






2025



BENEFITS

guide



Your Well-being,
OUR PRIORITY



Arkansas
Children's

HOSPITALS • RESEARCH • FOUNDATION

YOUR WELL-BEING IS OUR PRIORITY.

Arkansas Children's understands our team members' diverse and evolving needs, and we proudly offer benefits designed to support you no matter where you are in life. Whether you're just starting out - independently, building a family, caring for others or planning for the future, there's something here for you.

I encourage you to take the time to explore the full range of benefits available, from health and wellness programs to financial planning and everything in between.

Why Enroll in Our Health Benefits Program?

- **Comprehensive Coverage:** Our wide range of coverage options cater to the diverse needs of our team members. Whether it's medical, dental, vision, mental health or wellness programs, we've got you covered.
- **Financial Peace of Mind:** Our benefits give you access to exceptional, cost-effective health care and well-being services so that you and your loved ones can receive the care you need while maintaining financial security.
- **Commitment to Your Well-Being:** We provide a range of wellness initiatives, including telemedicine services, health screenings, diabetes and weight management programs, and mental health support. We want you to have the resources to lead a healthier, more fulfilling life.
- **Flexibility to Fit Your Life:** We recognize that everyone's health needs are different. Our health benefits program offers multiple plan options, allowing you to choose the coverage that best suits you and your family.

What Can You Expect From Us?

- **Clear and Supportive Communication:** You'll receive detailed, user-friendly materials outlining your health insurance options, coverage details and associated costs.
- **Personalized Guidance and Support:** To ensure you feel confident in your choices, Licensed Benefit Enrollers will be available. Whether you need personalized guidance or have specific questions, we're here to help every step of the way.
- **Balanced Cost Management:** While there will be a modest rate increase this year, we have carefully balanced comprehensive coverage with cost management. As always, we remain committed to sharing a significant portion of your health insurance costs to keep your benefits affordable.



Please review the enclosed materials carefully, as they contain detailed information about your Total Rewards options, who is eligible and coverage levels. We encourage you to consider your individual needs and the needs of your dependents, and then select the plan most suitable for you.

Thank you for your continued dedication to Arkansas Children's. We are committed to your well-being, and I know you will find the benefits to meet your needs.

Wishing you good health and success,

Best,

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

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ENROLLMENT FOR 2025 BENEFITS

Now is the time to review your benefit options and make important decisions for you and your family members. Carefully read this guide and visit the Human Resources > Total Rewards department page to view additional benefit materials that provide you with information on our benefit plans.

As you read through this guide, keep in mind our commitment to providing you and your family with the resources needed to take care of what matters most.

Important Note

If you need to update your coverage during the year because you have had a qualified status change, you must log in to Workday and make your new elections **within 30 days** of the event. See the qualified status change section for more detail.

Arkansas Children's policies, plans, practices and procedures may be amended, terminated or changed at any time at the sole discretion of Arkansas Children's. If that should occur, the material in this document will be superseded and the provisions of the actual official plan documents will control. If there are discrepancies between this document and the official plan documents, the actual plan documents will always govern. Plan documents can be found on the Human Resources Department Pages in the Benefits section.

2025



ENROLLMENT FOR 2025 BENEFITS

Your Total Rewards

At Arkansas Children's, we hold a profound Promise of Care - not just for our patients, but for you and your loved ones as well. We are unwavering in our pursuit of providing you with the essential resources to protect what truly matters - your well-being, happiness, and peace of mind. We recognize that everyone is unique, with varying needs that evolve through the different stages of life and career.



Your Well-being – Our Priority

Your commitment drives our excellence, and your well-being is at the heart of everything we do. Our goal is to be your employer for life. Our Total Rewards program is designed to support your aspirations through every stage of life, throughout your career.





Welcome To Arkansas Children's Benefits Enrollment

Log in to Workday within 30 days of your start date to complete your benefits election. After you enroll, your benefits will be effective on your date of hire. If you do not enroll within 30 days, you will have to wait until the next enrollment period unless you have a qualifying life event. Enrollment has never been easier. Log in from your computer or download the Workday app to your mobile device to enroll from anywhere.

Some Things to Consider Before You Enroll

- ♦ New hires must enroll within 30 days of hire. Elected benefits will be effective on your hire date and missed deductions will be taken from your pay.
- ♦ If you do not make changes during this time, you will have to wait until the next enrollment period unless you have a qualified status change (marriage, birth, etc.).
- ♦ If you do have a qualified status change, you have 30 days to enroll or adjust your coverage.
- ♦ Take time to review your options to help you select the plans that fit your needs. In this section, you will find premiums and details about eligibility and enrollment.

Enrollment Help

We encourage you to schedule an appointment with a Benefit Specialist who can guide you through your benefit options in-person, over the phone or virtually.

- ♦ Make an appointment online at <https://arkansaschildrens.simplybook.me/v2/>
- ♦ For questions call **866-943-3939**

Enrollment Deadline Overview

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

Qualified Status Change

Failing to make your benefit elections during the enrollment window will result in limited options until the next Open Enrollment period in October, with changes becoming effective

on January 1, 2026. However, certain qualifying life events throughout the year may still enable you to make changes or add coverage. These qualified status changes include:

- ♦ Marriage or divorce
- ♦ Birth, adoption, or change in the custody of your child
- ♦ Death of your spouse or dependent child
- ♦ A change in you or your spouse's employment status that results in loss or gain of coverage, including your spouse's open enrollment period
- ♦ A change in your dependent's eligibility status (due to age, or due to becoming eligible for medical coverage through his/ her own employer)
- ♦ The loss or gain of non-Arkansas Children's benefits coverage by you or a family member
- ♦ The loss or gain of Medicare and Medicaid by you or a family member
- ♦ Judgment/Decree/Court Order and FMLA

To update your coverage for any reason stated above, log in to Workday within 30 days of the event.

2025 PER PAY PERIOD PREMIUMS

MEDICAL – TIER ONE (Salary of less than \$45,000)				
Coverage Option	PPO Pre-tax Premiums (per pay period)	PPO - Wellness Pre-tax Premiums (per pay period)	HDHP Pre-tax Premiums (per pay period)	HDHP - Wellness Pre-tax Premiums (per pay period)
Employee Only	\$47.70	\$27.70	\$0.00	\$0.00
Employee + Child(ren)	\$111.89	\$91.89	\$43.40	\$23.40
Employee + Spouse	\$170.37	\$130.37	\$87.25	\$47.25
Employee + Family	\$232.18	\$192.18	\$124.30	\$84.30

MEDICAL – TIER TWO (Salary of \$45,000 to \$99,999)				
Coverage Option	PPO Pre-tax Premiums (per pay period)	PPO - Wellness Pre-tax Premiums (per pay period)	HDHP Pre-tax Premiums (per pay period)	HDHP - Wellness Pre-tax Premiums (per pay period)
Employee Only	\$127.92	\$107.92	\$80.20	\$60.20
Employee + Child(ren)	\$192.08	\$172.08	\$123.61	\$103.61
Employee + Spouse	\$250.58	\$210.58	\$167.46	\$127.46
Employee + Family	\$312.38	\$272.38	\$204.51	\$164.51

MEDICAL – TIER THREE (Salary greater than \$100,000)				
Coverage Option	PPO Pre-tax Premiums (per pay period)	PPO - Wellness Pre-tax Premiums (per pay period)	HDHP Pre-tax Premiums (per pay period)	HDHP - Wellness Pre-tax Premiums (per pay period)
Employee Only	\$140.70	\$120.70	\$88.22	\$68.22
Employee + Child(ren)	\$211.30	\$191.30	\$135.97	\$115.97
Employee + Spouse	\$275.63	\$235.63	\$184.21	\$144.21
Employee + Family	\$343.62	\$303.62	\$224.96	\$184.96

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

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

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

PARKING RATES	
Covered Reserved	\$25.38 Per Pay Period
Uncovered Reserved	\$21.00 Per Pay Period
Uncovered Unreserved	\$13.85 Per Pay Period
Weekend Uncovered Unreserved	\$8.30 Per Pay Period

Free parking is available campus wide. Paid parking is through parkingfleet@archildrens.org

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

If both spouses in a family are employees of Arkansas Children's, they may not be covered as both an employee and a spouse. In addition, dependent children who are employed at Arkansas Children's may not be covered as an employee and a dependent on their parent's plan. These plans include the Accident, Critical Illness and Supplemental Life Plans.



Benefit Eligibility

Arkansas Children’s extends benefits to legal spouses and dependent children of eligible team members. To verify eligibility for a newly enrolled spouse or child on a medical, dental or vision plan in 2025, you’ll need to provide government-issued documentation, such as a marriage license, birth certificate, or tax return.

Before enrolling, understand who qualifies for coverage on Arkansas Children’s benefit plans. If both spouses are employees of Arkansas Children’s, they cannot be covered as both an employee and a spouse. Similarly, dependent children employed by Arkansas Children’s may not be covered as both an employee and a dependent under their parent’s plan.

Refer to the chart below for clarification on eligible enrollees.

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

Employee Type Codes

Eligibility for benefits is subject to specific employee type codes. Below is a comprehensive list of all the employee type codes available at Arkansas Children’s. To determine your eligibility code, access Workday > Personal Information > About Me > Time Type.

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

**Note: Employees who move from a FT to PT position may remain eligible for family medical coverage (if they are enrolled in coverage at the time of the time- type change) for as long as their hours worked remain eligible under the ACA rules. PT will be eligible for family coverage if the PT employee averages at least 30 hours a week in the 12-month measurement period. PT-NB and PRN will be eligible for coverage if the PT-NB or PRN averages 30 hours a week in the 12-month measurement period. PT, PT-NB, and PRN will be notified of their eligibility to participate in the health benefits prior to open enrollment (please refer to the Arkansas Children’s Flexible Benefits Plan SPD for additional information).*

2025



HEALTH BENEFITS

Medical | BlueCross BlueShield

You have the option to cover both yourself and your eligible dependents with our medical plans. We offer a Preferred Provider Option (PPO) and a High Deductible Health Plan (HDHP) through Blue Advantage Administrators of Arkansas. These plans grant you access to both in-network and out-of-network doctors and hospitals, but opting for in-network providers can lead to substantial cost savings. Find an in-network physician and confidential service information for your individual medical benefits at www.arkansasbluecross.com.



Choosing the best medical plan for your needs is easy with two options tailored to suit your preferences and budget.

The PPO plan coverage option has a lower deductible, though you'll have higher premium. Most services require co-pays, and after meeting the deductible, you pay 20% for in-network services while Arkansas Children's covers 80%. For out-of-network providers, the split is 40% and 60%, respectively.

On the other hand, the HDHP plan coverage option entails paying the full cost of medical and prescription services until you reach the deductible. While the deductible is higher, the premiums are lower. This plan option includes a Health Savings Account (HSA), letting you build a dedicated fund for medical expenses, without a use-it-or-lose-it constraint. *For more information on the HSA, see page 14.*

Keep in mind, if both spouses work for Arkansas Children's, they can't be covered as both an employee and a spouse, and dependent children employed at the organization may not be covered as both an employee and a dependent on their parent's plan.





CONSIDER YOUR OPTIONS

	PPO	HDHP
What is the difference between the plans?	The Preferred Provider Option (PPO) medical plan has a lower deductible, but you pay more each month for coverage. You pay medical expenses until you reach the deductible, then share costs with the plan through coinsurance.	The High-Deductible Health Plan (HDHP) has a higher deductible, but you pay less each month for coverage. You pay all medical and prescription drug expenses until you reach the deductible, then share costs with the plan through coinsurance.
Network	BlueCross BlueShield	
What are the deductibles?	Lower	Higher
What are the premiums?	Higher	Lower
Copays	\$25 copay (PCP); \$50 copay (Specialist); \$75 copay (Urgent Care). Copays do not apply to deductible.	N/A
What are the coinsurance rates?	After you reach the deductible, you will pay 20% for eligible in-network services and Arkansas Children's pays 80%.	
Can I use a Health Savings Account (HSA)?	No	Yes
Pharmacy	You will pay copays for your prescriptions.	You will pay the full price of your prescriptions until your deductible is met.
Can I use a Health Care Flexible Spending Account?	Yes, Health Care FSA contributions are limited to \$3,300 for the next twelve months. See page 13 for more information.	No, but you have access to a Limited FSA for eligible dental and vision expenses. See page 13 for more information.

The chart below is an overview of medical plan coverage, detailing the expenses for in-network and out-of-network treatments and services. Familiarize yourself with the costs, typical utilization, and plan strategically to cater to your unique needs. For detailed coverage costs, please refer to page 6.

BLUE ADVANTAGE OF ARKANSAS

	Preferred Provider Option (PPO)*		High Deductible Health Plan (HDHP)*	
	In-network	Out-of-network	In-network	Out-of-network
General Information				
Deductible				
Employee:	\$1,250	\$1,500	\$2,500	\$7,000
Spouse:	\$1,250	\$1,500	N/A	N/A
Child:	\$500	\$800	N/A	N/A
Family Maximum:	\$2,500	\$3,000	\$5,000	\$14,000
Out-of-Pocket Maximum	\$6,250/ person \$12,500/ family	None	\$7,000/ person \$14,000/ family	None
Coinsurance	You pay 10% (after deductible)/ Plan pays 90%	N/A	You pay 10% (after deductible)/ Plan pays 90%	N/A
AC Available Services (facility only)				
All Other Services	You pay 20% (after deductible)/ Plan pays 80%	You will be billed the in-network rate for emergency.	You pay 20% (after deductible)/ Plan pays 80%	You will be billed the in-network rate for emergency.

BLUE ADVANTAGE OF ARKANSAS

	Preferred Provider Option (PPO)*		High Deductible Health Plan (HDHP)*	
	In-network	Out-of-network	In-network	Out-of-network
Routine physicals	You pay 0%/ Plan pays 100%	No Coverage	You pay 0%/ Plan pays 100%	No Coverage
Well-woman exam				
Mammogram (1 per calendar year)				
Prostate Specific Antigen (PSA) test (routine)				
Well-child care (office visits and immunizations)				

Physician Office Visits and Emergency Services

	Preferred Provider Option (PPO)*	High Deductible Health Plan (HDHP)*
Physician (PCP) office visit	\$25 copay If your visit is determined to not be an emergency, you pay 40% (after deductible)/ Plan pays 60% If your visit is an emergency, you will be billed the in-network rate.	You pay 20% (after deductible)/ Plan pays 80% You pay 40% (after deductible)/ Plan pays 60%
Specialist office visit	\$50 copay	
Hospital Emergency Room	You pay 20% (after deductible)/ Plan pays 80%	
Urgent Care	\$75 copay	

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

*A Primary Care Physician (PCP) is defined as a family practice, internal medicine, general practice and pediatrician or mental health professional. Specialists are any type of provider who is not a PCP. Arkansas Children's have in-network GYNs as a PCP for the PPO plan.

Telemedicine | UAMS HealthNow

Telemedicine offers a quick and convenient way for you to receive care for non-emergency issues 24 hours-a-day and on weekends. Telemedicine offers virtual care to assess and treat conditions such as cold and flu, nose and throat, eye, skin, gastrointestinal and mental health.

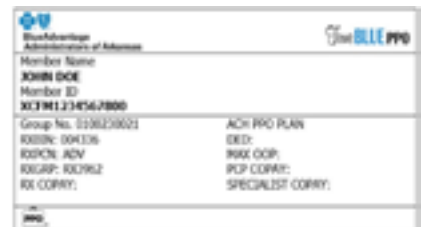
We offer UAMS HealthNow so you can see local health providers virtually if you fall ill and are in state.

The co-pay is \$25 (in-network) for a PCP visit or \$50 (in-network) for a Specialist visit for those enrolled in the PPO plan. Those enrolled in the HDHP will pay the billed charge that will apply to the deductible until it is met. Mental and behavioral health visits are also available.

To schedule a call, visit [UAMShealth.com/healthnow](https://uamshealth.com/healthnow). Once you fill in your information, you will meet with a local health professional within minutes.

Keep Your ID Cards!

No need to expect a new one each plan year. If you are already enrolled, your current card remains valid until you switch plans or receive a new one. For new enrollments during Open Enrollment, your ID cards will be mailed to your Workday-listed address.





Prescription Drug | BlueCross BlueShield

Upon enrolling in a Medical Benefits Plan, you automatically gain prescription drug coverage through BlueCross BlueShield, with two plan options depending on your medical plan selection.

HDHP Prescription Drug Plan Option

For HDHP option enrollees, the prescription drug plan kicks in after meeting the medical plan deductible (\$2,500 in-network for individual coverage or \$5,000 for family coverage). Once the deductible is met, the Plan shares costs with you - you pay 20% in-network, and the plan covers 80% until the out-of-pocket maximum is reached. Refer to the formulary list of medications at BlueAdvantageArkansas.com.

PPO Prescription Drug Plan Option

For PPO option medical plan enrollees, the prescription drug plan offers a tiered approach with three categories - Generic drugs (Tier 1), Preferred brand drugs (Tier 2), and Non-preferred brand and Specialty drugs (Tier 3). When you fill a prescription, you pay a copay. Refer to the formulary list of medications at BlueAdvantageArkansas.com.

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

* Specialty Drugs must be dispensed by a specialty pharmacy who then mails the prescription to the patient. Copays for Specialty Drugs fall under the non-preferred tier.

Both PPO and HDHP plan coverage options offer retail and mail order pharmacy benefits for regular prescriptions, and you can save money with the Retail 90 and Mail Order options. HDHP enrollees need to meet the medical plan deductible before the Plan begins to pay. Little Rock employees may use the Arkansas Children’s Outpatient Pharmacy, with medications limited to the ACH formulary.

Details of the Programs:

- **Retail Program:** Up to a 34-day supply from any pharmacy. Find one in your area at blueadvantagearkansas.com.
- **Retail 90 Program:** PPO medical plan enrollees can get up to a 100-day supply for maintenance drugs at in-network retail pharmacies. If filled at CVS/Target, you’re charged only two copays instead of three. HDHP enrollees can also get a 100-day supply but must meet the medical plan deductible first.
- **Mail Order Program:** For maintenance medications or life-supporting drugs, use mail order. It’s convenient, cost-effective, and ensures you never run out. Call [888-293-3748](tel:888-293-3748) to set up your mail order account.

With the PPO plan option, save a 34-day supply copay amount on a 90-day supply order using mail order. For example, a \$15 copay for a generic 34-day prescription becomes \$30 for a 90-day supply through mail order. The first time a new prescription for maintenance medication is filled, it’s limited to a 34-day supply for evaluation, but afterward, you can get up to a 100-day supply.

Payer Matrix Program for Specialty Drugs

Arkansas Children’s is committed to helping enrollees in the Medical Benefits Plan combat the rising cost of medications by offering the Payer Matrix program to medical enrollees. The Payer Matrix is an employee advocacy benefit designed to provide relief for select high cost specialty medications not covered by the Medical Benefits Plan by assisting enrollees in seeking alternative funding for the select specialty medications. By collaborating directly with drug manufacturers and patient assistance programs, the Payer Matrix program can help reduce the cost of those specialty medications that are not covered by the Medical Benefits Plan. This ensures that team members and their dependents can access critical medications they need without the burden of excessive expenses, leading to improved health outcomes and peace of mind.

A Payer Matrix Care Coordinator will proactively reach out to you if one of your medications qualifies for financial assistance. Your Care Coordinator will serve as a personal advocate, working with you and your physician to verify eligibility and manage all the details of the Payer Matrix Program. Once approved, the Care Coordinator will ensure that your specialty medication is delivered to you on time, every month.



Additional Benefits For Arkansas Children's Health Plan Members

Livongo

Arkansas Children's offers the Livongo program at no cost, providing a complimentary meter, testing strips, and coaching support to those on the Medical Benefits Plan who are living with diabetes.

Team members enrolled in an Arkansas Children's Medical Benefits Plan and Livongo can enjoy certain diabetes medications at no cost, with a \$0 copay. Enrollment is open throughout the year, and the sooner you join, the quicker you can start reaping the benefits. Act now and take charge of your diabetes management with Livongo.

To learn more or join go to join.livongo.com/ARKCHILD20/hi
Registration code: **ARKCHILD20**
Contact BCBS with questions at **501-378-3392**

Wondr Health

Wondr is a digital weight loss program that teaches science-based skills that are clinically-proven to help you enjoy food more, lose weight, sleep better, feel more confident, and help move you toward your best self. Wondr makes it easy. There's no calorie counting or exercise equipment involved. It's a simple solution that provides long-lasting results that can change your life for the better. And, it's provided at no cost for team members enrolled in the Arkansas Children's Medical Benefits Plan.

Classes are offered several times during the year. Learn more at wondrhealth.com/arkansaschildrens.

Level Up Your Health, Level Up Your Savings!

Discover the transformative Healthy Happens Here wellness program, designed to educate you about your current health while rewarding you with a premium advantage on the Arkansas Children's Medical Benefits Plan. To earn the incentive for 2026 enrollment, employees covered on the Medical Benefits Plan must complete a biometric screening, the health check survey and three age-appropriate screenings in the Personify Health MyCare Checklist by October 31, 2025. Spouses must complete the health check survey and three age-appropriate screenings in the Virgin Pulse/Personify Health MyCare Checklist by October 31, 2025.

The wellness program offers additional activities even if you are not enrolled in the Medical Benefits Plan.

Earn a Premium Advantage by completing biometric screening, the health check survey and three age-appropriate screenings.

- ◆ \$520 per year for Employee/Employee Children plans

- ◆ \$1,040 per year for Employee & Spouse/Family plans
- ◆ New hires automatically receive the wellness medical premium in 2025!

Clinically Integrated Network

Arkansas Children's offers a clinically integrated network (CIN) of services to ensure you and your family receive top-notch healthcare. We've partnered with Arkansas Health Network (AHN), Arkansas Children's Care Network (ACCN), and NextHealth. If you're enrolled in Arkansas Children's health plan with BlueCross BlueShield, you can access healthcare from providers in these networks.

AHN and NextHealth cater to adults, while ACCN focuses on children's healthcare. These networks include a vast array of providers, clinics, and hospitals in Arkansas, with new additions still ongoing.

CIN providers collaborate as a team to deliver comprehensive care for you and your family. Their seamless communication ensures each provider is informed about your needs, guaranteeing the best possible care.

These providers equip you with valuable resources to manage your health effectively, offering access to health coaches or care managers for personalized assistance.

Health coaches possess medical, nursing, and patient education expertise. Their personalized coaching programs offer:

- ◆ Listening and understanding your health goals.
- ◆ Meeting you where you are in your health journey without judgment.
- ◆ Assisting you in making healthy behavior changes to achieve optimal well-being.
- ◆ Empowering you to take control of your health and self-care.

In Northwest Arkansas, NextHealth offers an exclusive CIN option for ACNW medical enrollees through a selective partnership of physicians and hospitals. This network coordinates primary and specialty care to enhance patient outcomes and the overall healthcare experience.

Rest assured, with access to NextHealth Care Managers, you can easily contact your PCP and connect with your care manager for personalized health coaching.

Find a comprehensive list of providers at BlueAdvantageArkansas.com. Elevate your healthcare journey with our exceptional network and dedicated support!



Savings Accounts For Health Expenses

Flexible Spending Accounts (FSA) | Optum Financial

Arkansas Children's FSA, managed by Optum Financial, lets you save money by using pre-tax dollars for health care and dependent care expenses. You contribute pre-tax money from your paycheck, reducing your taxable income and increasing take-home pay. Choose from three FSAs: Health Care FSA for medical expenses, Dependent Care FSA for child or elder care, and Limited FSA for dental and vision care expenses.

Health Care FSA:

- ◆ Available to Employees eligible for coverage under the Arkansas Children's Medical Benefits Plan who are not enrolled in the HDHP option.
- ◆ Contribute up to \$3,300 annually for eligible expenses, such as deductibles, prescriptions, dental, and vision care.
- ◆ Carry over up to \$660 into 2026.

Dependent Care FSA:

- ◆ Cover costs for child or elder care in your home.
- ◆ Contribute up to \$5,000 (if single or married, filing taxes jointly), \$2,500 (if married filing separately).*
- ◆ Not for dependent's health care expenses.

Limited FSA:

- ◆ Available to HDHP enrollees only.
- ◆ Contribute up to \$3,300 annually for dental and vision care only.
- ◆ Works with an HSA to save on taxes while preserving HSA funds for other purposes or future use.

**Dependent Care FSA contributions are based on a calendar year. You have until the end of 2025 to use the funds in your account.*

IMPORTANT CONSIDERATIONS FOR FLEXIBLE SPENDING ACCOUNTS

Plan Ahead.

When dealing with FSA accounts, it's crucial to plan your contributions wisely. Contribute only the amount you anticipate using from the enrollment period to the year-end. Remember that once you make your contributions, you cannot modify or cancel them during the year unless you experience a qualified status change. Unutilized funds may be forfeited, so thoughtful planning ensures you maximize the benefits of your FSA accounts.

Save your receipts!

Most FSA claims are auto-substantiated, but you may be asked to provide a receipt of the charge if the vendor or claim is not auto-processed. Without substantiation, the claim will be denied and you will be asked to refund your account per IRS guidelines. Simply take a picture of your receipt with your cell phone, upload the photo to the Optum mobile app and you are done!

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



Health Savings Account (HSA) | Optum Financial

Arkansas Children’s HSA, managed by Optum Financial, empowers you with a potent financial tool when you enroll in the High Deductible Health Plan. Like a regular savings account, you contribute, grow your funds, and withdraw when needed for health care expenses, such as medical, prescription, dental, or vision services. Here are some reasons to consider an HSA:

- ◆ **Company Contribution:** Arkansas Children’s will make a \$250 deposit to your account in January. The only requirement is that you have an active HSA account. New hires will receive a prorated contribution up to \$250 based on their start date.
- ◆ **Triple Tax Advantage:** Contributions are untaxed, earnings grow tax-free, and withdrawals for qualified health care expenses remain tax-free, yielding significant savings for health care services.
- ◆ **Investment Options:** Once you reach the qualified threshold, you can choose how to invest your savings.
- ◆ **Money Rolls Over:** Unlike Flexible Spending Accounts, there’s no “use it or lose it” rule, allowing your account to grow over time, ready for when you truly need it.

- ◆ **Control and Flexibility:** You decide how much to contribute (up to IRS limits), can change contributions during the year, and choose when to use the money for current or future healthcare expenses. Even qualified expenses for dependents not on your health plan can be covered.

Enroll easily through Workday, and your account will be set up automatically. Optum may contact you for verification, so respond promptly to secure employer contributions. Visit optumfinancial.com for account access.

HSA Contribution limits

- ◆ \$4,300 individual (including company employer contribution)
- ◆ \$8,550 family (including company employer contribution)
- ◆ Members who are 55+ have the option of an additional \$1,000 catch-up contribution in 2025

Enjoy the Convenience with your Debit Card!

Upon registration, you’ll receive a debit card for any Optum Health Savings or Flexible Spending Account. Swipe the card at approved network locations like doctor’s offices, emergency rooms, or dentist’s offices, and your balance covers your share of expenses. Contact Optum Bank at **877-292-4040** for card replacements or additional cards.

Dental | Delta Dental Arkansas

When you join the Arkansas Children’s dental plan administered by Delta Dental, you can go to any dentist or specialist you want, but you will receive the biggest cost-savings if you stay in the network. Below is a summary of the dental plan benefits using in-network providers. Your cost for coverage is on page 6.

DENTAL PLAN FEATURES

Calendar plan year deductible	\$50/individual \$100/family
Calendar plan year maximum (per member)	\$1,500/individual
Preventive services (exams, cleanings, x-rays, fluoride and sealants)	You pay nothing (deductible waived)/Plan pays 100% Limit of 2 cleanings and a set of x-rays/year
Basic services (fillings, oral surgery, extractions, etc.)	You pay 20% (after deductible)/ Plan pays 80%
Major services (root canals, bridges, crowns, inlays, onlays, dentures and cast restorations)	You pay 50% (after deductible)/ Plan pays 50%
Orthodontia (for adults and children)	You pay 50% (after deductible); subject to orthodontia lifetime maximum of \$1,500/individual/Plan pays 50%
Carry over benefit rider	If your total annual paid claims are less than \$750, you will automatically have a \$375 credit on next year’s annual maximum. You must have one visit per year to qualify for the carryover benefit.



Vision | EyeMed

If you wear eyeglasses or contacts, you know how expenses can add up. That's why we offer vision benefits for routine eye exams, eyeglasses, or contacts. Administered by EyeMed, our vision plan gives you access to thousands of optometrists and ophthalmologists, including Walmart!

Enjoy both in- and out-of-network benefits, but you'll get a greater advantage with an in-network EyeMed provider. Refer to the chart below for a summary of plan benefits based on the type of service you receive.

For coverage cost, check page 6.

VISION PLAN FEATURES		
Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement
Frequency: <ul style="list-style-type: none"> Examination Eyeglass Lenses and/or Contact lenses Frames 	Once every calendar year Once every calendar year Once every calendar year	N/A
Eye Exam	\$20 copay	Up to \$30
Contact Lens Fitting Fee	Standard - up to \$40 Premium - 10% off retail price	N/A
Eyeglass Frames	\$0 copay, \$150 allowance, 20% off balance over \$150	Up to \$75
Eyeglass Standard Plastic Lenses		
<ul style="list-style-type: none"> Single Vision/Bifocal/Trifocal/Lenticular Standard Progressive Lens Premium Progressive Lens Tier 1 Premium Progressive Lens Tier 2 Premium Progressive Lens Tier 3 Premium Progressive Lens Tier 4 	\$20 copay \$85 copay \$105 copay \$115 copay \$130 copay \$85 copay, 80% of charge less \$120 allowance	Up to \$25/\$40/\$55/\$55 \$40 Up to \$40 Up to \$40 Up to \$40 Up to \$40
Contacts		
<ul style="list-style-type: none"> Conventional Disposable Medically Necessary 	\$0 copay, \$150 allowance, 15% off balance over \$150 \$0 copay, \$150 allowance, 100% of balance over \$150 \$0 copay, paid in full	Up to \$120 Up to \$120 Up to \$300
Lens Options, Add-ons, Additional Pairs, Laser Vision Correction	Reduced pricing and discounts are available	N/A

2025

Hearing Benefits | Blue Advantage & Amplifon

Blue Advantage

Arkansas Children's PPO and High Deductible medical plans include an allowance of \$1,400 (per ear) for adult hearing aids every three years. Once the deductible is met, the plan pays 80% of costs for in-network providers (60% for out-of-network).

Hearing exams are covered, regardless of diagnosis, with no limits. This means if you are seen by an in-network provider, you will pay a \$25 co-pay at a PCP or a \$50 copay at a specialist on the PPO plan. HDHP members will pay the contracted rate for exams until the deductible is met. Once met, the plan will pay 80% of the cost for in-network services or 60% for out-of-network. The allowance plan for hearing aids will remain \$1,400 for both plans. Find an in-network provider at blueadvantagearkansas.com or call 888-872-2531.

Amplifon

If you enroll in the vision plan, you gain access to a hearing discount program through Amplifon. Through Amplifon, you have access to:

- ♦ 40% off hearing exams at specified locations
- ♦ Discounted pricing on thousands of hearing aids
- ♦ 60-day hearing aid trial period with no restocking fees
- ♦ Free batteries for 2 years
- ♦ 3-year warranty plus loss and damage coverage

To top it off, Amplifon gives you a low price guarantee - *if you find the same product at a lower price elsewhere, they will beat it by 5%*. Call 888-407-7177 to find a hearing care provider near you and to schedule a hearing exam.





Company Provided Insurance

Short-Term Disability

Lincoln Financial Group Company Provided • Part Time, Full Time & Weekend Option Employees

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

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

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

Long-Term Disability

Lincoln Financial Group Company Provided • Full Time & Weekend Option Employees

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

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

How long LTD will benefits last?

Generally, LTD benefits end when you are able to return to work, or when you reach normal Social Security retirement age, whichever is earlier.

LONG TERM DISABILITY

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

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

Basic Life & Accidental Death & Dismemberment Insurance

Lincoln Financial Group Company Provided • Full Time & Weekend Option Employees

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

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

DID YOU KNOW?

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

FMLA Application

Lincoln Financial Group offers employees direct access to claims resources and information. You can easily report a claim and check the status of your claim through Lincoln Financial Group's dedicated secure website or by telephone at **888-992-0531**.

Please visit: www.LincolnFinancial.com

Return from Leave - Premium Catch-Up

Any missed premiums will be calculated automatically through Workday and deducted from your pay when you return to work. Contact the benefits department with questions you have about payments.

Maternity Leave

Congratulations on the birth of your new baby! We know that being on a maternity / paternity leave can be a little stressful. This note is to remind you that you have 30 days from your delivery date to add your new baby to your eligible benefit plans. Please login to the Workday system to initiate your benefit change. You will need to provide the following information: delivery date, baby's name, and which benefit plan(s) you would like to enroll your baby. Please note if you are out on leave for more than 12 weeks your insurance could possibly end, and you will have an opportunity to elect COBRA continuation for medical, dental and vision coverage, and conversion and porting other lines of coverage. For more information on COBRA, please contact HR Benefits. Also, you will need to provide HR Benefits with a copy of your child's birth certificate and social security card within 6 months of the date of birth.

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

FMLA will provide up to 12 weeks of unpaid medical leave for pregnancy or maternal / paternal bonding for eligible employees. Employees who are ineligible for FMLA have the ability to request Personal Leave through the leave vendor. Contact your leave specialist or the Benefits Team in Human Resources for assistance.

UNDERSTANDING EVIDENCE OF INSURABILITY (EOI)

EOI is a record - often requested by an insurance company - of your past and current health events that is used to verify whether you meet the definition of good health. New hires do not need to complete an EOI form as long as you purchase supplemental life insurance below the guarantee issue amount of \$300,000 within your first 30 days of employment. Any increases to your supplemental plans after new hire enrollment will require evidence of insurability.

Voluntary Insurances

Supplemental Life Insurance - Employee

Arkansas Children's offers **eligible employees** the option to purchase additional life insurance. Remember, this coverage is in addition to the basic life and AD&D insurance benefit provided by Arkansas Children's. New hires may purchase up to three times your annual salary or a maximum of \$300,000, whichever is less, without providing Evidence of Insurability (EOI). You may purchase more coverage, up to \$450,000, with the submission of an EOI form through **Lincoln Financial Group** within Workday.

You may update your supplemental life plans at any time during the year. Any increases to your supplemental plans may require evidence of insurability. If you make changes to a plan while you are out on leave, changes will not be effective until you return to an active work status.

Supplemental Life Insurance is a safety net that complements your existing life insurance coverage, providing an extra layer of protection for your loved ones in times of need. By offering additional benefits on top of your primary life insurance policy, Supplemental Life Insurance grants you peace of mind, knowing that your loved ones will be cared for, no matter what life throws their way.

Supplemental Life rates are calculated on your age. Check the chart below for employee, spouse and child rates. The supplemental child(ren) life insurance rate is per plan, not per child.

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



Supplemental Life Insurance - Spouse & Child(ren)

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

Please note: The amount of your spouse's supplemental life insurance may not exceed 50% of the amount of supplemental life insurance in place for you. The following chart lists the supplemental life insurance plan options available to your dependents. You must be enrolled in Supplemental Life Coverage as an employee in order to enroll your spouse and/or children.

SUPPLEMENTAL SPOUSE LIFE INSURANCE

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

Supplemental Child(ren) Life Insurance

Coverage options	\$5,000 \$10,000
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Critical Illness

Critical Illness insurance shields your budget from unexpected expenses arising from covered critical illnesses by providing cash benefits for medical or personal use upon diagnosis. Critical illness insurance helps protect against the financial risks associated with an unexpected diagnosis of a major illness, including cancer, renal (kidney) disease, major organ transplants, and health conditions like strokes and heart attacks.

You'll receive a lump-sum benefit at the time a covered illness (such as a stroke, heart attack or cancer) occurs or is diagnosed. Plus, there's a health assessment benefit of \$50 for completing a yearly health screening.

The cash payments can range from \$5,000 to as much as \$50,000, depending on the type of policy you purchase for you, your spouse and your children. When you are sick, the last thing you want to think about is your finances. Critical illness coverage can help you focus on getting well.

If both spouses in a family are employees of Arkansas Children's, they may not be covered as both an employee and a spouse. In addition, dependent children who are employed at Arkansas Children's may not be covered as an employee and a dependent on their parent's plan.

CRITICAL ILLNESS RATES

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

Children Rate - per \$1,000 of coverage is \$0.242

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

If you, your spouse and/or your child are employees of Arkansas Children's you are only allowed to enroll as an employee in the supplemental life coverage. You may not enroll a spouse or child for dependent coverage.

Hospital Indemnity Plan

Hospital indemnity insurance offers a lump sum cash benefit for hospital visits due to accidents or illnesses, aiding in covering various unexpected expenses like deductibles, childcare, and daily bills. Enjoy the advantage of group rates as it is offered through Arkansas Children's, and the added perk of Guarantee Issue - no medical questions required for coverage. Plus, there's a health assessment benefit of \$75 for completing a yearly health screening.

Hospital Indemnity Insurance Bi-Weekly Premium

Coverage Option	Bi-weekly Premiums
Employee only	\$10.36
Employee + spouse	\$22.24
Employee + child(ren)	\$16.36
Family	\$29.52

Group Accident Insurance

Accident Insurance offers financial security for unexpected accidental injuries, providing cash benefits for medical expenses and more. Add an Optional Sickness Hospital Benefits Rider for additional hospital coverage. Find detailed plan info, forms, and summaries on the HR department page.

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

Accident insurance pays a benefit directly to you if you have a covered injury and need treatment, whether you go to a physician’s office, urgent care or the ER. The amount you receive from the plan depends on your injury and the treatment you receive, but there is no lifetime or annual maximum payout. You can use the lump-sum payment any way you choose - for monthly bills, everyday living expenses, or to cover expenses the medical plan doesn’t cover. Plus, you are guaranteed to receive the base plan coverage without answering any health questions. And, there’s a health assessment benefit of \$50 for completing a yearly health screening.

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

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

** If both spouses in a family are employees of Arkansas Children’s, they may not be covered as both an employee and a spouse. In addition, dependent children who are employed at Arkansas Children’s may not be covered as an employee and a dependent on their parent’s plan.*

Empathy Grief Resources

Empathy is a complimentary service offered as part of your Group Life Insurance provided by Lincoln Financial. Combining technology and human care, anyone who lives in the U.S. and is a beneficiary of a Lincoln Financial Group Life policy can receive Empathy’s comprehensive system of support. Families receive one-on-one guidance to help them navigate the financial, legal, emotional, and logistical challenges that often feel overwhelming.



Whole Life Insurance

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

Features of the policy include:

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

Health Advocate

Valuable additions to every critical illness plan

Included with our critical illness insurance plans, we offer additional Health Advocate services to participating employees and their families. These services can be accessed at any time (twenty-four hours a day and seven days a week), and a critical illness diagnosis is not required. Enrollees can contact Health Advocate at [866-695-8622](tel:866-695-8622) to access any of these great benefits.

Help with health and insurance-related issues

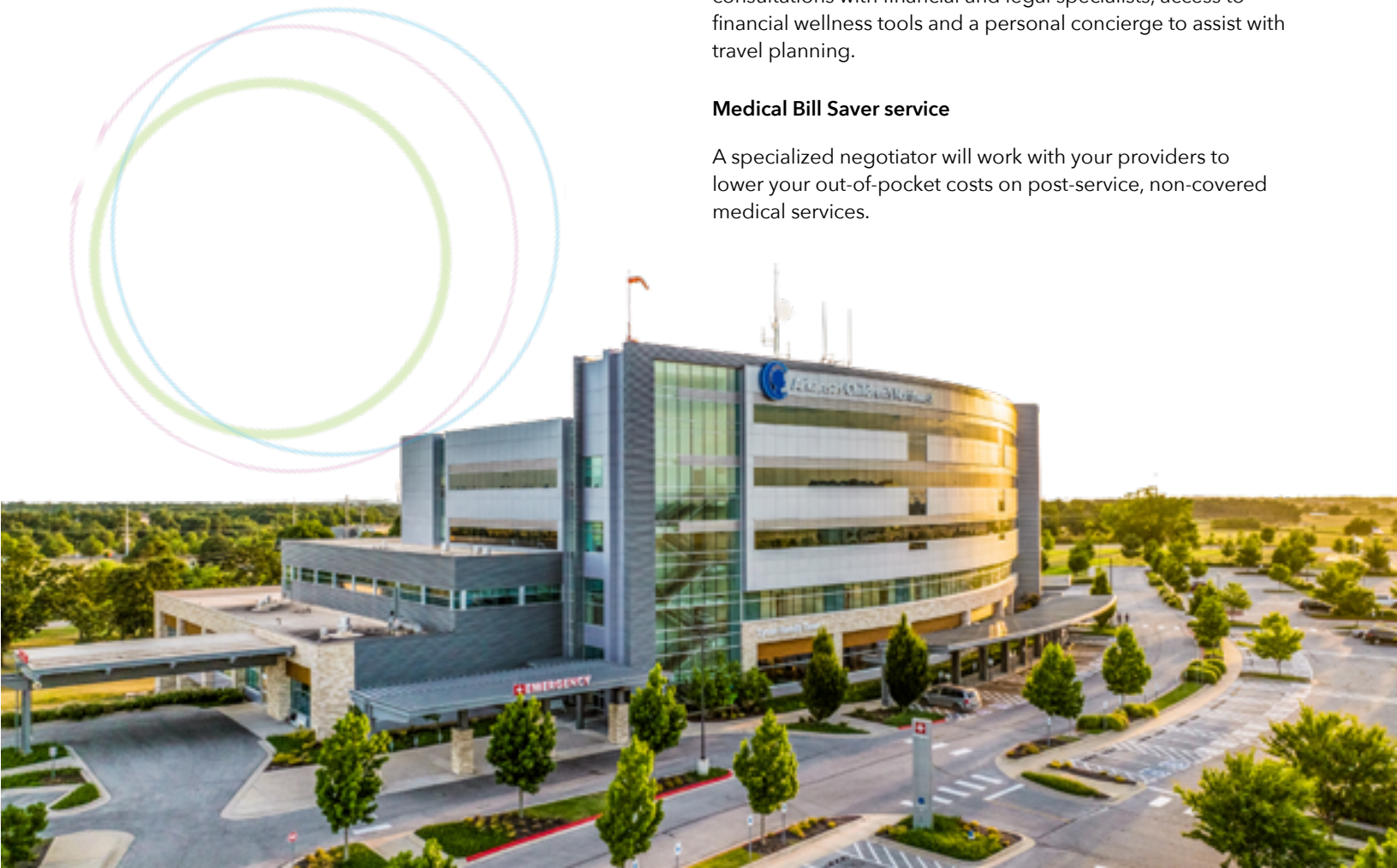
Receive access to Personal Health Advocates, typically registered nurses, supported by medical directors and benefits and claims experts. Your Personal Health Advocate can help with a variety of health care issues, including finding the right doctors, obtaining second opinions, coordinating care, assistance with insurance coordination, benefit payments, assistance with eldercare and Medicare issues, and more.

Help with life's challenges and work/life balance

Provides a 24-hour emergency hotline for short-term counseling, including up to three in-person or video conference counseling sessions, and unlimited telephonic counseling. Work/Life services include finding childcare and eldercare providers, consultations with financial and legal specialists, access to financial wellness tools and a personal concierge to assist with travel planning.

Medical Bill Saver service

A specialized negotiator will work with your providers to lower your out-of-pocket costs on post-service, non-covered medical services.





2025

FINANCIAL WELL-BEING RESOURCES

Enhancing Your Financial Well-being with Arkansas Children's

At Arkansas Children's, we actively champion your financial success both at work and in the future. Access exclusive discount programs, savings management tools, and retirement training - all at no extra cost to you! We understand that beyond monetary rewards, time away from work is valuable too. While we often focus on physical health, what about your financial well-being?

403(b)/401(k)/Roth Retirement Savings Plan | Transamerica

The Retirement Plan administered by Transamerica, is a pivotal benefit that significantly boosts your retirement financial security. By contributing pre-tax dollars, you enjoy tax-free growth as long as funds remain in your account.

Details at a Glance:

- ◆ Contribute 403(b)/401(k) or Roth Elective Deferrals up to the 2025 IRS limit of \$23,500.
- ◆ If you turn 50 in 2025 or older, add an extra "catch-up contribution" of \$7,500.
- ◆ Transamerica presents 36 investment options to align with diverse strategies.
- ◆ Manage your account effortlessly - tweak contributions and investments via Transamerica's website.
- ◆ Your 403(b)/401(k)/Roth Elective Deferrals are entirely vested - you retain ownership.
- ◆ Don't miss out on this valuable match - aim for a 10% contribution to maximize Arkansas Children's commitment.
- ◆ **New in Retirement** - Disaster Recovery Loan availability. In addition, a change made in SECURE 2.0, a higher catch-up contribution limit applies for employees aged 60, 61, 62 and 63 who participate in these plans. For 2025, this higher catch-up contribution limit is \$11,250 instead of \$7,500.

Enroll or make changes through Transamerica

All employees are immediately eligible to make 403(b)/401(k) or Roth Elective Deferrals. To enroll in or make changes to the 403(b)/401(k) or Roth Plans, you must do so directly through the Transamerica website at www.transamerica.com/portal/home. New employees who do not make an affirmative election are automatically enrolled at 3%. You can change the amount you contribute at any time.



Arkansas Children's matches your 403(b)/401(k) contributions per pay period.

Match contributions are determined per eligible payroll contribution. Plan your elections smartly to optimize the matching benefit. For instance, two colleagues each contribute the IRS maximum annually. One contributes \$1,150 per paycheck for 20 paychecks, hitting the cap early. The other contributes \$884.61 per paycheck for the full 26 paychecks. Both receive a 5% employer match per paycheck, but the latter enjoys the match for 6 additional paychecks due to their regular contributions.

Employer matching contributions have a vesting schedule based on service years.

A year of service for vesting is credited each calendar year in which you work at least 1,000 hours. After five years, you are fully vested.

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

Exploring Roth Contributions

Diverging from the traditional pretax 403(b) and 401(k) contributions, Roth contributions involve after-tax dollars. These funds have the potential to grow tax-deferred. Hold the account for over five years and withdraw after age 59½, and your earnings are tax-free. Plus, Arkansas Children's offers a 50% match on your contributions (up to 10%), whether you opt for pre-tax deferrals, Roth contributions, or a mix of both.

The Trade-Off:

Roth contributions are post-tax, not pre-tax like traditional options. They won't lower your current income for income tax purposes. However, they can diversify your tax risk, especially if you anticipate a higher tax rate in retirement, potentially boosting after-tax savings.

In Arkansas Children's Retirement Plan, you can contribute to a Roth Account, unlike Roth IRAs, without income limits.

Consider Roth If:

- ♦ You expect a higher tax rate in retirement compared to now.
- ♦ You seek tax risk diversification.

For assistance, call Transamerica at **800-755-5801**.

Please note: Not every employee time type is eligible for the company matching contributions. The employee time types NOT eligible for the employer match are PT-NB and PRN.

Automation Through Portfolio Express

Seeking expert retirement guidance without financial planner costs? Experience Transamerica's free service, PortfolioXpress. It automates asset allocation and rebalancing, crafting a diverse investment mix suited to your current needs, with automatic adjustments for tomorrow.

PortfolioXpress employs three factors for your investment mix - the 36 funds available to Arkansas Children's, your retirement year, and your risk preference.

This investment solution simplifies retirement savings, offering:

- ♦ Easy setup and progress tracking
- ♦ No extra charges
- ♦ Automatic rebalancing
- ♦ Dynamic asset allocation from aggressive to conservative based on age and retirement proximity

Sharing Contribution Retirement Plan

Prepare for the future with yet another savings avenue with the Sharing Contribution - Arkansas Children's Defined Contribution Retirement Plan.

What is a defined contribution retirement plan? Think of it as a tax-advantaged savings account, with guidelines. Arkansas Children's contributes to this plan, and you make investment choices. Transamerica offers 36 options, including mutual funds, annuities, and more. Taxes are due when you withdraw in retirement.

Arkansas Children's aids your retirement through a Defined Contribution Plan, reviewed annually. Employer contribution amount depends on hospital performance, and is calculated as a portion of your eligible compensation, variable each year. The amount provided is discretionary, meaning Arkansas Children's chooses whether to make a contribution and how much the percentage will be each year.

Just like matching contributions, employer contributions under the Defined Contribution Plan vest 20% annually. After five years (1,000 hours annually), you're fully vested with Arkansas Children's.

Paid Time Off

Acknowledging the importance of your personal time, Arkansas Children’s values your commitment and includes paid time off (PTO) as a vital component of your total rewards. The amount of PTO granted depends on hours submitted each pay period and years of service. Both hourly and salaried employees accumulate PTO. When you take approved leave (vacation, holiday, or sick days), the corresponding hours are deducted from your PTO balance.

Accrual of PTO Hours:

PTO hours accrue each pay period, determined by your years of service and hours worked. New hires start accruing hours right away and can utilize them after 90 days of service. MyTime, the timekeeping system, allows you to track, request time off, and manage your PTO hours. Refer to the chart below for the accrued hours per pay period based on your service years and hours worked.*

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

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

Hourly, non-exempt team members now have the option to use their accrued PTO or request unpaid time off when requesting time off. As always, time-off request approvals are based on the staffing patterns. Any time off will be at the leader’s discretion and is based on circumstance and staffing. Team members have the responsibility to make the request to the appropriate person within the department’s set expectations and choose the appropriate pay code in MyTime.

Salaried-exempt management are also offered time off to use throughout the year. Arkansas Children’s affords eligible salaried-exempt directors and above employees the flexibility to balance work and personal life and take time off when needed. This includes times off for illness, vacation, holidays and personal time. You can manage your time off through MyTime.

PTO Holiday Time

Arkansas Children’s observes eight holidays annually. If our offices are closed for a holiday, time off should be coded in MyTime. Salaried (exempt) employees will use PTO. Hourly (non-exempt) team members have the option to use their accrued PTO or request unpaid time off. New hires who have not accrued enough time can choose to receive an “advance” on their paid time off with the understanding that this time will be deducted later.

Generally, the annual holidays are:

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



WORK-LIFE RESOURCES

2025

Healthy Happens Here Wellness Program

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

Personalize your experience from your desktop computer or the Personify Health app with interests like:

- ◆ Getting Active
- ◆ Eating Healthy
- ◆ Sleeping Well
- ◆ Reducing Stress
- ◆ Being Productive

Make a move toward better well-being

Get ready to have some fun while getting healthy! Your benefits include access to Personify Health, our Healthy Happens Here platform. Whether you're making new healthy changes or adding more to your wellness routines, you'll have access to the tools and support you need to reach your goals. Plus, you can earn rewards just for completing healthy activities!

New name, same benefits! In January, Virgin Pulse will be revealing a brand-new look and feel for their new name: Personify Health. Stay tuned for a sneak peek and more details on the exciting new update.

Enjoy the Rewards!

Starting January 1, employees enrolled in the Medical Plan and spouses who complete their designated requirements in the Personify Health 2026 Medical Benefits Premium Reduction Checklist by October 31, 2025, will receive a medical premium discount the following year:

- A reduction of \$520 per year (\$20 per pay period) in medical benefit premiums for an Employee Only or Employee + Children plan.
- A reduction of \$1,040 per year (\$40 per pay period) in medical benefit premiums for employee and spouses who both complete their requirements and are enrolled in an Employee + Spouse or Family plan.

The Healthy Happens Here Wellness Program also offers activities and opportunities for healthy living even if you are not enrolled in the Medical Benefits Plan. Connect a fitness device like Apple Health, Fitbit, Garmin, MyFitness Pal, Strava, or Polar to seamlessly sync your activity to the wellness program and earn wellness points. There are plenty of opportunities to be rewarded for your engagement and participation throughout the program year.

Is it confidential?

The wellness program is completely confidential, voluntary, and free to you. Arkansas Children's is committed to providing you and your family with quality, affordable health care as well as the programs and tools you need to live a healthy life. Arkansas Children's wellness program is managed by Personify Health, and Arkansas Children's does not receive any individual data. Your privacy and personal health information is protected by law.

Get Started!

Join the Healthy Happens Here web portal to personalize your well-being journey. Sign up at www.teamacwellness.org. The website is accessible to all Arkansas Children's employees and spouses, even if you are not enrolled in a medical plan.

Pet Benefit Solutions

Our Total Rewards program demonstrates Arkansas Children's commitment to the well-being not only for our team members, but also their pets. Because of this, Pet Benefit Solutions has recognized Arkansas Children's as a Pet Centric Employer! You have three options to choose from to best meet your needs. Review your options at www.petbenefits.com or call **800-891-2565**.

Pets Best – Pet Insurance Plan

Pets Best's health insurance plan gives 90% reimbursement on accidents and illnesses and a 24/7 Pet Help Line; you may also add on routine care coverage. Pricing varies based on the age and type of pet. You can get a quote at www.petbenefits.com and set up payment directly with Pets Best.

Pet Assure – Veterinary Discount Plan

Pet Assure is a veterinary discount plan that can be added to or used in place of pet insurance. Save 25% at participating veterinarians on all in-house medical services and get a 24/7 Lost Pet Recovery Service tag from ThePetTag (\$24.99 value). The cost is \$5.08/per pay period for an unlimited number of pets or \$3.70/per pay period for one pet. You will see the option to enroll through Workday during your enrollment window.

PetPlus – Prescription Discount Plan

PetPlus is a prescription discount plan for dogs and cats. Members receive wholesale pricing on brand name pet products as well as access to a 24/7 Pet Help Line. The cost is \$3.47/per pay period for all dogs and cats in your home or \$1.74/per pay period for one dog or cat. You will see the option to enroll through Workday during your enrollment window.

LifeConnections

No matter where you are on your journey, there are times when a little help can go a long way. From checking off daily tasks to working on more complex issues, the Magellan's LifeConnections program offers a variety of resources, tools and services available to you and your household members.

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

Key Features

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

Well-being Services

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

Connect with the LifeConnections Program at **800-327-9860 (TTY 711)** or visit Member.MagellanHealthcare.com to get started.

BetterHelp Virtual Therapy

Through Magellan's LifeConnection program, you have access to confidential virtual therapy, provided by BetterHelp, at no cost to you.

Choose from one of four modalities:

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

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



Occupational Health

Getting sick or injured on the job is not something Arkansas Children's takes lightly, which is why you have free access to occupational health services. Occupational health services include the assessment and treatment of work-related injuries, substance abuse prevention, ADA and ergonomic accommodation studies, tobacco cessation, immunizations, preventive screenings for tuberculosis and other infectious diseases – and so much more. Call Occupational Health at [855-891-3684](tel:855-891-3684) in Little Rock, and at [479-725-6871](tel:479-725-6871) in Northwest Arkansas.

Physical Therapy Services

You give so much of yourself to care for our patients, we want to make sure you are also taking care of yourself. When it comes to your own health, you can't let any ache or pain go unchecked. Physical therapy services, available in Little Rock at Arkansas Children's Hospital, include a personalized approach to the treatment of back and neck pain, headaches, post-surgical conditions, joint pain, arthritis, and so much more. Any service you receive is subject to the terms of your medical plan. The physical therapy services are here to help you feel better and live healthier. PT appointments must be made by contacting the Arkansas Children's PT office at [501-364-1192](tel:501-364-1192).

Federal Credit Unions

Over the past 60 years, Telcoe Federal Credit Union has helped the Arkansas community grow and thrive. As an employee of Arkansas Children's, you have automatic membership in Telcoe Federal Credit Union. This member-owned, full-service financial institution offers competitive rates and a wide range of products including savings and checking accounts, home and car loans, insurance, etc. Call [800-482-9009](tel:800-482-9009) to talk with a banking representative or visit www.telcoe.com for more information. This benefit is for the Little Rock campus only.

Northwest Arkansas employees have access to United Federal Credit Union for great opportunities on mortgage lending and checking. For more information, call United at [479-646-0114 x7080](tel:479-646-0114) or visit www.unitedFCU.com.

Cafeteria Discount

You may not always have time to go out for a meal, but we still want you to have healthy, affordable, and convenient access to food. You get a 20% discount on certain items when you show your ID badge at the time of purchase at the cafes in the Little Rock or Springdale locations. The Capital Cafe in Little Rock is open seven days a week from 6:00 a.m. to 8:00 p.m. The Hunt

Family Cafe is open weekdays from 7:00 a.m. to 2:00 p.m., and weekends from 10:00 a.m. to 1:00 p.m. Enjoy a wide variety of meals and snacks that you can enjoy there or take it to go!

Gift Shop Discount

From cards to candy, frames to figurines, the Arkansas Children's gift shop has unique merchandise for all ages. You can find activity books to keep little ones busy, fashion accessories to please any parent, and inspirational items to lift anyone's spirit. You'll receive 10% off on select lines and 25% off one eligible item the week of your birthday.

LifeKeys Services (Online Will Preparation)

For all eligible employees, you have access to LifeKeys through Lincoln Financial Group, which offers a wide array of services to help you and your loved ones through life's ups and downs. LifeKeys services include Online Will preparation with EstateGuidance, which is a quick and easy way to create and execute a will. There is also GuidanceResources® Online, where you'll find articles, tutorials, videos, and "Ask the Expert" advice on a wide range of topics – including legal, financial, family, and career.

LifeKeys also includes an online resource for the information you need to recognize and prevent identity theft – and restore your good name. Finally, there is a comprehensive beneficiary program with services such as grief counseling, advice on financial and legal matters, and help coping with the occasional challenges of day-to-day life.

It's easy to access LifeKeys services. Just call [855-891-3684](tel:855-891-3684) or visit GuidanceResources.com. (First-time user: Enter Web ID LifeKeys)

PerkSpot Discount Program

Whether you're seeking a discount for groceries, products that help pass the time at home, or a way to keep children entertained and educated, make sure to visit your Arkansas Children's Discount Program and browse through the tens of thousands of discounts available to you. Head to archildrens.perkspot.com to see what's available.

SoFi

SoFi's refinancing can help those with student debt save money on total interest, make lower monthly payments or shorten the duration of their loans. Visit www.Sofi.com/ARchildrens to learn more.



TravelConnect

For all eligible employees, you have access to TravelConnect through Lincoln Financial Group, which is a comprehensive program that can bring help, comfort, and reassurance if you face a medical emergency while traveling 100 or more miles from home. Whether traveling for business or leisure, you and your loved ones can count on TravelConnect for responsive and caring support – 24 hours a day, 7 days a week.

TravelConnect can assist with coordinating and providing transportation from an initial medical facility that cannot adequately treat the patient due to their condition, airfare for your dependent children including the services, transportation expenses and accommodations of a qualified escort as well as assisting with a safe evacuation due to natural disaster, or when a political or security threat occurs.

Medical care and travel services include, but are not limited to:

- ◆ Medical record requests
- ◆ Intermediary services
- ◆ Recovering lost or stolen documents or luggage
- ◆ Medical and dental referrals
- ◆ Language translation
- ◆ Corrective lenses and medical device replacement
- ◆ Arrangements for a deceased traveler

For a complete list of TravelConnect Services go to mysearchlightportal.com and enter your group ID: LFGTravel123. You will also be able to access Plan Documents, International Calling Instructions and Destination Information.

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

Arkansas Children’s Hospital (Little Rock) - Services	Hours	Phone Number	Location
Human Resources Service Center	Monday – Friday: 7:00 a.m. – 5:00 p.m.	501-364-1399	12th and Battery Street
Occupational Health Satellite Clinic	Monday – Friday - 7:00 a.m. – 3:30 p.m.	501-364-1231	Sturgis Building
Occupational Health	Monday – Thursday - 7:00 a.m. – 3:30 p.m.	501-364-1219	HR Services Center
Physical Therapy		501-364-1192	
Child Enrichment Center	Monday – Friday: 6:15 a.m. – 7:30 p.m.	501-364-3566	6 Children’s Way
Cafeteria	Capital Café Open 7 days a week 6:00 a.m. – 8:00 p.m.	N/A	2nd floor near the Chapel
Gift Shop	Monday – Friday: 7:00 a.m. – 4:30 p.m.	501-364-1209	By the main hospital entrance

Arkansas Children’s Northwest (Springdale) - Services	Hours	Phone Number	Location
ACNW Occupational Health	Monday – Thursday - 6 a.m. – 3:30 p.m. Fridays: 6 a.m. – 11:00 a.m. Walk-in vaccinations	479-725-6871	Medical Office Building, 2nd floor
Hunt Family Café	Monday – Friday: 7:00 a.m. – 2:00 p.m. Saturday, Sunday: 10:00 a.m. – 1:00 p.m.	479-725-6823	Garden level
The Daily Grind Coffee Shop	Monday – Thursday: 8:00 a.m. – 4:00 p.m. Friday: 8:00 a.m. – 2:30 p.m.	479-725-6823	Main Entrance
Terri and Chuck Erwin Gift Shop	Monday – Friday: 7:00 a.m. – 2:00 p.m.	479-728-6952	Main Entrance



RECOGNITION – CELEBRATING ALL OF US

Fostering Excellence in Inclusion and Achievement

At Arkansas Children's, excellence thrives when diversity, equity, and full inclusion are embraced across teams, leadership, and the families we serve. We understand that recognition nurtures trust, engagement, belonging and our Arkansas Children's culture. This is why recognition stands as a cornerstone of your Total Rewards program. As one team, we honor accomplishments through individual and collective recognition. Our core values – Safety, Teamwork, Compassion, and Excellence – are embodied through Victory Value recognition and Arkansas Children's Awards.

Diversity, Equity, Inclusion and Belonging

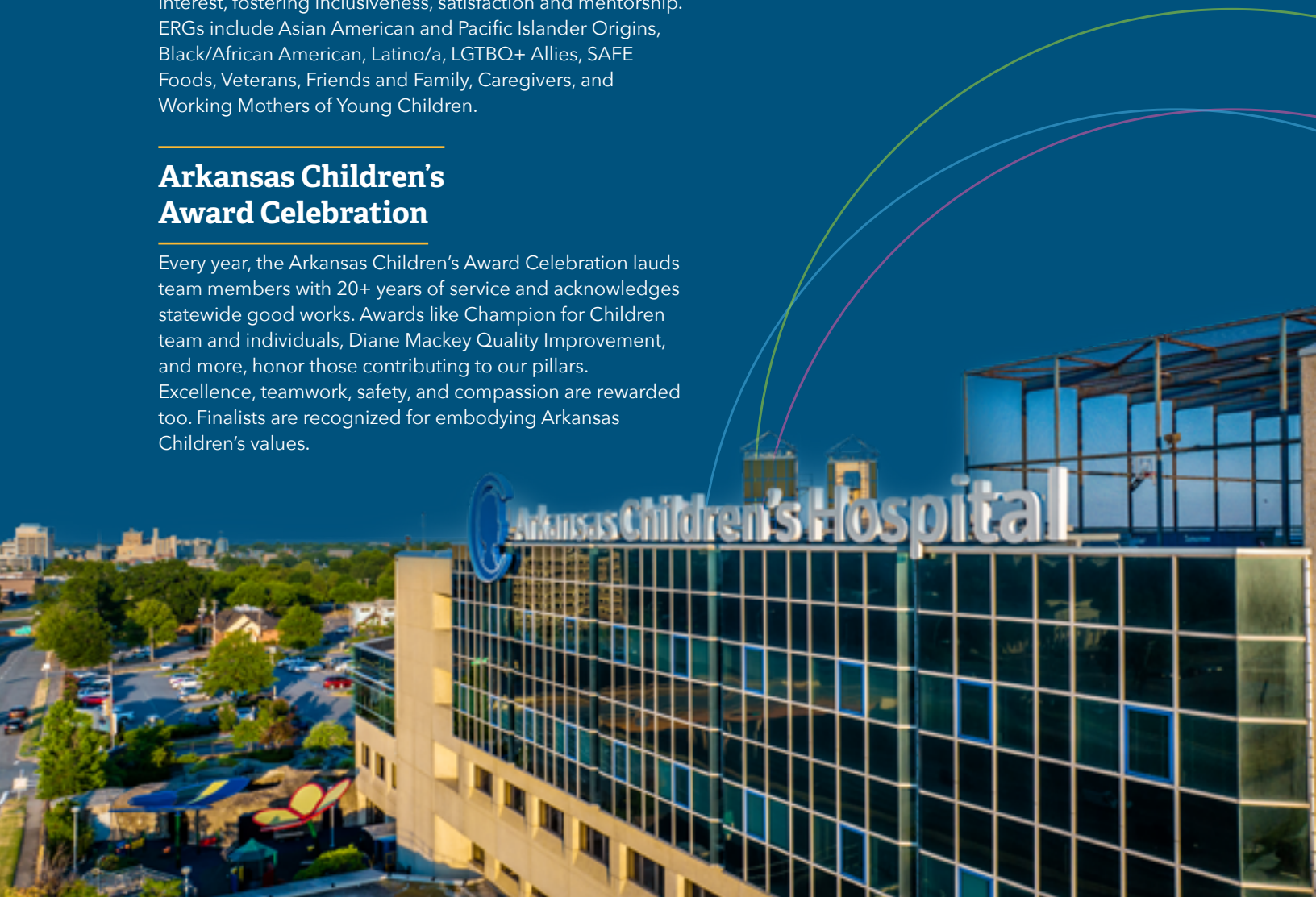
Our commitment is to amplify diversity among our team, while enhancing the inclusivity and sense of belonging for our patients and families. We attract diverse members through intentional recruitment, education, and support. Employee Resource Groups (ERGs) are hubs of shared interest, fostering inclusiveness, satisfaction and mentorship. ERGs include Asian American and Pacific Islander Origins, Black/African American, Latino/a, LGBTQ+ Allies, SAFE Foods, Veterans, Friends and Family, Caregivers, and Working Mothers of Young Children.

Arkansas Children's Award Celebration

Every year, the Arkansas Children's Award Celebration lauds team members with 20+ years of service and acknowledges statewide good works. Awards like Champion for Children team and individuals, Diane Mackey Quality Improvement, and more, honor those contributing to our pillars. Excellence, teamwork, safety, and compassion are rewarded too. Finalists are recognized for embodying Arkansas Children's values.

Milestone Anniversary Gifts

Our recognition program is integrated with Celebrate. Milestone anniversaries are celebrated at 3 years, 5 years, 10 years and every 5 years thereafter. On each milestone date, employees will receive an automated congratulatory email message from the Celebrate system with a link to their anniversary award.



Employee Appreciation Events

Throughout the year, we host numerous events like Ice Cream Social, HoneyBaked Ham certificates, Veterans Day Celebration, Holiday Cheer celebrations, and more to appreciate our teams' exceptional efforts.

Recognition

Celebrate Recognition Program - Everyone benefits from hearing the words "thank you." With Celebrate you can recognize anyone you see demonstrating a champion attitude, going above and beyond or exceeding expectations through Teams, online or on your mobile device. Celebrate's points-based awards make it easy to redeem at any time for gift cards, merchandise, experiences and more. This recognition program celebrates team members who exemplify outstanding work around our core values of Safety, Teamwork, Compassion and Excellence and who are dedicated to making children better today and healthier tomorrow. Go to celebrate.archildrens.org to get started!



2025



CAREER JOURNEY

Your Career Journey, a Pillar of Total Rewards

Your Career Journey stands as one of the five pillars of our Total Rewards commitment. Focusing on your development and organizational goals, we emphasize continuous training and growth opportunities. Arkansas Children's champions the recruitment of top talent and provides the tools for your engagement and career advancement.

Our commitment to your growth is unwavering. At Arkansas Children's, we provide comprehensive onboarding and developmental pathways through Arkansas Children's University (ACU). This includes performance development, career progression, and educational avenues, ensuring you're equipped for your next stride.

ACU Online and On-the-Go

Experience Arkansas Children's University on your desktop or through the ACU Mobile App powered by Cornerstone Learn. With on-demand education, micro learning, and virtual/in-person development, you can seamlessly navigate topics like goal setting, health benefits, financial wellness, and retirement education from anywhere. Access just-in-time learning and track attendance with QR scanning. Download the app to engage with ACU and your courses anytime, anywhere.

Tuition Assistance Program

Planning to pursue further education? Don't miss out on Arkansas Children's Tuition Assistance program and the scholarships available from our partners at Western Governors, John Brown, Strayer and Capella universities. To get started, engage in a conversation with your manager and access the necessary forms through Workday. Invest in your growth with ease.

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

The Tuition Assistance application and reimbursement process is completed through Workday. This enhancement streamlines the application submission, manager approval, and reimbursement request process, enabling electronic submission from any location. Furthermore, this update allows employees to store, access, and manage documents conveniently in one place, expediting the reimbursement process.





GLOSSARY

2025

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

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

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

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





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

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

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

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

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

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

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

Out-of-Network A provider who does not have a contract with the plan to provide services or prescriptions to you. You will likely pay extra for out-of-network usage and can be billed the balance by the provider subject to the protection from balance billing provisions under the Medical Benefits Plan.

Telehealth and Telemedicine Telehealth is defined as telephonic visits that you have with your own provider. Telehealth is available during your doctor's office hours, but not normally available on nights or weekends. Telehealth availability depends on your provider's schedule. Telemedicine is usually provided through a third-party vendor who contracts with their own providers. It is most often used in place of general, non-urgent care like colds, stomach bugs and UTI's.

Plan Year The plan year is January 1 to December 31. The elections you make during Annual Open Enrollment are effective through December 31 of the following year unless you have a qualified change in status event.

Out-of-pocket maximum Each plan protects you by capping the total amount you will pay each year for in-network medical care. Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible expenses for the rest of the year. Medical premiums are not included in the out-of-pocket maximum.

Limited Flexible Spending Account The Limited FSA works in conjunction with a Health Savings Account (HSA) and can only be used for dental and vision expenses. By establishing a Limited FSA, you can save money on taxes by using it to pay for your dental and vision expenses while preserving your HSA funds for other purposes.

Generic A prescription drug that is chemically equivalent to a brand name drug and has the same dosage form, safety, strength, route of administration, quality, performance characteristics and intended use as a brand name drug. Generic drugs usually cost less than brand name drugs. The Food and Drug Administration (FDA) rates approved generic drugs to be chemically equivalent and as safe and effective as brand name drugs.

Preferred Brand Name Drugs These are medications that are both clinically appropriate and cost-effective. These preferred medications will have a lower copay than a non-preferred drug.

Non-preferred Brand Name Drugs Generally, these are higher-cost medications that have recently come on the market. In most cases, an alternative medication is available, either as the generic for the non-preferred drug, or as a preferred brand. In most cases, the copayment for non-preferred drugs will be higher than those in a lower tier.





2025

RESOURCES & NOTICES

Important Notices

From Arkansas Children's, Inc. Regarding The Arkansas Children's Flexible Benefits Plan

The following notices provide important information about the group health plan provided by your employer. Please read the attached notices carefully and keep a copy for your records.

If you have any questions regarding any of these notices, please contact:

General Contact: Arkansas Children's, Inc. Benefits Department
Phone: 501-364-1399
Email: askbenefits@archildrens.org
Mailing Address: 1 Children's Way Little Rock, AR 72202

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

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

Distribution Date: October 14, 2024

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





Important Notice from Arkansas Children’s, Inc. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Arkansas Children’s, Inc. and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Arkansas Children’s, Inc. has determined that the prescription drug coverage offered by the Arkansas Children’s Flexible Benefits Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Arkansas Children’s, Inc. coverage will not be affected. You can keep this coverage if you elect Medicare Part D. The plan will be the primary payer. Medicare Part D will be the secondary payer and coordinate benefits with the Arkansas Children’s plan.

A summary of Arkansas Children’s, Inc. prescription drug coverage is as follows:

	TRADITIONAL PPO OPTION	HDHP OPTION
Prescription Drug - Retail	<p>Network Pharmacy - Retail</p> <p>Generic (tier 1): \$10 co-pay - ACI Pharmacy / \$15 co-pay -- retail</p> <p>Preferred Brand (tier 2): \$35 co-pay - ACI Pharmacy / \$40 co-pay - retail</p> <p>Non-Preferred Brand (tier 3): \$65 co-pay - ACI Pharmacy / \$70 co-pay - retail</p> <p>Non-Formulary (tier 4): N/A - ACI Pharmacy / 100% Participant Responsibility - retail</p>	<p>Network Pharmacy - Retail</p> <p>Generic (tier 1): 20% coinsurance after deductible</p> <p>Preferred Brand (tier 2): 20% coinsurance after deductible</p> <p>Non-Preferred Brand (tier 3): 20% coinsurance after deductible</p> <p>Deductible: \$2,500 Employee Only / \$5,000 per family</p> <p>Out-of-Pocket Maximum: \$7,000 per person / \$14,000 per family</p>
Prescription Drug - Mail Order	<p>Mail Order Pharmacy (up to 100 supply)</p> <p>Generic: \$30 co-pay</p> <p>Preferred Brand: \$80 co-pay</p> <p>Non-Preferred Brand: \$140 co-pay</p>	<p>Mail Order Pharmacy (up to 90 supply)</p> <p>Generic: 20% coinsurance after deductible</p> <p>Preferred Brand: 20% coinsurance after deductible</p> <p>Non-Preferred Brand: 20% coinsurance after deductible</p> <p>Deductible: \$2,500 Employee Only / \$5,000 per family</p> <p>Out-of-Pocket Maximum: \$7,000 per person / \$14,000 per family</p>

If you do decide to join a Medicare drug plan and drop your current Arkansas Children's, Inc. coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period or with after a HIPAA Qualifying Event. Also, keep in mind that prescription drug coverage is not available separately from the health coverage offered under the Arkansas Children's Flexible Benefits Plan. Therefore, you cannot drop your prescription drug coverage without also dropping your health coverage.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Arkansas Children's, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Arkansas Children's Inc. changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Contact: Position/Office: Benefit Department

Address: 1 Children's Way, Little Rock, AR 72202

Phone Number: 501-364-1399



Women’s Health and Cancer Rights Act Notice

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 501-364-1399 for more information.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the above deductibles and coinsurance apply.

Newborns’ and Mothers’ Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility.

<p>ALABAMA - Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>ALASKA - Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx</p>
<p>ARKANSAS - Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>CALIFORNIA - Medicaid</p> <p>Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov</p>
<p>COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p>FLORIDA - Medicaid</p> <p>Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
<p>GEORGIA - Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>INDIANA - Medicaid</p> <p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>





IOWA - Medicaid and CHIP (Hawki)

Medicaid Website:

Iowa Medicaid | Health & Human Services

Medicaid Phone: 1-800-338-8366

Hawki Website:

Hawki - Healthy and Well Kids in Iowa | Health & Human Services

Hawki Phone: 1-800-257-8563

HIPP Website: Health Insurance Premium Payment (HIPP) |

Health & Human Services (iowa.gov)

HIPP Phone: 1-888-346-9562

KANSAS - Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

KENTUCKY - Medicaid

Kentucky Integrated Health Insurance Premium Payment

Program (KI-HIPP) Website:

<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA - Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

MAINE - Medicaid

Enrollment Website: [https://www.mymaineconnection.gov/](https://www.mymaineconnection.gov/benefits/s/?language=en_US)

[benefits/s/?language=en_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-977-6740

TTY: Maine relay 711

MASSACHUSETTS - Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA - Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>

Phone: 1-800-657-3672

MISSOURI - Medicaid

Website: [http://www.dss.mo.gov/mhd/participants/pages/](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)

[hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)

Phone: 573-751-2005

MONTANA - Medicaid

Website: [http://dphhs.mt.gov/MontanaHealthcarePrograms/](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)

[HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)

Phone: 1-800-694-3084

Email: HSHIPPProgram@mt.gov

NEBRASKA - Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA - Medicaid

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

NEW HAMPSHIRE - Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
 Phone: 603-271-5218
 Toll free number for the HIPP program:
 1-800-852-3345, ext. 15218

NEW JERSEY - Medicaid and CHIP

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

NEW YORK - Medicaid

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

NORTH CAROLINA - Medicaid

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

NORTH DAKOTA - Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
 Phone: 1-844-854-4825

OKLAHOMA - Medicaid and CHIP

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

OREGON - Medicaid

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

PENNSYLVANIA - Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
 Phone: 1-800-692-7462
 CHIP Website: Children's Health Insurance Program (CHIP)
 (pa.gov)
 CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND - Medicaid and CHIP

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

SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>
 Phone: 1-888-549-082

SOUTH DAKOTA - Medicaid

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

TEXAS - Medicaid

Website: Health Insurance Premium Payment (HIPP) Program |
 Texas Health and Human Services
 Phone: 1-800-440-0493

UTAH - Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website:
<https://medicaid.utah.gov/upp/>
 Email: upp@utah.gov
 Phone: 1-888-222-2542
 Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
 Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
 CHIP Website: <https://chip.utah.gov/>



VERMONT- Medicaid

Website: Health Insurance Premium Payment (HIPP) Program |
Department of Vermont Health Access
Phone: 1-800-250-8427

VIRGINIA - Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON - Medicaid

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

WEST VIRGINIA - Medicaid and CHIP

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

WISCONSIN - Medicaid and CHIP

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

WYOMING - Medicaid

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

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Your Rights and Protections Against Surprise Medical Bills

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

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

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

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

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

You are protected from balance billing for:

Emergency services

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

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

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

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

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

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

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

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

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



Wellness Program

Notice of Reasonable Alternatives

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means.

Contact the Benefits Department at 501-364-1399 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Notice Regarding Wellness Program

The Arkansas Children's Inc. Wellness Program, Healthy Happens Here, is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete biometric screening, a health check survey and three preventive care items from the MyCare Checklist. The preventive items from the MyCare Checklist are based on gender and age preventive activities and include: 1) Dental Checkup; 2) Flu Vaccine; 3) Annual Health Checkup; 4) COVID Vaccine; 5) Pap Test; 6) Mammogram; 7) Colonoscopy; and/or 8) PSA Test.

You are not required to complete any of the wellness-related activities. However, employees who choose to participate in the wellness program will receive an incentive of a medical insurance premium advantage. Although you are not required to complete the biometric screening, health check survey or the three preventive care items, only employees who do so will receive the premium advantage. If a spouse is covered, the spouse can receive a wellness premium advantage by completing health check survey and three preventive care for the employee and spouse to receive the wellness premium advantage .

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Benefits Department at 501-364-1399.

The information from your health check survey and the results from your biometric screening and age-appropriate screenings will be used to provide you with information to help you

understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as care management, disease management, coaching and challenges. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Arkansas Children's, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, Healthy Happens Here will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are health coaches, care managers and HealthStat nurse practitioners in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.



If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, **please contact the Wellness Department at 501-364-1399.**

Arkansas Children's, Inc. complies with HIPAA's privacy and security measures.

HIPAA Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we maintain the privacy of protected health information, give notice of our legal duties and privacy practices regarding health information about you and follow the terms of our notice currently in effect.

If not attached to this document, you may request a copy of the current Privacy Practices, explaining how medical information about you may be used and disclosed and how you can get access to this information.

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

You have the right to inspect and copy, right to an electronic copy of electronic medical records, right to get notice of a breach, right to amend, right to an accounting of disclosures, right to request restrictions, right to request confidential communications, right to a paper copy of this notice and the right to file a complaint if you believe your privacy rights have been violated.

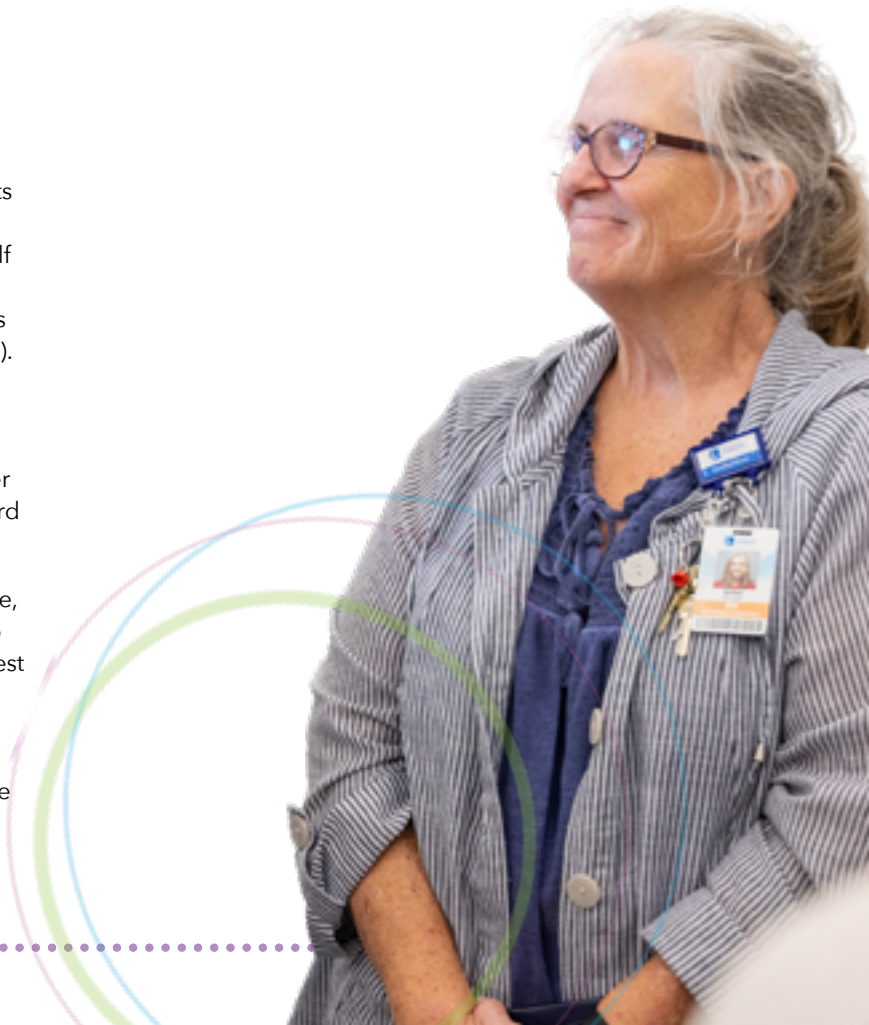
Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). A loss of eligibility may occur as a result of a legal separation, divorce, death, termination of employment or reduction in the number of hours of employment. However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you are declining enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance

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

To request special enrollment or obtain more information, **contact the Benefits Department at askbenefits@archildrens.org or 501-364-1399.**





Continuation Coverage Rights Under COBRA

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

This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage. COBRA (and the description of COBRA continuation coverage in this notice) applies only to the group medical, dental, vision, EAP or Health FSA benefits offered under the Plan and not to any other benefits offered under the Plan by Arkansas Children's, Inc or its related entities (the "Employer").

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator. The Plan provides no greater COBRA rights than what COBRA requires—nothing in this notice is intended to expand your rights beyond COBRA's requirements.

You may have other options available to you when you lose group health coverage.

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event has occurred, and any required notice of the event has been timely and properly provided as described in this notice, COBRA continuation coverage must be offered to each person who has incurred a loss of coverage and who is a "qualified beneficiary." You, your

spouse, and your dependent children could become qualified beneficiaries and would be entitled to COBRA coverage if coverage under the Plan is lost because of the qualifying event. (Certain newborns, newly adopted children, and alternate recipients under QMCSOs may also be qualified beneficiaries.) This is discussed in more detail in separate paragraphs below.

Who is entitled to elect COBRA?

If you're an employee, you'll become a qualified beneficiary entitled to elect COBRA if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse (or if your spouse (the employee) reduces or eliminates your group health coverage in anticipation of a divorce or legal separation, and a divorce or legal separation later occurs, the divorce or legal separation may be considered a qualifying event for you even though your coverage was reduced or eliminated before the divorce or legal separation).

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other
- than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits
- (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a
- "dependent child."

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

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

Alternate Recipients under QMCSOs

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

When is COBRA continuation coverage available?

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

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

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

Notice Procedures: Any notice that you provide must be in writing as described below. Oral notice, including notice by telephone, is not acceptable. You must send your notice by mail to Optum Financial, P.O. Box 2639, Omaha, NE 68103.

You may contact Optum Financial's customer care center at (855) 687-2021. If mailed, your notice must be postmarked no later than the last day of the required notice period. If hand-delivered, your notice must be received by 5:00 central time, at the address specified above, no later than the last day of the required notice period. Any written notice you provide must state the name of the Plan (Arkansas Children's Flexible Benefit), the name and address of the employee covered under the Plan, and the name(s) and address(es) of the qualified beneficiary(ies). Your written notice must also describe the qualifying event and the date it happened. If the qualifying event is a divorce, you may be asked to submit a copy of the divorce decree. If the qualifying event is due to a child ceasing to be a dependent under the Plan, the notice should specify the reason why the child ceases to be a dependent under the Plan. Notices should be signed and dated by the person submitting the notice.

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



How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. **Any qualified beneficiary for whom COBRA is not elected within the 60-day election period specified in the Plan's COBRA election notice WILL LOSE HIS OR HER RIGHT TO ELECT COBRA CONTINUATION COVERAGE.**

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

Disability extension of 18-month period of COBRA continuation coverage

If a qualified beneficiary is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and all of the qualified beneficiaries in your family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The extension of COBRA continuation coverage is only available for qualified beneficiaries who are receiving COBRA continuation coverage because of a qualifying event that was the covered employee's termination of employment or reduction in hours. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. **You must notify the Plan Administrator using the procedures set forth below. If these procedures are not followed or if the notice is not provided in writing, YOU WILL LOSE YOUR RIGHT TO EXTEND YOUR COBRA CONTINUATION COVERAGE.**

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

Note: Disability extension notices are to be provided to Optum Financial, the COBRA Administrator at the address specified below.

Any notice that you provide must be in writing via mail. Oral notice, including notice by telephone, is not acceptable. You must send your notice by mail to Optum Financial, P.O. Box 2639, Omaha, NE 68103. **You may contact Optum Financial's customer care center at (855) 687-2021.**

Your notice must be sent or postmarked no later than the last day of the required notice period. Any notice you provide must state the name of the Plan (Arkansas Children's Flexible Benefits Plan), the name and address(es) of the qualified beneficiary(ies). Notices should be signed and dated by the person submitting the notice. Your notice must also include a copy of the Social Security Administration's determination of disability.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage because of the covered employee's termination of employment or reduction of hours (including COBRA continuation coverage during a disability extension described above), the spouse and dependent children in your family receiving COBRA continuation coverage can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; became entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. This extension is not available under the Plan when a covered employee becomes entitled to Medicare after his or her termination of employment or reduction in hours, and only applies if the employee became entitled to Medicare benefits less than 18 months before the qualifying event (termination of employment or reduction in hours) and can last up until 36 months after the date of Medicare entitlement. **You must notify Optum Financial using the procedures specified below. If these procedures are not followed or if the notice is not provided in writing, YOU WILL LOSE YOUR RIGHT TO EXTEND YOUR COBRA CONTINUATION COVERAGE.**

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



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

Any notice that you provide must be in writing via mail. Oral notice, including notice by telephone, is not acceptable. You must send your notice by mail to Optum Financial, P.O. Box 2639, Omaha, NE 68103. You may contact Optum Financials' customer care center at (855) 687-2021. Your notice must be sent or postmarked no later than the last day of the required notice period. Any notice you provide must state the name of the Plan (Arkansas Children's Flexible Benefits Plan), the name and address(es) of the qualified beneficiary(ies). Notices should be signed and dated by the person submitting the notice. If the qualifying event is a divorce, you may be asked to submit a copy of the divorce decree. If the qualifying event is due to a child ceasing to be a dependent under the Plan, the notice should specify the reason why the child ceases to be a dependent under the Plan. Notices should be signed and dated by the person submitting the notice.

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

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP) or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.HealthCare.gov.

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

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

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

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

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

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



If You Have Questions

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

Keep your Plan informed of address changes

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

Plan contact information

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

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

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: GENERAL INFORMATION

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace (“Marketplace”). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What Is The Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options in your geographic area.

Can I Save Money On My Health Insurance Premiums In The Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn’t meet certain minimum value standards (discussed below). The savings that you’re eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employer-Based Health Coverage Affect Eligibility For Premium Savings Through The Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee’s cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee’s household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution - as well as your employee contribution to employment-based coverage - is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

1 Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

2 An employer-sponsored or other employment-based health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the “minimum value standard,” the health plan must also provide substantial coverage of both inpatient hospital services and physician services.



When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

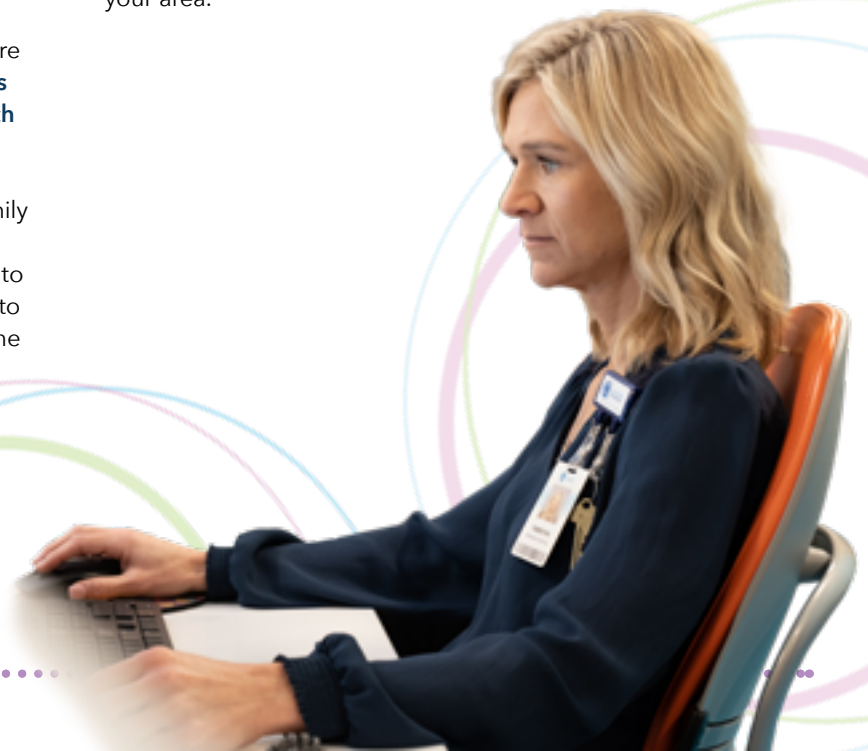
If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Arkansas Children's Inc. Benefits Department at askbenefits@archildrens.org or 501-364-1399.

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





PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

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

EMPLOYER NAME		EMPLOYER IDENTIFICATION NUMBER (EIN)	
Arkansas Children's, Inc.		81-0801296	
EMPLOYER ADDRESS		EMPLOYER PHONE NUMBER	
1 Children's Way		501-364-1399	
EMPLOYER CITY	EMPLOYER STATE	EMPLOYER ZIP CODE	
Little Rock	AR	72202	
WHO CAN WE CONTACT ABOUT EMPLOYEE HEALTH COVERAGE AT THIS JOB?			
Benefits Department			
EMAIL ADDRESS			
askbenefits@archildrens.org			

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

AS YOUR EMPLOYER, WE OFFER A HEALTH PLAN TO:

- All employees. Eligible employees are:
- Some employees. Eligible employees are:
full-time and part-time employees

WITH RESPECT TO DEPENDENTS:

- We do not offer coverage
- We do offer coverage. Eligible dependents are:
legally married spouses of full-time employees and children under age 26 of full-time employees

COVERAGE VALUE:

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages

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

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.



IMPORTANT: Lincoln Voluntary Benefits are Fixed Indemnity Policies, NOT health insurance

The Lincoln Voluntary Benefits are fixed indemnity policies which means that these policies may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- ◆ The payment you get isn't based on the size of your medical bill.
- ◆ There might be a limit on how much these policies will pay each year.
- ◆ These policies aren't a substitute for comprehensive health insurance.
- ◆ Since these policies aren't health insurance, they doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- ◆ Visit **HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options
- ◆ To find out if you can get health insurance through your job, or a family member's job, contact Arkansas Children's Inc. Benefits Department at **askbenefits@archildrens.org** or **501-364-1399**.

Questions about this policy?

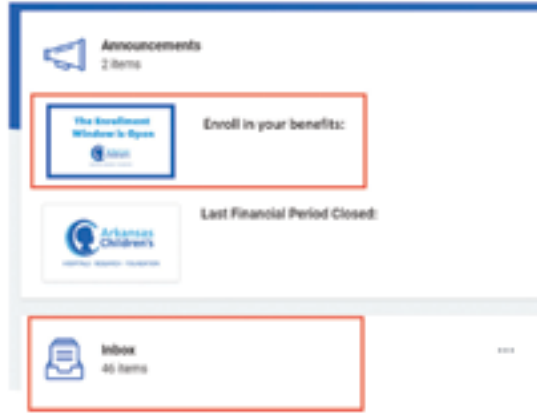
- ◆ For questions or complaints about these policies, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- ◆ If you have these policies you may also contact Arkansas Children's Inc. Benefits Department at **askbenefits@archildrens.org** or **501-364-1399**.

You may also contact the Insurance Carrier for these policies at: Lincoln Financial Group, www.lincolnfinancial.com, **877-815-9256**.

How to Enroll for your Arkansas Children's Benefits

Follow the steps below to enroll in the medical, dental, vision and supplemental life insurance benefits through Workday.

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



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

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

Getting Started

Step 1

When you are ready to enroll for your benefits, log in to Workday. From the home page, you will see your inbox in the lower left section of the screen. Your action items will automatically show up in your inbox. Your inbox can also be reached in the upper right corner of the screen. You can also reach out to a Benefit Advocate to help you enroll. Just click on the Open Enrollment box in the Announcement section of Workday.

For new hires:

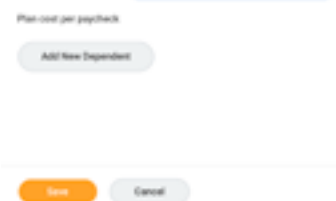
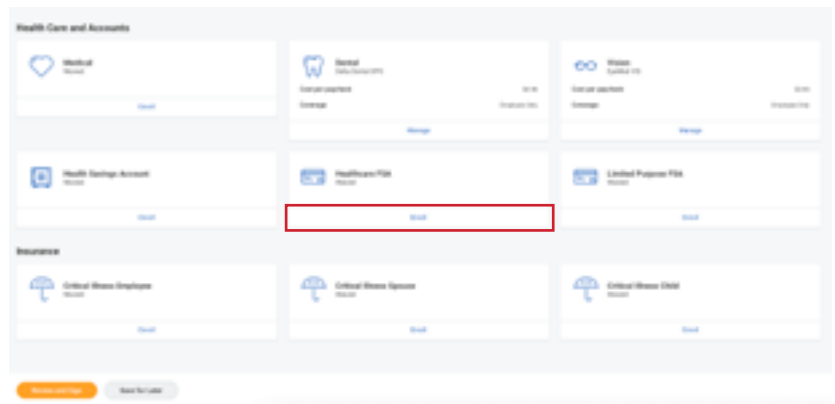
To get started electing your benefits as a new hire, you will receive an email providing your login credentials and a link to Workday. You will have a task titled "Benefit Change, Change Employee Benefits," or "Benefits Change - New Hire" if you are a new hire.

Make Your Elections

Step 2

The next screen displays all the benefit options made available to you through Arkansas Children's. You can click on "manage" for each benefit to enroll or waive the coverage (if you are already enrolled in the plan.) Click "Select" on the plans you'd like to enroll in, and then click the "Confirm and Continue" button at the bottom.

On the next screen you will be able to select the coverage level and add dependents if they are not already in the system. You will select all your benefits this way. When you have selected your benefit plans, click the orange "Review and Sign" button at the bottom of the screen. If at any point you need to stop, click the "Save for Later" button, and your selections will be saved until you log back in.





Step 3

Add Your Family Members

To add a dependent in Workday, click on the "Add New Dependent" button. Then, you will be prompted to enter the required dependent's information such as name, date of birth, and Social Security number. Once the dependent is created, Workday will take you back to the benefit selection screen. You will see your newly added dependent and can add them to your election.

Please note: If both spouses in a family are employees of Arkansas Children's, they may not be covered as both an employee and a spouse. In addition, dependent children who are employed at Arkansas Children's may not be covered as an employee and a dependent on their parent's plan.

Step 4

Confirm Your Elections

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

Finally, you will be provided a one-time confirmation statement detailing your benefit choices. Please review this carefully! You can print and keep this page for your records. You can also view your benefit choices in Workday.

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

Submit Go Back/Cancel Submit



Arkansas Children's RESOURCES & CONTACTS

Benefit Vendors

If you have questions about your benefits, please call the vendors directly, as listed below. If you need further assistance, please contact the Benefits Team in Human Resources. More information can be found in the Benefits section of the Human Resources department pages.

Benefit	Vendor	Phone Number	Website
Medical	Blue Advantage of Arkansas	800-370-5852	www.blueadvantagearkansas.com
Prescription Drug		888-293-3748	
Dental	Delta Dental	800-462-5410	www.deltadentalar.com
Vision	EyeMed	866-723-0513	www.eyemed.com
Health Savings Account	Optum Financial	877-292-4040	www.optumfinancial.com
Flexible Spending Accounts (FSA)			
Short-Term Disability	Lincoln Financial Group	888-992-0531	www.lincolnfinancial.com , portal code: ARCHILDRENS
Long-Term Disability			
Basic Life and AD&D Insurance		888-787-2129	www.lincolnfinancial.com
Supplemental Employee Life Insurance			
Supplemental Spouse and Child(ren) Life Insurance			
Group Accident Indemnity Plan	877-815-9256	www.lincolnfinancial.com	
Group Critical Illness Plan			
Whole Life Insurance	Unum	866-679-3054	To review policy: www.unum.com/employees
Hospital Indemnity	Lincoln Financial Group	800-423-2765	www.mylincolnportal.com ID: ARKCHILD2
Retirement Plan	Transamerica	800-755-5801	www.transamerica.com/portal/home
Credit Unions	Telcoe Federal Credit Union	501-375-5321 or 800-482-9009	www.telcoe.com
	United Federal Credit Union	479-646-0114 x7080	www.unitedfcu.com
Healthy Happens Here Wellness program	Personify Health	888-671-9395 support@virginpulse.com	www.teamacwellness.org
LifeConnections	Magellan	800-327-9860 (TTY 711)	www.Member.MagellanHealthcare.com



Enrollment Checklist



CONSIDER YOUR NEEDS

- ◆ Past year's family healthcare needs
- ◆ Required funds used through FSA or HSA for this year
- ◆ Desired life insurance coverage for peace of mind



ACCESS COMPREHENSIVE INFORMATION ON THE HR DEPARTMENT PAGE

Find it easily! Look for the HR logo on the One Team home page's bottom left corner.

- ◆ Explore all benefits resources
- ◆ Download Total Rewards documents
- ◆ Connect with HR Business Partner
- ◆ Explore Professional Development
- ◆ Contact Occupational Health



SCHEDULE APPOINTMENT FOR ENROLLMENT ASSISTANCE

To discuss benefits and seek enrollment aid, schedule time with a Benefits Specialist. In person and virtual appointments are available.

- ◆ Set up online at <https://arkansaschildrens.simplybook.me/v2/>
- ◆ For questions call **866-943-3939** (7 a.m. to 7 p.m. CST, M-F)



ENROLL OR MODIFY BY THE DEADLINE FOR 2025 COVERAGE



MAXIMIZE YOUR BENEFITS THROUGHOUT THE YEAR

- ◆ Opt for in-network providers
- ◆ Choose generic prescriptions when possible
- ◆ Visit blueadvantagearkansas.com & arkansashealthnetwork.com
- ◆ Check deltadentalar.com and eyemed.com
- ◆ Dive into the HR Department page's Benefits section for detailed info
- ◆ Embrace discounts and programs
- ◆ Join the Wellness Program
- ◆ Boost retirement plan contribution for full company match





**Arkansas
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