

Arkansas State Employee New Hire Benefits Information



2025

Arkansas State Employees
New Hire Benefit Guide

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STATE OF ARKANSAS
SARAH HUCKABEE SANDERS
GOVERNOR



Dear New Arkansas State Employee:

Welcome to your new job with the State of Arkansas! I'm thrilled you are joining the amazing team of hard-working men and women that keep our state running. It's a big responsibility, but I know you're up to the task.

To compensate you properly for your work on behalf of your fellow Arkansans, my administration has put together a comprehensive benefits package for all state employees. The enclosed information will help introduce you to your new role and walk you through the benefits to which you are entitled. Many of these are time sensitive, so contact your Health Insurance Representative or Employee Benefits Division with any questions.

Arkansas' public servants are the bedrock on which our entire state government stands. Without a good foundation, the whole structure crumbles. Thank you for your commitment to standing in strong support of your neighbors, family, and fellow Arkansans. We're all glad you're here.

Sincerely,

Sarah Huckabee Sanders

State Capitol Building • Little Rock, AR 72201
Telephone: (501) 682-2345
www.governor.arkansas.gov

The logo features the letters 'AR' in a large, white, sans-serif font, set against a blue silhouette of the state of Arkansas. To the right of this graphic, the word 'BENEFITS' is written in a large, grey, sans-serif font.

Benefits are a valuable part of any compensation package. State employees are offered a wide variety of benefits. These benefits are available through payroll deduction and are available on a pre-tax basis when appropriate.

This benefit book is to outline the benefits that are subsidized by the state as well as the voluntary benefits that are wholly employee paid.

Eligibility – You are eligible to participate in the benefits program if you receive a regular paycheck, meaning you are not a seasonal or contract employee and working 1,000 or more hours each year. An extra help employee whose agency has agreed to pay the State match for their coverage and is willing to be responsible for all costs for participating in the Plan.

Dependents Eligible for Coverage – In most cases, eligible dependents include:

- Your legal spouse. Spouses eligible for coverage through his or her employer are not eligible for employer group coverage.
- Your dependent child(ren) who are under age 26
- Dependent child(ren) are defined as your or your spouse's natural or legally adopted child(ren)
- To verify eligibility of newly added dependents, you may be requested to provide supporting documentation (i.e. birth certificates, marriage certificate).

When your dependents no longer meet eligibility requirements, their coverage ends the last day of the month they become ineligible. You may be responsible for any cost for services received while your dependent was incorrectly listed as eligible.

Coverage Effective Date – Coverage is effective the first day of the month following the receipt of all applicable documentation and following any qualifying event. Note: The date of a qualifying event is not the date of eligibility.

Qualifying Events – For qualifying events, active members have 60 days from the date of the qualifying event to enroll/drop a spouse and/or dependent to the plan. Please note, retirees have only 30 days. List of approved qualifying events:

- Marriage, divorce, legal separation
- Birth or permanent legal adoption of a child
- Death of a spouse or child
- You or one of your covered dependents gain or lose other benefits coverage due to a change in employment status
- Loss of eligibility for group health coverage or health insurance coverage

Pre-tax Premiums – Most products available to the state employees are available on a pre-tax basis. Pre-tax premiums increase your take-home pay because your insurance premiums will be deducted from your salary before taxes are calculated. For products such as health, dental, and vision insurance, you will automatically be in a pre-tax status unless you stipulate otherwise.



Below is a snapshot of benefits covered by the ARBenefits plan for each of our 2025 Arkansas State Employee plan levels. A full schedule of benefits for each plan level is available [HERE](#). If you have any questions, please contact EBD at 877-815-1017 or email Ask.EBD@arkansas.gov.

	PREMIUM		CLASSIC		BASIC	
	IN-NETWORK	OUT OF NETWORK	IN-NETWORK	OUT OF NETWORK	IN-NETWORK	IN-NETWORK
INDIVIDUAL DEDUCTIBLE	\$500	\$2,000	\$2,500	\$4,000	\$4,450	\$4,450
FAMILY DEDUCTIBLE	\$1,000	\$4,000	\$3,300/\$5,000	\$8,000	\$12,900	\$12,900
INDIVIDUAL OUT-OF-POCKET MAX (MEDICAL)	\$3,000	N/A	\$6,450	N/A	\$6,450	\$6,450
FAMILY OUT-OF-POCKET MAX (MEDICAL)	\$6,000	N/A	\$12,900	N/A	\$12,900	\$12,900
COVERED SERVICES						
	IN-NETWORK	OUT OF NETWORK	IN-NETWORK	OUT OF NETWORK	IN-NETWORK	YOU PAY
PHYSICIAN'S OFFICE VISIT	\$25 COPAY	40% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	0% AFTER DEDUCTIBLE
SPECIALIST'S OFFICE VISIT	\$50 COPAY	40% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	0% AFTER DEDUCTIBLE
OTHER PHYSICIAN SERVICES	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	0% AFTER DEDUCTIBLE
ADVANCED IMAGING (RADIOLOGY)	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	0% AFTER DEDUCTIBLE
ER VISIT AND OBSERVATION	\$250 COPAY	\$250 COPAY	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	0% AFTER DEDUCTIBLE
IN-PATIENT HOSPITAL SERVICES	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	0% AFTER DEDUCTIBLE
OUTPATIENT HOSPITAL SERVICES	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	0% AFTER DEDUCTIBLE
DIAGNOSTIC SERVICES	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	0% AFTER DEDUCTIBLE
URGENT CARE CENTER	\$100 COPAY	\$100 COPAY	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	0% AFTER DEDUCTIBLE
PHYSICAL EXAMS/PREVENTATIVE CARE	0%	0%	0%	0%	0%	0%
IMMUNIZATIONS	0%	0%	0%	0%	0%	0%
WELL BABY/CHILD CARE VISITS	0%	40% AFTER DEDUCTIBLE	0%	40% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	0%
VISION SCREENING	\$50 COPAY	\$50 COPAY	\$50 COPAY	\$50 COPAY	\$50 COPAY	\$50 COPAY
HEARING SCREENING	\$50 COPAY	\$50 COPAY	\$50 COPAY	\$50 COPAY	\$50 COPAY	\$50 COPAY
INSULIN PUMP	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	0% AFTER DEDUCTIBLE
GLUCOMETERS	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	40% AFTER DEDUCTIBLE	0% AFTER DEDUCTIBLE

- Members must meet their plan's deductible amount before coinsurance begins for covered services.
- The family deductible is the deductible amount for any tier above Employee Only coverage (Employee + Spouse, Employee + Children, Family).
- Copays do not count towards the deductible amount. The out-of-pocket maximum includes the deductible, copays, and coinsurance amounts you have paid toward covered in-network services.
- Employees on the *Premium Plan* can have the \$250 ER copay waived if they are referred to the ER by the Nurse24 hotline (1-866-458-0408). The Nurse24 hotline is not intended for use during medical emergencies.
- The plan will pay 100% for individuals on family coverage when they reach the individual out-of-pocket maximum amount.
- There is no out-of-network coverage for the Basic Plan.

PRESCRIPTION DRUGS		PREMIUM	CLASSIC	BASIC
TIER 1 - GENERIC		\$15 COPAY	20% AFTER DEDUCTIBLE	0% AFTER DEDUCTIBLE
TIER 2 - PREFERRED		\$40 COPAY	20% AFTER DEDUCTIBLE	0% AFTER DEDUCTIBLE
TIER 3 - NON-PREFERRED		\$80 COPAY	20% AFTER DEDUCTIBLE	0% AFTER DEDUCTIBLE
TIER 4 - SPECIALTY		\$100 COPAY	20% AFTER DEDUCTIBLE	0% AFTER DEDUCTIBLE
REFERENCED PRICE DRUGS	PLAN PAYS CERTAIN AMOUNTS PER UNIT; MEMBER RESPONSIBLE FOR REMAINING COST		NOT COVERED	NOT COVERED
INDIVIDUAL RX OUT-OF-POCKET MAX		\$3,100	N/A	N/A
FAMILY RX OUT-OF-POCKET MAX		\$6,200	N/A	N/A

Employees on the Classic or Basic plans must meet their plan medical deductible amounts prior to starting the 20% coinsurance for covered medications

2025 Rates (per payroll)

Premium

- Employee Only: **\$75.90**
- Employee & Spouse: **\$226.24**
- Employee & Child(ren): **\$155.28**
- Employee & Family: **\$297.16**

Classic

- Employee Only: **\$36.21**
- Employee & Spouse: **\$129.34**
- Employee & Child(ren): **\$82.31**
- Employee & Family: **\$166.99**

Basic

- Employee Only: **\$0.00**
- Employee & Spouse: **\$52.60**
- Employee & Child(ren): **\$24.64**
- Employee & Family: **\$63.82**



Open enrollment for the 2026 plan year is October 1-31, 2025. You can enroll online through the ARBenefits Member Portal at my.ARBenefits.org. Changes elected during Open Enrollment are effective 1/1/2026. If you do not want to make any changes to your ARBenefits health plan, you do not need to re-enroll except for an FSA. If you have an FSA, you must re-enroll each year. Your current coverage will stay as is for 2026. Visit our website at www.transform.ar.gov for more information.

Things you can do during Open Enrollment

- Enroll in the plan
- Drop/add dependents
- Change plans between Premium, Classic, Basic for the next year
- Cancel your coverage for the next year



State & Public-School Employee Election Form

This form is to be used for Open Enrollment and New Enrollees ONLY. Please use the Change Form for other Qualifying Events.

Employee Information							
First Name	MI	Last Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number		
Agency or District		Group Number	Home/Cell Number		Work Number		
Mailing Address			City	State	Zip Code		
Physical Address				<input type="checkbox"/> ONLY check this box if you wish to have your premiums withheld on a post-tax basis			
Coverage							
Reason for Enrollment		Type of Action		Pick a Benefit Option			
<input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Hire Period <input type="checkbox"/> Loss of Group Coverage <input type="checkbox"/> Loss of Medicaid <input type="checkbox"/> Newborn		<input type="checkbox"/> Enroll in the Plan <input type="checkbox"/> Add/Drop Dependand(s) <input type="checkbox"/> Decline Coverage		<input type="checkbox"/> Premium <input type="checkbox"/> Classic <input type="checkbox"/> Basic Pick Coverage Level <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Family			
Add/Drop Dependents							
Please check the correct column to ADD a dependent to the plan or DROP a dependent currently covered. Proof of a dependent's eligibility must be submitted with this application for all dependents. To complete the RELATIONSHIP column, use the number that describes the dependent(s). Spouse - 1, Child - 2, Permanent Legal Guardianship - 3							
ADD	DROP	NAME (FIRST, MI, LAST)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MALE	FEMALE	RELATIONSHIP
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
Subscriber Certification							
I authorize deductions of the required contributions (if applicable). I understand that my elections can only be changed during the next open enrollment period or if I have a qualifying event as defined in the ARBenefits Summary Plan Description. I understand I must request such changes within 60 days of the qualifying event. On behalf of myself and anyone enrolled on or added to this form, I authorize any health care professional or entity to give the health plan/insurer or any of their designees, any and all records or information pertaining to medical history or services rendered to the health plan/insurer, for any administrative purpose, including evaluation of an application or claim. I also authorize on behalf of health plan/insurer the use of a Social Security Number for the purpose of identification. A photocopy of this authorization will be as valid as the original. Please note that falsifying documents, misrepresenting dependent status or using other fraudulent actions to gain coverage may be criminal acts and can lead to permanent termination of coverage. I understand by signing the election form, it means I have read and agree with the attached instruction page and understand the options I chose on the election form.							
Employee Signature			Date	Email Address			
FOR PSE HIR USE ONLY: First Day at Work: _____							

SUBMISSION TO EMPLOYEE BENEFITS DIVISION IS FINAL
 Department of Transformation and Shared Services • Employee Benefits Division
 P.O. Box 15610 • Little Rock, AR 72231-5610 • Fax: 501-683-0983

Coverage is effective 1st of the month and termed at the end of the month following date of receipt and based on eligibility rules.

Instructions

ALL PORTIONS OF THE ELECTION FORM MUST BE COMPLETED OR IT WILL BE SENT BACK FOR COMPLETION PRIOR TO PROCESSING.

Social Security Numbers are required for enrollment. Exception: A newborn's Social Security Number will be accepted after enrollment but must be sent in once it is received.

You must drop all of your ineligible dependents. When your dependents no longer meet eligibility requirements, their coverage ends the last day of the month they became ineligible. You may be responsible for any cost for services received by any dependent(s) while your dependent(s) was incorrectly listed as eligible.

If you experience a qualifying event that allows you to cancel your health insurance, you can only enroll again during the next annual open enrollment period or if you have a qualifying status change event. Qualifying status change events include marriage, birth, and loss of group coverage.

You should receive ID cards in a timely manner from the Employee Benefits Division (EBD). If you do not, call EBD at 1-877-815-1017 (when you hear the recording, press 1).

Your effective date of coverage will be the first of the month following date of EBD receiving application and **ALL** corresponding documentation. Note: The qualifying date is NOT the date of eligibility.

Pre-tax premiums increase your take-home pay because your insurance premiums will be deducted from your salary before taxes are calculated. You will automatically be in a pre-tax status unless you select the post-tax option on this form and/or notify your payroll clerk.

Active members who turn age 65 or become eligible for Medicare must send in a copy of their Medicare card to EBD.

Supporting documentation is required for proof of dependent eligibility. For changes being made due to a qualifying event, documented proof a qualifying event has occurred is also required such as a Certificate of Credible Coverage (COCC). More information is available in the ARBenefits Summary Plan Description.

If adding a dependent as a Permanent Legal Guardian your account will be subject to an annual review.

If a Member is currently not enrolled on the plan and has a newborn, only **ONE** parent is permitted to enroll with the newborn.

Completed election forms can be submitted to EBD by fax, mail, or online through the ARBenefits Member Portal at www.myarbenefits.org.

For assistance, contact EBD at 1-877-815-1017 Monday - Friday, from 8:00AM - 4:00PM CST or email Ask.EBD@arkansas.gov. To learn more about plans, costs, and network providers visit www.transform.ar.gov/employee-benefits.

SUBMISSION TO EMPLOYEE BENEFITS DIVISION IS FINAL.

Coverage is effective 1st of the month and termed at the end of the month following date of receipt and based on eligibility rules.



Affidavit of Spousal Healthcare Coverage

Employee Name		Employee SSN	
Spouse Name		Spouse SSN	

To be completed by employee electing to enroll a spouse or when dropping a spouse due to gaining employer group coverage.

Pursuant to Arkansas Code Ann. §21-5-407(4), any spouse who is offered coverage for Medical Benefits under any other employer-sponsored health plan is NOT eligible to be covered under the ARBenefits Plan.

- Is your spouse currently employed?
 - Yes (If yes, please proceed to question #2)
 - No (If no, sign and return this form along with your election form and a copy of your marriage license)
- Is your spouse currently employed by an Arkansas state agency or public school district?
 - Yes (If yes, sign and return this form along with your election form and a copy of your marriage license)
 - No (If no, proceed to question #3)
- Is your spouse eligible for his/her employer-sponsored group health plan?
 - Yes
 - No (Letter from employer explaining why they are not eligible is required. Spouse will not be added if this is not provided.)
 - My Spouse is self-employed, provide company name: _____

For any questions or concerns, contact EBD at 1-877-815-1017 or email Ask.EBD@arkansas.gov

By signing this affidavit I certify that the information provided above is accurate. I understand that any misrepresentations in the information I provided above will permit the ARBenefits Plan to terminate my coverage. If applicable, I authorize the release of the information noted above and agree to its use in the application process for ARBenefits Plan coverage.

Employee signature: _____ Date: _____

Spouse signature: _____ Date: _____

MAIL OR FAX FORM AND ACCOMPANYING DOCUMENTS TO:
Department of Transformation and Shared Services - Employee Benefits Division
PO Box 15610, Little Rock, AR 72231-5610 - FAX: 501-683-0983

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MyARFamily AT A GLANCE

Maternity Leave

FMLA

Nursing Moms

ARBenefits

Health Prevention

Adoption

Foster Care

Arkansas 529 Plan

CPR Training

Maternal and Child Health

Newborn Screening

Birth Certificate Services

Adoption Assistance

Postpartum Support

WIC Assistance

Imagination Library

and many other resources in one convenient location.



State Maternity Leave

Act 770 of 2023 allows eligible state employees to take up to **twelve weeks of paid maternity** leave after birth, adoption or foster-care placement of an employee's child.



FMLA

Under the Family and Medical Leave Act (FMLA), eligible parents are entitled to receive up to twelve weeks of unpaid leave. Both **mothers and fathers are entitled to family leave** to care for a new baby, newly adopted child, or newly placed foster child.

Arkansas Adoption Assistance

Federal and state adoption assistance programs are designed to **help parents** who are thinking about or are in the process of **adopting a child** or children with special needs from foster care.



Arkansas 529 Plan

The Arkansas 529 Plan is an educational savings account that offers up to **\$10,000 in state tax deductions** for contributions. Savings in Arkansas 529 can grow tax deferred through a variety of investment options. Money can be **withdrawn tax free** to pay for qualified higher education and vocational school.

Check out MyARFamily by visiting www.transform.ar.gov/personnel/myarfamily/ or by scanning the QR code.



For more information please contact: Arkansas State Employees Benefit Advisors
 Phone:(501)224-5234 or (888)224-5233 E-mail: service@arseba.com
 Website: www.arseba.com



ARKANSAS STATE EMPLOYEES
 BENEFIT ADVISORS

For provider search please visit www.deltadentalar.com



State of Arkansas	Base Plan		Premium Plan		Plan Differences
	In Network	Out of Network	In Network	Out of Network	
Calendar Year Maximum (Preventative, Basic and Major Expenses)	Delta Dental PPO (4 out of 10 dentist in Arkansas) \$1,000		Delta Dental PPO Plus Premier (9 out of 10 dentist in Arkansas) \$2,000		Network Access
Calendar Year Deductible Per Individual Per Family	\$25 \$75		\$25 \$75		Annual Maximum
Preventative and Diagnostic Services	100% No Deductible	80% No Deductible	100% No Deductible	80% No Deductible	
Oral exams and Cleanings	1 Per Year Bite-wings- as required, Full mouth - 1 in 60 consecutive months	1 Per Year Bite-wings- as required, Full mouth - 1 in 60 consecutive months	2 Per Year Bite-wings- as required, Full mouth - 1 in 60 consecutive months	2 Per Year Bite-wings- as required, Full mouth - 1 in 60 consecutive months	1 Exam & Cleaning versus 2
X-Rays(Bite-wing, Panoramic, Full Mouth)	1 per year for dep children to age (19)	1 per year for dep children to age (19)	1 per year for dep children to age (19)	1 per year for dep children to age (19)	
Fluoride Application	dep children to age (16)	dep children to age (16)	dep children to age (16)	dep children to age (16)	
Sealants					
Basic and Major Services- Deductible applies					
Space Maintainers	80%	60%	80%	60%	Fillings at 60% versus 80%
Minor emergency treatment	80%	60%	80%	60%	
Simple Extractions	80%	60%	80%	60%	
Fillings	60%	50%	80%	60%	
Crowns	60%	50%	60%	50%	Oral Surgery coverage Non-Surgical Periodontal Periodontal Maintenance Endodontics coverage
Prostodontics(Dentures and Bridges)	60%	50%	60%	50%	
Surgical Periodontics	60%	50%	60%	50%	
Oral Surgery	Not covered	Not covered	60%	50%	
Non-Surgical Periodontics	Not covered	Not covered	60%	50%	
Periodontal Maintenance	Not covered	Not covered	60%	50%	
Endodontics(Root Canal)	Not covered	Not covered	60%	50%	
Riders					
Child Orthodontia (through age eighteen (18))	Not covered	Not covered	60%	50%	Orthodontia coverage
Lifetime Orthodontia Maximum	Not covered	Not covered		\$1,000	
Carryover Benefit 2018*	Carryover Benefit: \$250 Claims Threshold: \$499 Carryover Benefit Maximum: \$1,000	Carryover Benefit: \$500 Claims Threshold: \$999 Carryover Benefit Maximum: \$2,000			Carryover Benefit
Other Items					
Waiting Periods	6 Month on Major services				
Monthly Rates Guaranteed for 1 Year from 1/1/2025-12/31/2025	Employee \$ Employee + Spouse \$ Employee + Children \$ Family \$	20.60 41.06 40.12 66.48	\$ \$ \$ \$	30.72 61.22 59.78 99.08	Monthly Rate Difference \$ \$ \$ \$
					10.12 20.16 19.66 32.60



Fax Form to ARSEBA
(501) 663-1445

Arkansas State Employees Benefit Advisors
1301 West 7th Street, Little Rock, AR 72201
Questions? Call (501) 224-5234 or (888) 224-5233



ARKANSAS STATE EMPLOYEES
BENEFIT ADVISORS

AGENCY NAME: _____		For internal use only:	
		Delta Dental Group Number: _____	
		Effective Date: _____ (MM) _____ (DD) _____ (YY)	
LAST NAME: _____	FIRST: _____	MI: _____	
SSN: _____	PERSONNEL NUMBER: (employee ID) _____		
STREET ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	
PHONE: () _____	EMAIL: _____		
DATE OF HIRE: _____ (MM) _____ (DD) _____ (YY)	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
DATE OF BIRTH: _____ (MM) _____ (DD) _____ (YY)	MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		

1. COVERAGE CHANGES

*Please check the box(es) next to the reason for your change

Type of coverage selected & plan option (choose one)

Base Dental

- Employee \$20.60
- Employee/Spouse \$41.06
- Employee/Child(ren) \$40.12
- Employee/Family \$66.48

Premium Dental

- Employee \$30.72
- Employee/Spouse \$61.22
- Employee/Child(ren) \$59.78
- Employee/Family \$99.08

Monthly Rates effective January 1, 2025 – December 31, 2025

- Open enrollment
- New Hire
- Agency Change
- Term Coverage
- Status Change
- Address Change

Reason(s) for Status Change:

- Marriage*
- Divorce*
- Birth or adoption of child*
- Loss of spouse's coverage*
- No longer dependent child*
- Death of dependent*
- Name Change
- Other

*Date of event above: _____

2. LIST ALL MEMBERS TO BE ENROLLED OR AFFECTED BY CHANGE

Add	Remove	Last Name	First Name	MI	Spouse or Dependent	Gender M/F	Birthdate (MM/DD/YY)
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

3. AUTHORIZATION

I authorize dentists, dental office personnel, and other health care professionals and entities to disclose to Delta Dental of Arkansas, its agents and employees (including, without limitation, its claims and customer service personnel) all information necessary to determine (1) eligibility for coverage and (2) covered benefits. This authorization is made for each individual to be enrolled or affected by this change. The authorization is valid for 30 months from the date this form is signed for the purpose of collecting information in connection with enrollment, coverage reinstatement, or requests to change benefits. The authorization is valid for the term of coverage for the purpose of collecting information in connection with claims for benefits. The applicant or the applicant's authorized representative is entitled to receive a copy of the authorization form.

4 CERTIFICATION

I certify that the information supplied by me on this form is accurate to the best of my knowledge. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I authorize payroll deductions.

Signature: _____

Date: _____

DAR-ENR-12

Note: For new hires, the effective date will be first of the month following the signature date provided on this form.

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Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary <ul style="list-style-type: none"> Retinal imaging¹ 	\$5 Up to \$39	Up to \$30 Not covered
Contact lens exam options² <ul style="list-style-type: none"> Standard contact lens fit and follow-up Premium contact lens fit and follow-up 	Up to \$55 10% off retail	Not covered Not covered
Frames³	\$150 allowance 20% off balance over \$150	\$65 allowance
Standard plastic lenses⁴ <ul style="list-style-type: none"> Single vision Bifocal Trifocal Lenticular 	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options⁴ <ul style="list-style-type: none"> UV coating Tint (solid and gradient) Standard scratch-resistance Standard polycarbonate - adults Standard polycarbonate - children <19 Standard anti-reflective coating Premium anti-reflective coating <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 Standard progressive (add-on to bifocal) Premium progressive <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 Tier 4 Photochromatic / plastic transitions Polarized 	\$15 \$15 \$15 \$40 \$40 \$45 Premium anti-reflective coatings as follows: \$57 \$68 80% of charge \$15 Premium progressives as follows: \$110 \$120 \$135 \$90 copay, 80% of charge less \$120 allowance \$75 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Premium anti-reflective coatings as follows: Not covered Not covered Not covered Up to \$40 Premium progressives as follows: Not covered Not covered Not covered Not covered Not covered Not covered
Contact lenses⁵ (applies to materials only) <ul style="list-style-type: none"> Conventional Disposable Medically necessary 	\$150 allowance, 15% off balance over \$150 \$150 allowance \$0	\$104 allowance \$104 allowance \$200 allowance

Humana Vision 130

Vision care services

	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Frequency <ul style="list-style-type: none"> Examination Lenses or contact lenses Frame 	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months
Diabetic Eye Care: care and testing for diabetic members <ul style="list-style-type: none"> Examination <ul style="list-style-type: none"> Up to (2) services per year Retinal Imaging <ul style="list-style-type: none"> Up to (2) services per year Extended Ophthalmoscopy <ul style="list-style-type: none"> Up to (2) services per year Gonioscopy <ul style="list-style-type: none"> Up to (2) services per year Scanning Laser <ul style="list-style-type: none"> Up to (2) services per year 	\$0 \$0 \$0 \$0 \$0	Up to \$77 Up to \$50 Up to \$15 Up to \$15 Up to \$33

Optional benefits

- Polycarbonate Lenses for Children <19 Provides for standard polycarbonate lens with \$0 copay. Not available in AK, CT, ID, & OH.

¹ Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

² Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.

³ Discounts available on all frames except when prohibited by the manufacturer.

⁴ Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

⁵ Plan covers contact lenses or frames, but not both.

Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

Please note that limitations and exclusions can be found in your policy or by contacting ARSEBA.

Provider Search Tool: [Humana Vision Insight Network Provider Search](#)





Current Agency Name: _____				Employee Number:	Group Number:
If this is an agency change, previous Agency Name: _____					
Social Security No.	Last Name	First	MI	Date of Birth / /	
Home Address				Date of Hire / /	
City			State	Zip Code	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Home Phone ()		Business Phone ()		Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/>	

List all members to be enrolled or affected by change						
Add	Remove	Last Name	First Name	MI	Spouse or Dependent	Date of Birth (MM/DD/YYYY)
<input type="checkbox"/>	<input type="checkbox"/>					/ /
<input type="checkbox"/>	<input type="checkbox"/>					/ /
<input type="checkbox"/>	<input type="checkbox"/>					/ /
<input type="checkbox"/>	<input type="checkbox"/>					/ /
<input type="checkbox"/>	<input type="checkbox"/>					/ /
<input type="checkbox"/>	<input type="checkbox"/>					/ /
<input type="checkbox"/>	<input type="checkbox"/>					/ /

Coverage Changes		*Please check the box(es) next to the reason for your change
Type of Coverage (Select One)	<input type="checkbox"/> Open enrollment	Reason(s) for Status Change:
<input type="checkbox"/> Employee Only \$8.24 (Monthly)	<input type="checkbox"/> New Hire	<input type="checkbox"/> Marriage*
<input type="checkbox"/> Employee Family \$21.42 (Monthly)	<input type="checkbox"/> Agency Change	<input type="checkbox"/> Divorce*
Plan Code: VISION	<input type="checkbox"/> Status Change	<input type="checkbox"/> Birth or Adoption of Child*
Agent Number: 1738312	<input type="checkbox"/> Term Coverage	<input type="checkbox"/> Loss of spouse's coverage*
EFFECTIVE DATE: _____		<input type="checkbox"/> Dependent no long eligible*
		<input type="checkbox"/> Death of Dependent*
		<input type="checkbox"/> Name Change
		<input type="checkbox"/> Address Change
		<input type="checkbox"/> Other _____
		* Date of Event Above: _____

I wish to enroll/change in the plan indicated above as offered through my employer. I understand that this is a minimum one (1) year contract. I hereby authorize my employer to deduct all applicable contribution amounts from my salary or other compensation for the plan year, and for future renewal period(s). I understand that such contribution rate is subject to change on the anniversary date of the plan.

I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

FAX COMPLETED FORM TO ARSEBA: (501) 663-1445

Signature: _____ Date: _____

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Group Term Life Insurance with Accidental Death & Dismemberment (AD&D) Insurance for Active Employees



How secure is your family's financial future without you?

If something happened to you, would your family be able to maintain their way of life? How would they cover ongoing living expenses? Colonial Life's group term life insurance can help provide financial security for your family.

There are two convenient options to enroll:

1. Enroll with a telephonic Colonial Life benefits counselor.

Ask benefits questions and complete your enrollment by calling:

833-703-1967, Employer Code: 8038317 | Monday-Friday | 7 a.m. to 7 p.m. CT

Benefit confirmation forms can be emailed to you at the conclusion of the enrollment.

2. Self-enroll online.

Scan the QR Code or access the enrollment site URL directly at

Harmony.benselect.com/SoA

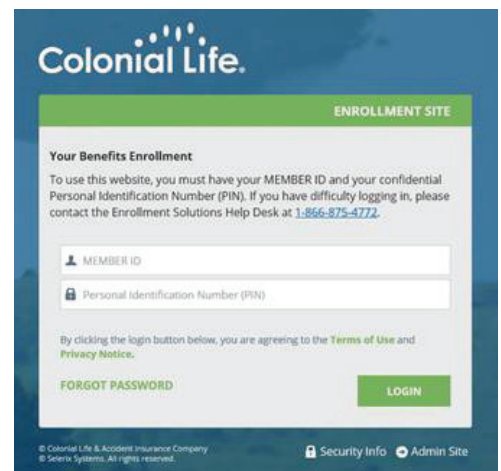
Use the following login information:

- **Log In: MEMBER ID (This is also your Health ID number.)**
- **Personal Identification Number:** The last four digits of your Social Security number and the last two digits of your birth year (six digits total)

During your online enrollment, you will be prompted to accept or decline each coverage type, premiums will be displayed for your selections and the appropriate health questions will be displayed, when applicable.

Benefit confirmation forms can be printed or saved at the conclusion of the enrollment.

Employees who are eligible for ARBenefits health insurance are also eligible for Group Term Life with AD&D insurance. Employees should allow a minimum of 7 business days from their new hire date before accessing the enrollment site or the telephonic enrollment. This will allow time for employees' eligibility data to be uploaded into the enrollment platform.



Enrollment opportunities:

1. During annual enrollment
2. 60-day new hire eligibility period
3. Within 60 days of a qualifying event, such as marriage, birth or adoption

Your basic and optional coverages

Coverage options	Who pays	Benefit amount(s)	
Basic group term life with AD&D insurance	Employer	\$10,000	Your employer is providing this benefit, and you will be automatically enrolled.
Expanded basic group term life with AD&D insurance	Employee	\$1,000 increments up to \$40,000	Health questions are not asked during the 2025 Plan Year Open Enrollment and new hire enrollment.
Supplemental employee group term life with AD&D insurance	Employee	\$1,000 increments up to \$250,000	Health questions are not asked during the 2025 Plan Year Open Enrollment and new hire enrollment for benefit amounts up to \$100,000. Any benefit amount over \$100,000 is subject to evidence of insurability.
*Supplemental spouse group term life with AD&D insurance	Employee	\$1,000 increments up to \$50,000	Health questions are not asked during the 2025 Plan Year Open Enrollment and new hire enrollment for spouse benefit amounts up to \$10,000. Any benefit amount over \$10,000 is subject to evidence of insurability.
*Supplemental dependent child(ren) group term life with AD&D insurance	Employee	\$1,000 increments up to \$50,000	Health questions are not asked during the 2025 Plan Year Open Enrollment and new hire enrollment for spouse and coverage up to \$10,000. Any benefit amount over \$10,000 is subject to evidence of insurability.

* Employee must elect supplemental group term life with AD&D insurance on themselves in order to elect supplemental group term life with AD&D insurance for the spouse or dependent child(ren). Effective 1/1/2020, the spouse and/or child supplemental group term life with AD&D benefit amount must be either equal to or lower than the employee's supplemental group term life with AD&D benefit amount.

2025 Rates (per \$1,000) Monthly cost of coverage	
Expanded basic group term life with AD&D insurance	
\$0.31 per \$1,000	
Supplemental group term life with AD&D insurance	
Age	Employee
Under 25	\$0.12
25-29	\$0.12
30-34	\$0.15
35-39	\$0.16
40-44	\$0.25
45-49	\$0.41
50-54	\$0.66
55-59	\$0.95
60-64	\$1.43
65-69	\$2.78
70-74	\$4.53
75+	\$9.03
Supplemental spouse group term life with AD&D insurance	
All eligible ages	\$0.86
Supplemental dependent child(ren) group term life with AD&D insurance	
All eligible ages	\$0.12

A person may only be insured once under this plan. Married employees eligible for ARBenefits life insurance may not be insured both as an employee and as a spouse, and a child may only be insured by one employee.

EXCLUSIONS AND LIMITATIONS

Losses Not Covered Under Your Life Insurance Benefit:

Your life insurance benefit does not cover any losses where death is caused by, contributed to by, or results from suicide occurring within 24 months after a covered person's initial effective date of insurance or after the date any increases or additional insurance becomes effective, whether sane or insane.

This applies to any amounts of insurance for which you pay all or part of the premium.

This applies to any amount subject to evidence of insurability requirements and we approve the evidence of insurability form and the amount you applied for at that time.

You will be given credit for any period of time applied toward the satisfaction of the suicide provision, if any, under your Employer's prior group life insurance plan.

Losses Not Covered Under the AD&D Insurance Benefit:

Your AD&D benefit does not cover any losses that are caused by, contributed to by, or resulting from:

- an attempt to commit or commission of suicide or intentional self-inflicted injury while sane or insane;
- active participation in a riot;
- an attempt to commit or commission of a felony or engaging in an illegal occupation;
- voluntary use of any drugs, poisonous substance, intoxicant or narcotic, except any drugs taken as prescribed by a physician and taken as prescribed. Accidental exposure to any poisonous substance will not be excluded;
- the presence of that percentage of alcohol in the covered person's blood which raises a presumption that the covered person was under the influence of alcohol. The blood-alcohol level which raises this presumption is governed by the laws of the state in which the accident occurred;
- disease of the body, mental infirmity or diagnostic, medical or surgical treatment;
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release; or
- investigational or experimental procedures, surgery, or drugs, including complications arising from having experimental or investigative procedures, surgeries, or drugs.

Termination

Coverage terminates:

- if the group policy ends;
- the date you no longer meet eligibility requirements;
- the end of the grace period if we do not receive the required premium for your insurance; or
- the date the next premium is due after you ask us to end your coverage.

If you are no longer eligible for coverage as an active employee, you may be eligible to port your group term life and AD&D coverage, or you may convert your group term life and AD&D coverage to an individual life insurance policy. Premiums may be higher than those paid by active employees.

Evidence of Insurability means a statement of medical history which we will use to determine if an applicant is approved for coverage. Blood profiles and medical examinations, if applicable, will be provided at our expense. Evidence of Insurability is required for any amount of life insurance over the maximum guaranteed issue amount.

Premium will vary based on plan options and face amount selected.

The effective date of your coverage will be delayed if you are not a member of an eligible class on the coverage effective date. The coverage will be effective on the date that you return to status as a member of an eligible class. If the certificate covers your spouse and/or dependent children, their coverage will be effective on the date that you return to status as a member of an eligible class.

Applicable to policy number GTL1.0-P-AR-SOA and certificate number GTL1.0-C-AR-SOA. This is not an insurance contract and only the actual policy provisions will control.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC
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GTL WITH AD&D FOR ARKANSAS STATE EMPLOYEES-NH 7-24 | NS-578442-6



EMPLOYEE ASSISTANCE PROGRAM - EAP

When life's a little much, reach out and get in touch.

Let's be real: life can be tough. When your responsibilities start to feel overwhelming and showing up each day with a smile on your face seems difficult, it's important to reach out for help. You can lean on your free and confidential Employee Assistance Program (EAP) for support.

We've got your back.

A free benefit from your workplace, the EAP can help you or anyone in your household:

- Be more present and productive at work
- Receive support when you don't feel like yourself
- Get help with responsibilities that are distracting or stressful
- Grow personal and career skills
- Be a caring, loving friend or family member
- Receive care after a traumatic event or diagnosis
- Make healthy lifestyle choices
- Improve and inspire daily life

We're here for you, always.

Life happens, regardless of the day or time. That's why we make ourselves available 24/7, even on holidays. So whenever you need to reach out, we're here for you.



Support Line
Call anytime
877-300-9103



Mobile app
Search for
Lucet EAP



Web
Visit lucethealth.com
for resources

SERVICES

- ☑ **Counseling**
 - In-person
 - Telephone
 - Text messaging
 - In-the-moment
 - Video
- ☑ **Consultation on**
 - Finances
 - Legal needs
 - Managing employees
 - Life
- ☑ **Crisis support**
- ☑ **Coaching**
- ☑ **Adult and child care resources**
- ☑ **Personal and professional training**
- ☑ **Digital behavioral health tools**

lucethealth.com
877-300-9103

Services are free and your employer will not know you reached out.

Use code 'arbenefits' when accessing via the website or by phone.

FSA/HSA



Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA) are a benefit available to state of Arkansas employees as a way to set aside pre-tax money for medical expenses not covered by insurance.

Three types of FSAs are available: Health Care, Limited-Purpose and Dependent Care.

Healthcare FSAs provide tax savings on your out-of-pocket health expenses. A Limited Purpose FSA allows you to pay for dental and vision expenses until your deductible.


While employees cannot contribute to a Health Care FSA and an HSA at the same time, employees with an HSA can establish a Limited-Purpose FSA. Limited-Purpose FSAs can be used for dental and vision expenses only.

Employees can use their account funds on expenses such as: dental work, eye glasses and contact lenses, prescription drugs, and physical therapy just to name a few.

A Dependent Care FSA is a pre-tax benefit that allows you to pay for eligible dependent care services such as preschool, before/after school programs, child and elder day care. Once your account is funded, you can use the balance to be reimbursed for eligible expenses.

If you have questions regarding FSA/HSA, you can contact EBD Member Services at 1-877-815-1017 x1 and by e-mail at Ask.EBD@arkansas.gov.

	Health Savings Account (HSA)	Flexible Spending Account (FSA)
Eligibility	Must be enrolled in an ARBenefits High-Deductible Health Plan (Classic or Basic).	No eligibility requirements. You can have an FSA on any plan level, and even if you do not have ARBenefits coverage.
Annual contribution limits	2025 Limits: Individual: \$4,300 Family: \$8,550 <i>Persons aged 55 and older may contribute an additional \$1,000 annually above those limits</i>	2025 Limits: Health & Limited: \$3,300 Dependent Care: \$5,000
Changing contribution amount	Employees can adjust their contribution amount anytime during the year.	Contributions can only be adjusted at open enrollment, or with a qualifying change in employment or family status.
Re-Enrollment	Employees do not have to re-enroll their HSA every year.	Employees must submit an election form every year during open enrollment to establish their FSA.
Rollover of funds	Unused funds roll over year-to-year.	Employees can rollover up to \$660 year-to-year. Any amount unused over \$660 will be forfeited after the annual run-out period.
When can I use funds?	You must have the funds in your account in order to use them.	The amount you elect to contribute is available for you to use at the start of the year with the exception of Dependent Care FSA.
Connection to employer	You can take your HSA with you as you change employers. You own your account.	You will lose your FSA funds when you term employment with the State.
State contribution	The State of Arkansas contributes \$25 for individuals and \$50 for families per month with an HSA. The state contribution counts towards your annual maximum contribution limit.	No state contribution



AR BENEFITS Flexible Spending Account Enrollment Form

Optum Financial®

Form Instructions: Please complete all entries on this form. Please print, sign and date this form, and submit to your Human Resources Benefits Department.

Enrollee Personal Information			
First Name:		Last Name:	
Employer Name:		Employee ID:	
Permanent Address:		City:	State: Zip Code:
Day Time Phone Number:		Email Address:	
Social Security Number: _ _ _ _ / _ _ _ / _ _ _ _		Date of Birth: (Month/Day/Year) _ _ / _ _ / _ _ _ _	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Enrollment Status: <input type="checkbox"/> New enrollment <input type="checkbox"/> Re-enrollment	

Flexible Spending Account (FSA) Elections	
Health Care FSA <input type="checkbox"/> Select Full Coverage FSA <input type="checkbox"/> Select Limited Purpose FSA <input type="checkbox"/> Decline Health Care FSA	
I. Annual Employee Contribution*	II. Contribution per pay period (I divided by 26)
Dependent Care FSA <input type="checkbox"/> Select Dependent Care FSA <input type="checkbox"/> Decline Dependent Care FSA	
I. Annual Employee Contribution*	II. Contribution per pay period (I divided by 26)
*For calendar year 2025, Health Care FSA pretax contribution limits are \$3300 with a minimum election of \$26, and Dependent Care FSA (DCFSA) pretax contribution limits are \$5,000 with a minimum election amount of \$26.	

Authorization and Certification	
I understand that:	
<ul style="list-style-type: none"> I am authorizing my employer to reduce my compensation by the amount specified. This election will expire at the end of the plan year, and I must make a new election each year. I am not permitted to change my elections during the plan year unless the change is due to and in accordance with certain recognized IRS regulations for change in status events. I must report any administrative errors to my payroll administrator or human resources department within 10 days of my first payroll deduction of the plan year. Funds left in my Dependent Care Account at the close of the plan year will be forfeited. Funds left in my Health Flexible Spending Account may be forfeited, per plan rules. See plan documents for more details. 	
I will receive an Optum Financial Payment Card to access funds in my account. I certify that:	
<ul style="list-style-type: none"> The card will only be used for eligible medical and/ or dependent care expenses. Claims I pay with the card have not been reimbursed and I will not seek reimbursement from any other plan covering health or dependent care benefits. I understand that supporting documentation may be requested. 	
Employee Signature:	Date:

FSA's, HRAs and RRAs are administered by Optum Financial, Inc., or ConnectYourCare, LLC (collectively, "Optum Financial").

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Optum Financial[®] HSA Enrollment Form

1. Complete all entries on this Enrollment Form. Please print.
2. Sign and date this form.
3. Submit it to your Human Resources Department

For Employer Use	
Date of Hire (MM/DD/YYYY)	<input type="text"/>
Benefits Effective Date (MM/DD/YYYY)	<input type="text"/>
Department Information	
Department Name	<input type="text"/>
Department Number	<input type="text"/>

Personal Information			
Employee Name (last name, first name)	<input type="text"/>	Social Security Number	<input type="text"/>
Street Address (cannot be PO Box)	<input type="text"/>	City, State, Zip Code	<input type="text"/>
Mailing Address (if different)	<input type="text"/>	City, State, Zip Code	<input type="text"/>
Day Time Phone Number	<input type="text"/>	Email Address	<input type="text"/>
Date of Birth (MM/DD/YYYY)	<input type="text"/>	Enrollment Status	<input type="checkbox"/> New enrollment <input type="checkbox"/> Re-enrollment
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			

Health Savings Account Qualification
<p>Your Health Savings Account is your financial asset even if you change employers or health plans. To open a Health Savings Account through the State of Arkansas benefits program, you must meet three criteria:</p> <ol style="list-style-type: none"> 1) You must be enrolled in the ARBenefits Classic Plan or ARBenefits Basic Plan. 2) You cannot be covered by another health plan, including Medicare or Flexible Spending Account. (You may be covered by a Limited Use Flexible Spending Account or Limited Use Health Reimbursement Arrangement.) 3) You cannot be claimed as a dependent on another individual's tax return.

Health Savings Account (HSA)	
<input type="checkbox"/> Select HSA <input type="checkbox"/> Decline HSA Annual Employer Contribution <input type="text"/>	\$25 Individual per month for Annual amount of \$300 \$50 Family per month for Annual amount of \$600
I. Annual Employee Contribution (Not to Exceed Contribution Maximums*)	<input type="text"/>
II. Number of regular pay periods	<input type="text"/>
III. Contribution per pay period (I divided by II)	<input type="text"/>

Authorization and Certification	
<p>I accept the terms of the Optum Financial HSA enrollment form. I understand that:</p> <ul style="list-style-type: none"> • I am authorizing my employer to reduce my compensation by the amount specified. I understand the HSA election I have made will remain in place from year-to-year until I notify my employer of a change to my HSA election. • I must report any administrative errors to my payroll administrator or HR department within 10 days of my first payroll deduction of the plan year. <p>I will receive a Optum Financial Payment Card to access funds in my account. I certify that:</p> <ul style="list-style-type: none"> • The card will only be used for eligible medical expenses. • Claims I pay with the card have not been reimbursed and I will not seek reimbursement from any other plan covering health or dependent care benefits. 	
_____ Employee Signature	_____ Date

*The total combined amount of both employer and employee contributions cannot exceed IRS maximum contribution limits. For 2025, the limits are \$4,300 for self-only coverage, and \$8,550 for family coverage. There is an additional \$1,000 'catch-up' contribution amount available to those age 55 and older.

IRS regulations are indexed annually for inflation. If you want to contribute the total annual amount for a tax year in which you were only HSA eligible for a portion of that year, you must remain HSA eligible through the end of the next tax year or face tax penalties.

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Let's talk about the future

Have you thought about how to begin building the income you'll need for the future?

While your pension and Social Security offer you a good start, they may not be enough to fund the lifestyle you want in retirement. The AR Diamond Plan – your 457 Plan – is here to help you generate the income you may need by offering you an easy, tax-advantaged way to save. The AR Diamond Plan provides you with additional flexibility to save and invest for your future. To help you get started in the Plan, you'll be automatically enrolled into the AR Diamond Plan on your first day of employment, saving 3% each pay period on a pre-tax basis, and be invested in the Moderate Asset Allocation Lifestyle Model.

Once you're enrolled, you can choose to not participate (or opt out) in the Plan at any time. If you opt out within the first 90 days after your first payroll is processed, you can request a refund of any contributions made into the Plan. If you choose to opt out on day 91 and beyond, normal qualifying 457 distribution rules will apply.

What's in it for you – key benefits of the AR Diamond Plan

- **Pre-tax savings** – you pay less in taxes today
- **Roth savings** – you pay taxes today but not in retirement*
- **Tax-deferred investing** – your savings grows without being taxed
- **A choice of investments** – so you can create a portfolio that's right for you
- **Qualifying withdrawals** – should you need your savings before retirement
- **24/7 account access** – by smartphone or computer
- **Automatic enrollment** – easy enrollment starting at a 3% pre-tax contribution rate

To learn more about the Plan, go to myplan.voya.com.

* For Roth contributions and earnings to be eligible for tax-free withdrawals, your initial Roth deposit must have been in your account for at least five years and you must be at least age 59½ (or in the event of your disability or your death)

Your contributions

You can save up to the annual IRS contribution limit on a pre-tax basis, after-tax with Roth contributions or a combination of both. If you are age 50 or older in any given year or within three years of your Normal Retirement Age, you can make additional catch-up contributions. You can change your contribution rate at any time. Please refer to www.voya.com/IRSlimits for current limitations.

About Voya Financial®

At Voya (NYSE: VOYA) we're dedicated to helping people feel more confident about the future. For more than 40 years, we've helped millions of people like you be ready for it through employer-sponsored retirement plans and other financial solutions.

As the provider for the AR Diamond Plan, we will manage the daily servicing of your Plan and provide you with plan information, transaction processing, account statements, saving and investing education and more.

Ready to make a move for your future?

If you are a new employee of the State of Arkansas, you will receive a Personal Identification Number (PIN) by mail.

If you misplace your password or previously opted not to enroll, it's easy to request a new password.

- Go to the **Plan website** at myplan.voya.com and click on "Forgot Password?" or
- Call the **Plan Information Line** at 800-905-1833. Customer Service Associates are here to help Monday through Friday, 7:00 AM to 7:00 PM CT (excluding New York Stock Exchange holidays).

A new password will be mailed to your home address within seven business days.

Want to meet with a Plan representative to learn more about the Plan?

Your local AR Diamond Plan representatives¹ are available to meet with you one-on-one at your convenience. Call 501-301-9900 (or 866-271-3327) during standard business hours except on New York Stock Exchange holidays to schedule a time.

- Cheryl Daughenbaugh
- Brete Garland

See how your savings translate into estimated monthly retirement income with **myOrangeMoney**[®]. You'll find it on the Plan website and **Voya Retire** mobile app.



¹ Registered Representatives of Voya Financial Advisors, LLC

Plan administration services provided by Voya Institutional Plan Services, LLC. Information from registered Plan Service Representatives is for educational purposes only and is not legal, tax or investment advice. Local Plan Service Representatives are registered representatives of Voya Financial Advisors, LLC. The Arkansas Diamond Deferred Compensation Plans are not members of the Voya family of companies.

1969570_0223



Arkansas State Employee New Hires!

Schedule a Virtual Meeting by Scanning the QR Code Below. You will be able to gather information, get quotes, and Enroll.

- Accident Insurance
- Cancer Insurance
- Critical Illness
- Dental Insurance
- Short Term Disability
- Hospital Indemnity
- Life Insurance
- Long Term Disability
- Vision Insurance
- Identity Theft
- Legal Services

Call ARSEBA at 501-224-5234
if you need help scheduling
your Virtual Meeting



***New Hires Schedule a Virtual Meeting to visit with a Benefit Counselor during your first 60 days**



ARKANSAS STATE EMPLOYEES BENEFIT ADVISORS

New hire enrollment



State of Arkansas is pleased to have Arkansas State Employees Benefit Advisors assist with your enrollment. During the enrollment, each of you are encouraged to attend a quick, private 1-to-1 session with a benefits counselor. In that session, you'll discuss all of your current benefits as well as new and updated benefit options. Your benefits counselor will answer any questions you may have and offer you simple, straightforward advice as you sort through your choices.

Contact your office HIR to find out when a benefit counselor will be at your office!

THE FOLLOWING VOLUNTARY BENEFITS WILL BE OFFERED DURING ENROLLMENT:

Accident insurance provides a benefit for a range of accidental injuries.

Group specified disease insurance provides a benefit to help you manage the financial impacts of a critical illness.

Term life insurance offers a predictable way to provide more life coverage at more affordable prices during high-need years.

Whole life insurance provides a benefit to help protect your family's way of life in the event of your death.

These benefits are being offered for a limited time with no medical underwriting to qualify for coverage. Eligibility requirements apply.

IF YOU ARE UNABLE TO ATTEND A 1-TO-1 BENEFITS COUNSELING SESSION, CONTACT THE ENROLLMENT CALL CENTER TO APPLY

Phone: 833-703-1967

Employer Code: 1395219

Time: 8 a.m. – 5 p.m. CT

Here's how it works:

1. Gather any information you may need to apply, such as dependents' names, birth dates, ages, Social Security numbers and addresses.
2. You can speak with a benefits counselor to answer any questions you may have or leave a message for a callback. A benefits counselor can complete your enrollment over the telephone.
3. You will receive an Election Form confirming your voluntary benefit elections via secure email.

For more details contact: Arkansas State Employees Benefit Advisors

888-224-5233 | 501-224-5234 | www.arseba.com



ColonialLife.com

The policies, their names or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Policy forms marketed by the company vary by product and are too numerous to list in the advertisement, but a list can be provided upon request.

Colonial Life Insurance products are underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

9-22 | NS-15196-4



State of Arkansas

State of Arkansas is now making the following ManhattanLife Insurance and Annuity products available to its employees.

CANCER CARE PLUS

“Limited Cancer and Dread Disease Policy”
*Portable And Renewable For Life! **

BENEFIT PACKAGE OPTIONS	LOW PLAN	HIGH PLAN
CANCER SCREENING TEST - Payable for one annual cancer screening test. Not payable if received through any free-testing program or for any other cancer screening test for which a charge is not made. Payment based on benefit amount selected.	Pays \$50 per calendar year	Pays \$100 per calendar year.
FIRST OCCURRENCE BENEFIT (RIDER) - Payable when a covered person is diagnosed with cancer for the first time. Payable only once for each covered person and not payable for skin cancer. Not available for ages 65 and above.	Pays \$2,500.	Pays \$10,000.
DAILY HOSPITAL CONFINEMENT BENEFIT - Payable when a covered person is confined to the hospital for the treatment of cancer or a dread disease. Payment is based on the daily benefit amount selected. Payable for the first 70 days of each period of confinement.	Pays \$150 per day.	Pays \$150 per day.
SURGICAL BENEFIT - Payable for surgeries performed in or out of the hospital to treat cancer or a specified dread disease. Benefits for surgical procedures are calculated as a percentage of the per-surgery maximum benefit amount selected.	Pays max per surgery \$3,000.	Pays max per surgery \$4,000.
RADIATION, CHEMOTHERAPY AND IMMUNOTHERAPY* We will pay the actual charges for Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drugs, and Anti-Nausea and Immunotherapy drugs, as indicated in the policy, for the treatment of cancer or a specified dread disease. Benefits are based on the maximum monthly benefit amount selected. Actual Charges means the amount(s) actually paid by or on behalf of the Covered Person and accepted by the provider as full payment for the covered services provided. This benefit is not payable if treatment is received in a government or charity hospital. <i>*Note - Immunotherapy must be FDA approved</i>	Pays actual charges, max \$5,000 per month.	Pays actual charges, max \$5,000 per month.

This plan covers an additional 27 dread diseases.

** Subject to company's right to change premium.*

CENTRAL CARE DISABILITY INCOME

SHORT-TERM DISABILITY

The ManhattanLife Central Care Group Disability Income Insurance Policy provides a monthly disability benefit payable to an insured employee in the event of a total disability resulting from an off-the-job, covered accident or sickness.

Benefit coverage for up to 65% of salary, excluding bonuses and overtime.

MONTHLY BENEFIT AMOUNT

- \$500 - \$6,000

ELIMINATION PERIOD

(refers to the number of consecutive days you must be Totally Disabled before the policy begins to pay the Monthly Benefit for Total Disability)

- 0/7 or 0/14 (Accident/Sickness)

BENEFIT DURATION

- Total Disability - 6 months

This is not a policy of workers' compensation insurance. The employer does not become a subscriber to the Workers' Compensation System by purchasing this policy, and if the employer is a non-subscriber, the employer loses those benefits that would otherwise accrue under the Workers' Compensation Laws. The employer must comply with the Workers' Compensation Law as it pertains to the non-subscribers and the required notifications that must be filed and posted.

For more information about enrolling, policy benefits, limitations and exclusions, please visit:

Arkansas State Employees Benefits Advisors
 (888) 224-5233 or email service@arseba.com

POLICY FORM NUMBERS: CP4000 AR 4/04, DIMSTR and DICERT

OPEN ENROLLMENT DISCLAIMER: Not all products offered are guaranteed to issue and may include a pre-existing condition waiting period; please consult your agent representative for policy underwriting parameters.

Coverage is subject to policy exclusions and limitations that may affect benefits payable. This is not a complete disclosure of plan qualifications and limitations. See your ManhattanLife benefits counselor for complete details.

Underwritten by ManhattanLife Insurance and Annuity Company, 107777 Northwest Freeway, Houston, Texas 77092

Open enrollment planning isn't complete until you have Aflac

Aflac for State of Arkansas

Health insurance wasn't designed to cover everything. That's why there's Aflac. Aflac can help take care of what health insurance doesn't cover, so you and your employees can focus on caring for everything else.



Aflac supplemental benefits

Our product portfolio is as broad as your needs, with individual and group plans that help cover the expected – and unexpected – that's sure to come life's way.



Hospital Confinement Indemnity: Hospital stays are expensive. An Aflac hospital confinement indemnity insurance policy can help ease the financial burden of hospital stays by providing cash benefits.

To learn more, contact your Aflac agent, Arkansas State Employees Benefit Advisors, 100172283 at service@arseba.com or (501) 224-5234.



This is a brief product overview only. Coverage may not be available in all states. Benefits/premium rates may vary based on plan selected. Optional riders may be available at an additional cost. Plans and riders may also contain a waiting period. Refer to the exact plans and riders for benefit details, definitions, limitations and exclusions. For availability and costs, please contact your local Aflac agent/producer.

Coverage is underwritten by American Family Life Assurance Company of Columbus
WWHQ | 1932 Wynnton Road | Columbus, GA 31999.

AVAILABLE TO THE EMPLOYEES OF STATE OF ARKANSAS.
SCAN THE QR CODE FOR MORE INFORMATION



UNIVERSAL LIFE INSURANCE WITH LIVING BENEFITS RIDERS

Underwritten by Transamerica Life Insurance Company

Help safeguard your family's future with life insurance that can assist with more than final expenses. With universal life insurance from Transamerica, you can build cash value that you can borrow¹ against to help pay for childcare, college tuition, or unexpected expenses.

MEET ALEXIS

Alexis enrolled in a \$50,000 universal life insurance policy through her employer. This policy includes the Chronic Condition Rider — a feature that helps provide money for care if she were to fall ill. It lets her access her death benefit early if she's diagnosed with a qualifying condition that leaves her unable to perform at least two of the six Activities of Daily Living, which include bathing, dressing, toileting, transferring (e.g., ability to get into or out of a chair or bed), continence, and eating. And with additional riders, her benefits can go further. Alexis feels better knowing there would be financial support for her family if she passes.

INCLUDED RIDERS:

Extension of Benefits Rider: Increases the death benefit each month to allow the rider to continue providing a monthly benefit.

Benefit Restoration Rider: This rider will restore 100% of the death benefit that is accelerated under the Chronic Condition Rider, leaving a full death benefit for the beneficiary.

Family caregivers
spend more than

\$7,200

a year on out-of-pocket costs.²

AN EXAMPLE OF HOW THE INSURANCE AND RIDERS WORK

The below hypothetical example assumes this employee elected a \$50,000 death benefit amount and the policy has living benefits.

\$50,000 If Alexis is diagnosed with a qualifying condition, she can use the Chronic Condition Rider included in her policy (4%/month for 25 months)

+ **\$50,000** Extension of Benefits Rider (4%/month for an additional 25 months)

= **\$100,000** TOTAL (PAID OVER 50 MONTHS)

and

\$50,000

100% PAID-UP
DEATH BENEFIT
(SHOULD ALEXIS PASS AWAY)

Would your family be financially secure without you?





Make today the day you plan for tomorrow.



YOUR BENEFITS AT A GLANCE

Death benefit amounts available:	\$15,000 - \$500,000 not to exceed 5x base salary
Guaranteed issue amount:	Employee: Up to \$200,000, Spouse: Up to \$50,000, Child: Up to \$20,000
Can I continue my insurance after employment?	Yes, with our portability option
Riders (benefits):	Accelerated Death Benefit for Chronic Condition Rider Extension of Benefits Rider Benefits Restoration Rider Waiver of Monthly Deductions for Layoff or Strike Rider Accelerated Death Benefit for Terminal Condition Rider

HIGHLIGHTS

-  Flexibility to adjust premiums up (to build more cash value) or down (if money is tight)
-  Complements term life insurance and helps for all the stages of your life
-  Family options available
-  Benefits can be used with no restrictions — including costs associated with care from a family member or a facility

THREE WAYS YOU MIGHT BENEFIT FROM UNIVERSAL LIFE INSURANCE

- 1** Help your loved ones if you pass away
- 2** Borrow money to help pay for college tuition¹
- 3** Use the living benefit to help pay for the cost of caregiving needs

Questions?

 **Visit:** transamerica.com

 **Contact:** (888) 763-7474

¹ Loans, withdrawals, and death benefit accelerations will reduce the policy value and the death benefit and may increase lapse risk. Policy loans are tax-free provided the policy remains in force. If the policy is surrendered or lapses, the amount of the policy loan will be considered a distribution from the policy and will be taxable to the extent that such loan, plus other distributions at that time, exceed the policy basis.

²“Family Caregivers Spend More Than \$7,200 a Year on Out-of-Pocket Costs” AARP, June 2021

LIMITATIONS AND EXCLUSIONS

If an insured employee withdraws the cash value, tax consequences and/or surrender charges may apply. Fluctuations in interest rates or policy charges may require the payment of additional premiums. Individuals currently on disability or on premium waiver are not eligible for insurance. During the first two years, the death benefit for suicide is limited to the return of premiums paid, less any loans, partial surrender amounts, and accelerated benefits paid, if any; **ACCELERATED DEATH BENEFIT FOR CHRONIC CONDITION RIDER:** Transamerica will not pay rider benefits for care that is received or loss incurred as a result of: an intentionally self-inflicted injury or attempted suicide war or any act of war, declared or undeclared, or service in the armed forces of any country; the insured’s alcohol, drug or other chemical dependence, except if the drug dependency is for a drug prescribed by a physician in the course of treatment for an injury or sickness; the insured’s commission of, or attempt to commit, a felony; or an injury that occurs because of the insured’s involvement in an illegal activity; **EXTENSION OF BENEFITS RIDER:** The rider will terminate on the earliest of: the date the contract terminates; the date the contract lapses, subject to the grace period; the date the policy owner requests termination; the date the policy owner dies; the date the entire death benefit has been paid under the Accelerated Death Benefit for Chronic Condition Rider, or when the policy no longer satisfies the Eligibility for Benefits provision; the date the cumulative death benefit increases under this rider total 100% of the death benefit in force on the date the first monthly accelerated death benefit was paid under the Accelerated Death Benefit for Chronic Condition Rider; the date the nonforfeiture option, if any, becomes effective; or the date a one-time lump-sum payment under the Accelerated Death Benefit for Chronic Condition Rider is paid. **RESTORATION RIDER:** This Rider will terminate on the earliest of the following dates or events: 1. The date the contract terminates; 2. The date the contract Lapses, subject to the Grace Period; 3. The date the Owner requests termination; 4. The date the Insured dies; 5. The date the Accelerated Death Benefit for Chronic Condition Rider terminates; or 6. The date a Nonforfeiture Option under the contract, if any, becomes effective.

This is a brief summary of Transamerica Universal Life Insurance™ UL10 Universal Life Insurance underwritten by Transamerica Life Insurance Company (TLIC), Cedar Rapids, Iowa. TLIC is not an authorized insurer in New York. Policy Form Series TMUL1000-0421 and TCUL1000-0421. Forms and form numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

Up-to-date information regarding our compensation practices can be found in the disclosures section of our website at tebcs.com.

EB3 2241361R1 V 06/23

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Arkansas State Employees

Long Term Disability Insurance



How does it work?

This coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

How much coverage can I get?

You*	<p>You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week.</p> <p>Choose to cover 60%, 60% or 50% of your monthly income, up to a maximum payment of \$5,000. The monthly benefit may be reduced or offset by other sources of income.</p>
	*See the Legal Disclosures for more information.

If you didn't get coverage when you were first eligible, you'll have to answer health questions now. If you're newly eligible, you may not have to answer health questions. If you already have coverage, you can increase it up to the maximum available. You may have to answer health questions. New coverage may be subject to pre-existing condition limitations.

Elimination period (EP)

Your elimination period is 180 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits up to the Social Security (SS) normal retirement age, for 5 years or for 5 years.

For questions contact Arkansas State Employees Benefit Advisors at 501-224-5234

What else is included?

Survivor Benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

Work-life balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.



Consider your expenses

Utilities	\$
Housing	\$
Groceries	\$
Transportation	\$
Child care/Elder care	\$
Medical/Personal care	\$
Education	\$
Insurance	\$

Calculate your cost

- Follow the instructions on the worksheet at right to determine your cost per paycheck.
- For step 2, enter the amount that is less: 1) your annual earnings or 2) the maximum covered annual earnings listed on the rate chart, based on your age and coverage percentage amount you want.

(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date.)

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band.

Disability worksheet			
1 Enter your annual earnings and calculate your maximum monthly benefit available.			
$\$ _____ \div 12 = \$ _____ \times _____ \% =$	$\$ _____$		
Your annual earnings	Your monthly earnings	(The % plan that you want)	Max monthly benefit available (if the amount exceeds the plan max of \$5,000, enter \$5,000)
2 Calculate your cost per paycheck			
$\$ _____ \div 100 = \$ _____ \times \$ _____ =$	$\$ _____ \div 12 =$	$\$ _____$	
Your annual earnings	Rate for the option you choose	Number of paychecks per year	Total cost per paycheck
Rates			
Percent of monthly income >	Option 1	Option 2	Option 3
	60% EP: 180 days BD: SS retirement age	60% EP: 180 days BD: for 5 years	50% EP: 180 days BD: for 5 years
Age: 15-24	\$0.240	\$0.170	\$0.140
25-29	\$0.390	\$0.230	\$0.190
30-34	\$0.750	\$0.410	\$0.310
35-39	\$1.260	\$0.600	\$0.470
40-44	\$1.800	\$0.850	\$0.610
45-49	\$2.350	\$1.220	\$0.850
50-54	\$2.770	\$1.510	\$1.120
55-59	\$3.040	\$2.310	\$1.750
60-64	\$3.270	\$3.900	\$2.710
65-69	\$2.460	\$3.620	\$2.600
70+	\$1.890	\$1.940	\$1.420

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Benefit duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Definition of disability

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

“Substantial and material acts” means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers’ compensation or similar occupational benefit laws, including a temporary disability benefit under a workers’ compensation law
- State compulsory benefit laws
- No fault motor vehicle plan
- A group plan sponsored by your employer
- Salary continuation or sick leave plans, if applicable
- Social Security or similar governmental programs
- Automobile liability insurance policy
- Other group insurance plans
- Governmental retirement system
- Retirement payments

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification;

The loss of a professional or occupational license does not, in itself, constitute disability.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Disabilities based primarily on self-reported symptoms are limited to 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related.

Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum’s LTD contracts standardly include a provision called the Social Security Claimant Advocacy Program.

With this feature, claimants can receive expert advice and assistance from us regarding their Social Security Disability claim during the application and appeal process. Social Security advocacy services are provided by GENEX Services, LLC or Brown & Brown Absence Services Group. Referral to one of our advocacy partners is determined by Unum.

Worldwide emergency travel assistance services are provided by Assist America, Inc. Work-life balance employee assistance program services are provided by HealthAdvocate. Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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The Arkansas State Employees Association is a non-profit association that works with the State Legislature and Governor's office for the betterment of Arkansas State Employees, as well as ensuring an efficient and effective state government. It also offers its members optional, additional benefits and opportunities.*

*ASEA membership is not a requirement.

An ASEA membership offers many unique benefits to save you time and money.

For only \$2 a pay period, members receive:

- **Scholarships** - Each year ASEA awards scholarships. Members and their dependents are eligible to apply.
- **Retail Discounts** - Our extensive network of retail discount partners can save you money.
- **Representation** - ASEA represents Arkansas state employees on all your issues year around.
- **Pay, Health Insurance, Retirement Plan, and Benefits** - What matters to you most is our priority.
- **Benevolent Fund** - Our fund assists members' survivors with up to \$1,000 paid upon death.
- **Member's Only Website** - Only members have access to our reporting and discount codes.
- **ASEA Newsletter** - As a member you can receive a subscription to our newsletter (print or digital available).

For more information or to enroll online, scan the QR code with your mobile device.



ARKANSAS STATE EMPLOYEES ASSOCIATION, INC. • An Independent Organization
APPLICATION FOR MEMBERSHIP AND REPRESENTATION • Please complete for payroll deduction

By _____
 (PRINT) Last Name First Name Middle Name

I work for _____
 Agency/Institution Work Location Personnel Number

Effective _____ I hereby authorize you to deduct from my earnings each pay period the amount of \$ _____, as my current dues. The amount deducted shall be paid to the Treasurer of Arkansas State Employees Association. This authorization shall remain in effect unless terminated in writing by me.

 Employee's Signature Mailing Address (street, route or P.O. Box)

 Social Security Number City, State and Zip Code

 E-mail Address Referred by (if applicable)

I prefer to pay dues on annual basis and enclose check for \$52.00.

I prefer to have my newsletter emailed to me.

IRS regulations require ASEA to notify its members regarding a reasonable estimate of the portion of their annual dues that are allocable to lobbying and political expenses and will be nondeductible for individual tax reporting. Currently, up to 5% of membership dues received may be used for lobbying and political expenses.

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Contact information for Benefits

Benefit	Contact	Phone	Address
Health Insurance	Employee Benefits Division (EBD) Transform.ar.gov/employee-benefits/ e-mail: ask.EBD@arkansas.gov	(877) 815-1017 Press 1, then 2	501 Woodlane St., Ste 500 Little Rock, AR 72201
Dental and Vision Insurance	ARSEBA – Arkansas State Employees Benefit Advisors www.arseba.com e-mail: service@arseba.com	(501) 224-5234 (888) 224-5233 (501) 663-1445 Fax	1301 West 7 th Street Little Rock, AR 72201
Health Savings Account/Flexible Spending Account	Optum Financial https://www.myoptumfinancial.com/arbenefts	(833) 229-4431	
Group Term Life Insurance	Colonial Life Transform.ar.gov/employee-benefits/	(855) 868-6009	PO Box 1365 Columbia, SC 29202
Deferred Compensation	Arkansas Diamond Plan – Voya https://myplan.voya.com	(501) 301-9900 (866) 271-3327	
Other Voluntary Insurance: Accident Cancer Critical Illness Hospital Indemnity Life Insurance (Individual Term, Universal and Whole) Short Term Disability Long Term Disability LegalShield	ARSEBA – Arkansas State Employees Benefit Advisors www.arseba.com e-mail: service@arseba.com	(501) 224-5234 (888) 224-5233 (501) 663-1445 Fax	1301 West 7 th Street Little Rock, AR 72201
AR State Employees Association	ASEA - www.aseaar.org	(501) 378-0187 (800) 950-8139	PO Box 1588 Little Rock, AR 72203
Employee Assistance Program - EAP	Lucet Health https://lucethealth.com/	(877) 300-9103	

Additional information and forms including Notice of Privacy Practices and HIPAA information can be found at: <https://www.transform.ar.gov/employee-benefits>

Arkansas State Employee
New Hire Benefits Information
2025