for all products will be calculated for you when you enroll in PlanSource.**



*The coverage is effective the first of the month following the month of enrollment.*



# EMPLOYEE ASSISTANCE PROGRAM

**ATU cares about you and your family's total health management — mental, emotional and physical. For that reason, we provide an Employee Assistance Program (EAP) at no cost to you or your dependents. This program, through The Standard, provides six face-to-face visits per issue every 12 months.**

Whether you are interested in work/life resources, mental health assistance, or legal and financial advice, the EAP service can connect you and members of your household with a variety of professionals. With just one phone call, at any hour of the day or night, you can have access to helpful resources. The EAP benefit includes six face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with ATU.

## **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



## **WorkLife Services**

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child, or elderly loved one.

## **Online Resources**

Visit [healthadvocate.com/standard6](http://healthadvocate.com/standard6) to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments, and calculators.



**Contact EAP at (877) 851-1631, 24 hours a day, seven days a week**  
[healthadvocate.com/standard6](http://healthadvocate.com/standard6)



# LIFE SERVICES TOOLKIT

Group Life Insurance through ATU gives you assurance that your family will receive some financial assistance in the event of a death. Coverage under a group Life policy from The Standard does more than help protect your family from financial hardship after a loss. With the Life Services Toolkit, we offer a lineup of additional services that can make a difference now and in the future. This is available to participants in ATU's life insurance plan.

Online tools and services can help you create a will, make advance funeral plans, and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

## Services to Help You Now

Visit the Life Services Toolkit website at [standard.com/mytoolkit](http://standard.com/mytoolkit) and enter the user name "assurance" for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney, and advance directives.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management, and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

## Services for Your Beneficiary

Life insurance beneficiaries can access services for 12 months after the beneficiary receives the Life claim letter from The Standard. Recipients of an Accelerated Death Benefit can access services for 12 months after the date of payment. .

- **Grief Support:** Care Managers with advanced training are on call to provide confidential grief sessions by phone or in person.
- **Legal Services:** Your beneficiaries can obtain legal assistance from experienced attorneys. They can schedule an initial office visit or a telephone consultation for up to 30 minutes with a network attorney. Beneficiaries who wish to retain a participating attorney receive a 25% rate reduction from the attorney's normal fee rates.
- **Financial Assistance:** Your beneficiaries can schedule up to 30– minute telephone sessions with financial counselors who can help with issues such as budgeting strategies, and credit and debt management.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. WorkLife advisors can guide them to resources to help manage household repairs and chores, find child care and elder care providers or organize a move or relocation.



For beneficiary services, visit [standard.com/mytoolkit](http://standard.com/mytoolkit) (user name: support) or call the assistance line at (800) 378-5742





Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.

You and your covered dependents are eligible for Travel Assistance, with your group insurance from The Standard.

### Security that Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:

- Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories.
- Credit card and passport replacement and missing baggage and emergency cash coordination.
- Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission.
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains.
- Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond.
- Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization.
- Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded.
- Evacuation arrangements in the event of a natural disaster political unrest and social instability.



Contact Travel Assistance at (800) 872-1414 or via email at [medservices@assistamerica.com](mailto:medservices@assistamerica.com)



# AIR AMBULANCE

## Peace of Mind for Unforeseen Emergency Medical Care

Survival Flight Inc. focuses on the quality of care and the safety of patients. Our mission is to serving our customers with unsurpassed and rapid medical services to save lives.



Survival Flight values the importance of family. All Survival Flight vehicles are third-rider equipped to allow a patient's family member to fly with their loved one when necessary. This capability is a true advantage especially in the case when a pediatric patient is flown, because a parent or other loved one can fly with the child.

**Survival Flight offers a group rate of \$60.00/member provided there are 10 households within the group to sign up.** The membership coverage includes the member and everyone living in the member's household for one year. Renewal of membership is required each year. Contact Human Resources for an application to enroll.

## Access, Quality & Safety When You Need It Most

An **Air Evac Lifeteam** group membership through ATU (participating provider in the AirMedCare Network) costs just \$65 per year for your entire household (senior discounts are available). More than 3 million people are covered by the AirMedCare Network. Membership covers you for emergency transport with participating providers across 38 states.



The enrollment and renewal process is fast and easy. You may enroll/renew online at <https://lifeteam.net>, or by calling 1.800.793.0010 from 8 a.m. to 8 p.m. CST Monday through Friday.

### Note:

- **These memberships are only available one time per year during the annual open enrollment period.**
- **New memberships for Survival Flight and Air Evac start on January 1st each year.**
- **The entire premium is withheld from your December payroll.**
- **Employees hired after October 1st are eligible to enroll during the next annual open enrollment period.**



# RETIREMENT

**Retirement is closer than you might think.** But don't worry, you've got this. ATU offers three options to save for your future. State employees are required to participate in one of the retirement plans available to them. Once a retirement plan has been selected, it cannot be altered during the course of employment at ATU. However, participation in a supplemental plan is at each employee's own discretion.

All new hires are eligible to enroll in the following retirement plan:

	Vesting Period	Retirement Age	Participation Status	Employee Contribution	Employer Contribution
<b>TIAA</b>	Two years	IRS Retirement	Contributory	4%	8%

If you are already vested with APERS or ARTRS, then you may have an opportunity to continue enrollment.

	Vesting Period	Retirement Age	Participation Status	Employee Contribution	Employer Contribution
<b>APERS</b>	5 years	Age 65 with 5 years; Any age with 28 years	Contributory	5.75%	15.32%
<b>ARTRS</b>	5 years	Age 60 with 5 years; Any age with 28 years	Contributory	7.0%	15%

\* Vesting is defined as the ownership of the employer contributed funds in the accounts. Refer to specific agency as to how this is defined within their program.

## You Should Know...

If you have a supplemental account with TIAA, you have an ability to make changes throughout the year. You do not have to wait for Open Enrollment to make changes to your withholdings.

If you do not currently have a supplemental TIAA account, but would like to start contributing additional funds into your retirement then you'll need to follow two steps:

1. Complete an electronic enrollment with TIAA to set up your account
2. Complete an enrollment form with HR

A supplemental account with TIAA has a maximum annual limit of **\$22,500** (unless you are over 50 and then your maximum annual limit is **\$30,000**). These limits are set by the IRS each year and are subject to change for 2025.

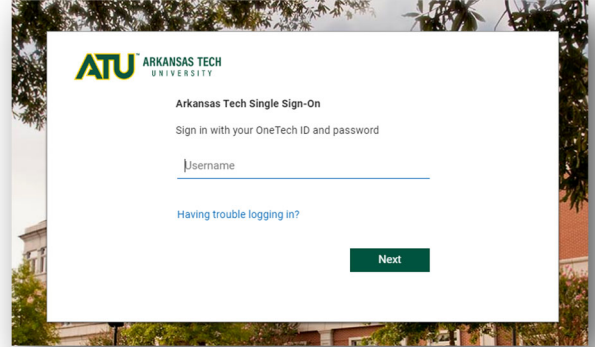
# ONLINE ENROLLMENT

Shop for your benefits this Open Enrollment with our user-friendly online portal!

# 1

## Log on to [www.plansource.com/login](http://www.plansource.com/login)

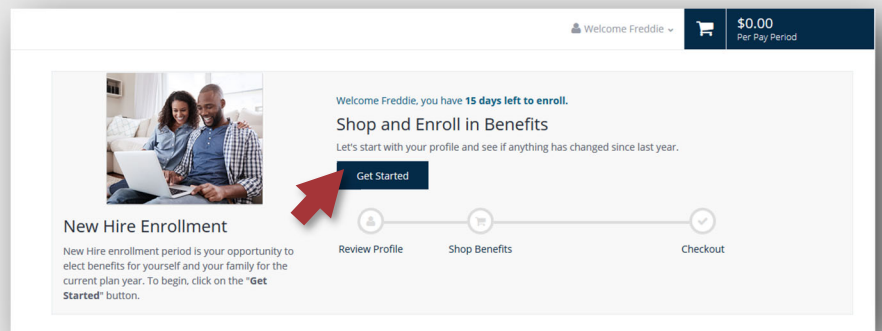
You will receive an invitation email from Plansource with a link to access the platform during your enrollment period. Your log-in credentials will be the same as your OneTech credentials.



# 2

## Begin enrollment

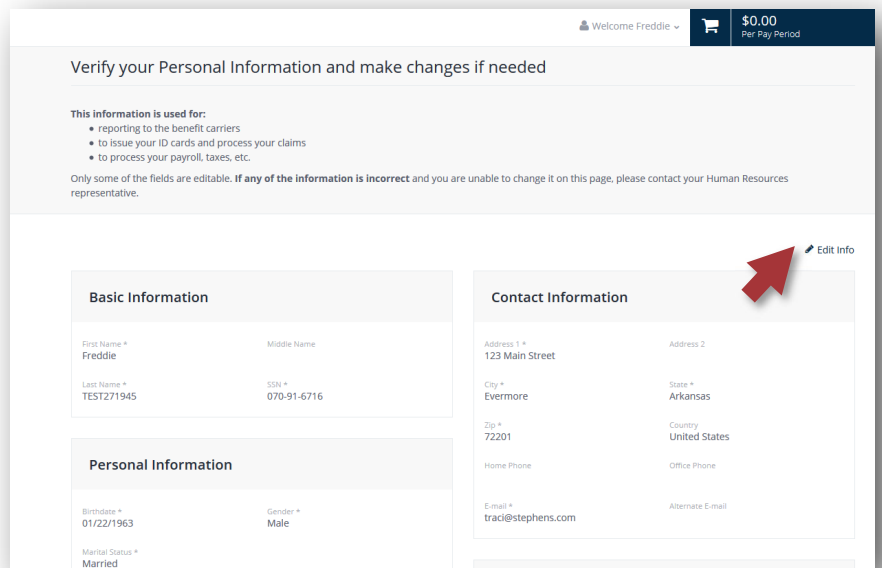
Click **“Get Started.”** The screens will systematically lead you through the enrollment steps from start to finish.



# 3

## Verify your information

Review your demographic information and make changes where necessary. When you are finished click **“Next: Review My Family”** on the bottom of the screen.

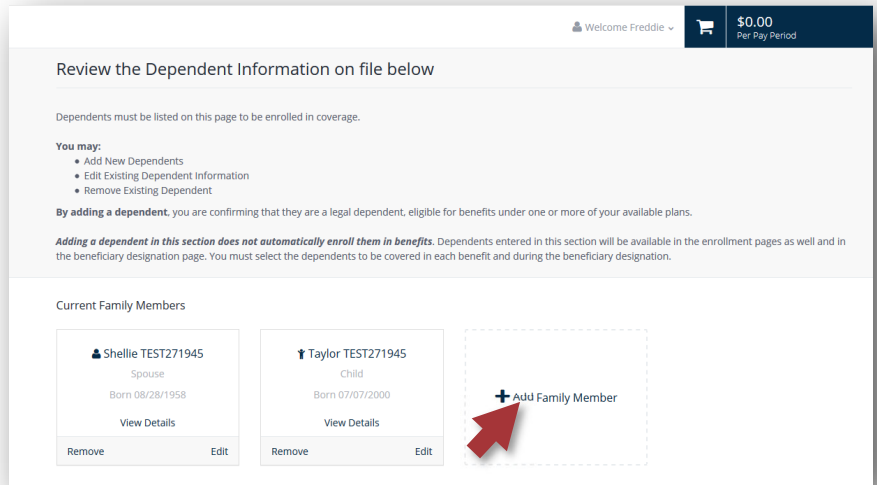




# 4

## Review dependents

Dependents must be listed to be enrolled in coverage. From this screen you may add or remove family members, and edit dependent information. When finished, click **“Next: Shop for Benefits”** on the bottom of the screen.

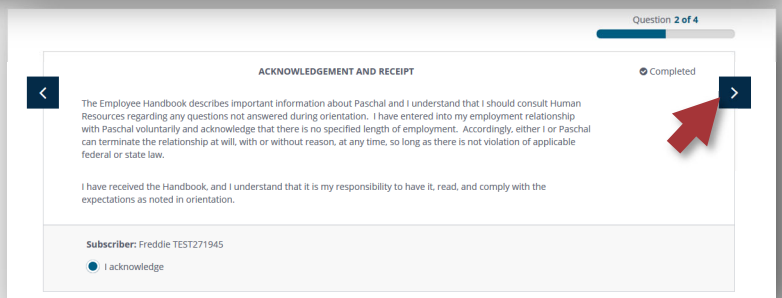
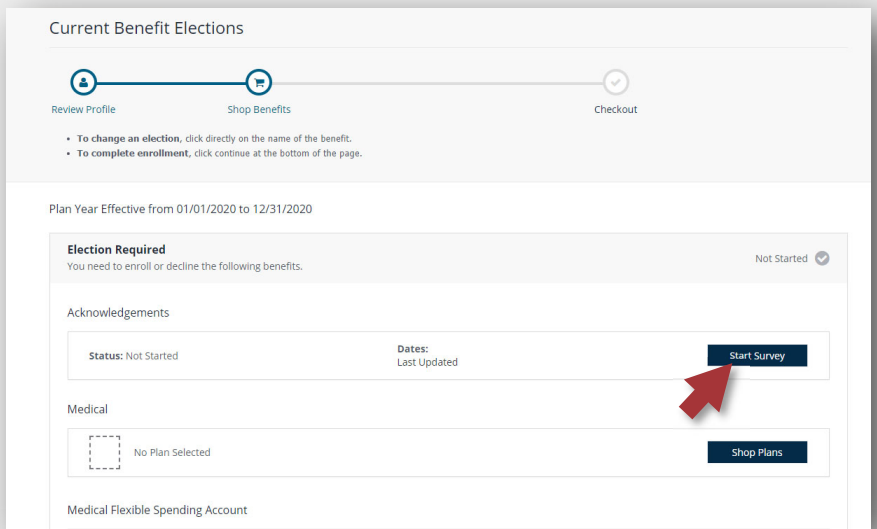


# 5

## Shop benefits

Work your way from top to bottom of this list to confirm or change your benefits elections. Each section may be accessed by clicking **“Start Survey”** or **“Shop Plans.”**

- **New Hire Paperwork:** If you are a new hire, you may need to download and complete some paperwork before enrolling. Acknowledge receipt at the bottom of the page and click **“Save.”**
- **Medical, Dental & Vision:** Confirm which family members are covered by the plan, and click **“Update Cart.”** There is also an option to decline each benefit, directly below the **“Update Cart”** button.
- **Voluntary Employee Life:** Select coverage amount and click **“Update Cart”** to add the benefit or **“Decline Voluntary Employee Life Benefits.”** Coverage levels requiring Evidence of Insurability (EOI) are denoted.
- **Voluntary Short Term Disability (STD):** Click **“Update Cart”** to add the benefit, or **“Decline Voluntary STD Benefits.”**
- **Basic Employee Life:** If your employer fully pays for any benefits, you will simply press **“Confirm Plan.”**
- **Acknowledgements:** Review and acknowledge receipt of these federally-required documents by clicking the **“I acknowledge”** button at the bottom of each screen. Move to the next question by clicking the right arrow; when finished, hit the **“Save”** button.



Click **“Add Beneficiaries”** at the bottom of the page.

# 6

## Add beneficiaries

Click **“Add Beneficiary”** - you may enter a new beneficiary, or choose one of the dependents listed in Step 4. The total allocation amount must be 100%. Click **“Save”** when finished.

Click **“Review and Checkout”** to move on.

Review Current Beneficiaries

You can view, add, or edit beneficiaries for each of your coverages by clicking on the benefit below.

Show beneficiaries for plan year:  
Your Current Beneficiaries

Download Print

Lincoln Financial Group Basic Employee Life - ER Paid Coverage amount \$52,000.00

Back

# 7

## Review & Checkout

Review your benefit elections and beneficiary designation. **Your cost per pay period will be listed both in the upper right corner of the screen and at the bottom of your benefit list.** Your employer’s contribution will also display at the bottom of the benefit list. Once you have reviewed your elections, click **“Checkout”** at the bottom of the screen.

Welcome Freddie

\$184.07 Per Pay Period

Voluntary STD

Coverage Declined

Date Declined: 11/26/2019

Acknowledgements

Status: Completed

Dates: Last Updated 11/01/2019

The following benefits are unchanged

Basic Employee Life - ER Paid

unum Basic Life-ER Paid

Start Date: 11/26/2019

Coverage Level: Enrolled

Volume: \$15,000.00

Primary Beneficiaries: Shellee TEST271945 (100.0%)

Employer Contribution: \$0.59

Employer Contribution: \$66.24

Your Cost Per Pay Period: \$184.07

Back Checkout

# 8

## Congratulations!

Your enrollment process is complete. Benefit statements may be emailed, printed, or downloaded from this screen. If there are any additional items needed, the portal will generate a “to-do list.”

Welcome Freddie

\$184.07 Per Pay Period

Your To-Do List

0 of 3 Complete

- Provide Birth Certificate for Taylor TEST271945
- Provide Marriage Certificate for Shellee TEST271945
- Provide Spousal Verification and Authorization Form for Shellee TEST271945

Current Benefits Plan Year Effective from 01/01/2019 to 12/31/2019

Download Email Print

Below are your new elections. Benefit elections may be changed during your company's Open Enrollment or if you've had a Qualifying Life Event.



# CONTACT INFORMATION

Refer to this list when you need to contact one of the benefit vendors. For general information, please contact the ATU HR team by phone at 479.968.0396 or by email at [hrbenefits@atu.edu](mailto:hrbenefits@atu.edu).

Coverage	Group #	Phone	Website
BlueCross BlueShield <b>Medical Coverage</b> My Blue Print Virtual Health Prescription Services -CVS Caremark	<b>HDHP 029320</b> <b>PPO 029319</b>	800.238.8379  888.293.3748	<a href="http://arkansasbluecross.com">arkansasbluecross.com</a> <a href="http://arkansasbluecross.com/myblueprint">arkansasbluecross.com/myblueprint</a> <a href="http://MyVirtualHealth.com">MyVirtualHealth.com</a>
Consolidated Admin Services (CAS) <b>Health Savings Account (HSA)</b> <b>Flexible Spending Account (FSA)</b>	ATU	877.941.5956 877.641.5956 Fax	<a href="mailto:info@consolidatedadmin.com">info@consolidatedadmin.com</a> <a href="http://consolidatedadmin.com">consolidatedadmin.com</a>
Health Advocate—The Standard <b>EAP Services</b>	169550	800.293.6948	<a href="http://Healthadvocate.com/standard3">Healthadvocate.com/standard3</a>
BCBS Dental Select <b>Dental Coverage</b>	027957	888.223.4999	<a href="http://arkansasdentalblue.com">arkansasdentalblue.com</a>
BCBS VSP Vision Care <b>Vision Coverage</b>	061764	800.877.7195	<a href="http://arkansasbluecross.com/findcare">arkansasbluecross.com/findcare</a>
The Standard <b>Group Term Life/AD&amp;D</b> <b>Voluntary Term Life</b> <b>Voluntary AD&amp;D</b> <b>Voluntary Dependent Life/AD&amp;D</b>	169550	800.628.8600	<a href="http://www.standard.com">www.standard.com</a>
The Standard <b>Short Term Disability</b> <b>Long Term Disability</b>	169550	800.368.2859 800.368.1135	<a href="http://www.standard.com">www.standard.com</a>
The Standard <b>Accident</b>	169550	866.851.5505	<a href="http://www.standard.com">www.standard.com</a>
The Standard <b>Critical Illness</b>	169550	866.851.5505	<a href="http://www.standard.com">www.standard.com</a>
The Standard <b>Hospital Indemnity</b>	169550	866.851.5505	<a href="http://www.standard.com">www.standard.com</a>
Air Evac <b>Air Ambulance</b>		800.793.0010	<a href="http://lifeteam.net">lifeteam.net</a>
Survival Flight <b>Air Ambulance</b>		870.793.0998	<a href="http://survivalflightinc.com">survivalflightinc.com</a>
Stephens Insurance <b>Adam Ritchie</b>		501.377.8415	<a href="mailto:adam.ritchie@stephens.com">adam.ritchie@stephens.com</a>

