



ARBenefits

Annual Benefits Guide

2010 Plan Year

for Public School
Employees

Table of Contents

What's New for 2010?

Plan Changes for 2009-2010 Plan Year	2
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How Are The Two Plan Options Different?

ARHealth	3
ARHealth HD PPO	3

What Changes Can I Make?

During Open Enrollment	4
During the Plan Year	4

How Do I Enroll in ARHealth During Open Enrollment?

Additional Enrollment Instructions for ARHealth	5
---	---

Who Can Help With Questions?

Important Contact Information	6
-------------------------------------	---

What Does ARHealth Cover?

Summary of Common Services	7
Schedule of Benefits	8-12
Wellness and Preventative Care	12-13

What Else Comes With ARHealth?

Life Insurance	14
Employee Assistance Program (StarEAP)	14
ARWellness	15
Utilization Management	15
Health Savings Accounts	16

How Much Will It Cost Me?

Active Employee Rates	17
COBRA Rates	18

Thinking About Retirement?

Helpful Info	19
--------------------	----

But I Have A Question...

Active Employee Frequently Asked Questions	20
--	----

What's New for 2010?

The 2010 Plan Year will not see as many changes as there were in previous years. The same plan options are being offered with the same benefit coordinators. The ARHealth Plan still provides a number of services for co-pays, the ARHealth HD PPO is still an HSA qualified High Deductible Health Plan.

However, there are a few changes.

Hearing aids are now a covered benefit.

- \$1,400 per ear, every three years.

Hearing exams are now a wellness benefit.

- One exam at the \$35 specialist co-pay every three years.

Vision exams are now a wellness benefit.

- One exam at the \$35 specialist co-pay every two years.

Other covered services, co-pays, plan restrictions, pre-authorization requirements, and other plan features will remain the same.

Please refer to the Schedule of Benefits found in this Annual Benefits Guide or in the Summary Plan Description (SPD) for a full list of covered services.

Elements of a Group Health Plan

Below are a few definitions of terms that are mentioned throughout this guide.

Co-Pay – The fixed dollar cost paid by the member of a medical service such as an office visit with your Primary Care Physician or for the emergency room. This cost is paid by the member at the time of the service and does NOT apply toward the Out-of-Pocket maximum or deductible (if any) for the plan. Although typically a flat dollar amount, this can be a percentage of the charge.

Co-Insurance – The portion of the claim that is paid both by the member and by the plan which is generally divided into percentages such as 20% member responsibility and 80% plan responsibility. Once a member has met his or her deductible (if any) the plan will cover a portion of the claim and the member will also pay a portion.

Deductible – This is a portion of the medical expenses that a member must pay before the health plan pays any portion of the claim at the co-insurance rate. Office visits, prescription drugs, lab fees, and other services accumulate the meet the deductible.

Co-Insurance Limit – This is the limit that any member or family will spend once the member begins to pay his or her portion of the co-insurance. This limit does not take into account any co-pays that have been paid.

How Are The Two Plan Options Different?

ARHealth and the ARHealth HD PPO cover the same medical / pharmacy / mental health services but differ when it comes to the member's financial responsibility. Because the member's share of the medical / pharmacy / mental health services is different, so are the premiums. It is important to understand how the two plans operate so that each member can make an informed decision about their health care needs.

Self Funded

ARHealth – The benefit of a network without limitation

ARHealth is a traditional co-pay based health plan similar to a POS plan of years past and is very familiar to many members. ARHealth is offered by both Health Advantage and NovaSys Health networks. With their large in-state and out-of-state networks, members have the option to access care from thousands of providers across the nation.

A large number of the plan services accessed by the ARHealth members are available for a low copayment or "co-pay." A co-pay is a fixed cost paid by the member at the point of service. Members pay the co-pay for physician & specialist visits, emergency room visits, most prescription drugs, and many other common services. Plans that provide a fixed co-pay give the members an opportunity to budget their healthcare dollars with some degree of certainty and confidence.

ARHealth HD PPO – Lower Cost and the Opportunity to Save

The ARHealth HD PPO is a plan that has been offered for a few years and is gaining popularity. The HD PPO is an "HSA Qualified Health Plan" allowing most members the option to open a Health Savings Account (HSA). The ARHealth HD PPO is not for everyone, but many members appreciate the lower monthly premiums and the opportunity to setup a personal savings account to pay for the medical expenses that come up from time to time.

Offered only through the NovaSys Health network, the HD PPO has no co-pays. Instead members pay 100% of their covered medical / pharmacy / mental health claims till they reach their deductible. After their deductible has been paid, the plan pays 80% of all covered expenses while the member pays only 20%. This plan offers a significantly lower monthly premium and the opportunity to open a tax-free HSA.

ARHealth
Self Funded

What Changes Can I Make During Open Enrollment?

Many people view open enrollment as a time to quickly review the plan changes, check out the new rates, decide to stick with last year's plan, and just move on with more important things. But truthfully, what could be more important than your personal health or the health of your family? Open Enrollment is the time to review your options and choose the benefit plan and network that is right for you and your family. All options should be reviewed during this time of the year.



During Open Enrollment, employees can:

- Choose to remain with their current plan and network
- Change from one plan to the other or elect a different network
- Join the plan as a new member
- Drop dependents from your plan
- Add dependents to your coverage
- Terminate coverage and leave the plan

If you are a member and do not wish to make a change:

- Do nothing. Your coverage will continue into the new plan year with your same coverage tier, plan option, and network

If you are a member and want to change your covered dependents:

- Complete an ARHealth Change Form

If you are a member and want to change your plan option and / or network:

- Complete an ARHealth Enrollment Form

If you are a member and want to drop your ARHealth coverage:

- Complete an ARHealth Change Form to cancel coverage

If you are not a member and want to join the plan:

- Complete an ARHealth Enrollment Form

Forms can be completed on-line or by paper by going to www.ARBenefits.org and accessing the My Benefits section for online enrollment or the Library of forms for paper copies.

All forms must be returned to your district / co-op health insurance representative before the deadline.

Please Note: Certain plan changes may require supporting documentation for verification.

What Changes Can I Make During the Plan Year?

Important notice regarding dependents:

In most cases, changes to dependent coverage can only be done during open enrollment. Federal law prevents members from adding and removing dependents throughout the year without specific reasons such as marriage, the birth of a new child, loss of a spouse, or loss of other group health insurance coverage.



ARHealth is subject to many State and Federal regulations and many of them deal with mid-year changes to a member's health plan. The Summary Plan Description (SPD), which is provided to every member and is available through the EBD website (www.ARBenefits.org), has a full description of what changes can be made during the plan year. Below is a sample of the situation and the changes that can be made.

Birth or Adoption – Coverage for the new child can be added to the member's plan in addition to other eligible dependents that are not currently enrolled in ARHealth

Loss of Group Health Insurance Coverage for Spouse – Coverage for the spouse can be added to the member's plan

Marriage – Coverage for the new spouse can be added to the member's plan.

Divorce – Coverage for the ex-spouse must be dropped from the member's plan

Special rules and enrollment deadlines apply to each situation.

Please refer to the SPD for a more detailed description of allowable mid-year changes.

Who Can Help With Questions?

Contact Numbers for the ARHealth Plans

Self Funded 

Health Advantage (ARHealth)

P.O. Box 8069
Little Rock, AR 72203
Phone: (800) 482-8416
E-mail: customerservicePSE@arkbluecross.com
Web: www.healthadvantage-hmo.com

NovaSys Health (ARHealth & ARHealth HD PPO)

P.O. Box 25310
Little Rock, AR 72221
Phone: (888) 870-8103
Phone: (501) 975-4853
E-mail: customerservice@novasyshealth.com
Web: www.novasyshealth.com

informedRx (formerly NMHC)

(Prescription Coverage: ARHealth
& ARHealth HD PPO)
320 Executive Court, Suite 201
Little Rock, AR 72205
Phone: (800) 880-1188
Web: www.informedRx.com

informedRX Mail (formerly NMHC Mail)

(Mail Order Pharmacy)
P.O. Box 407096
Fort Lauderdale, FL 33340-7096
Phone: (800) 881-1966
Web: www.informedRx.com

EBRx* (Pharmacy Prior Authorization and Appeals)

UAMS College of Pharmacy: AR EBD Appeal
4301 W. Markham, Slot 522-9
Little Rock, AR 72205
Phone: (866) 564-8258
*Requires physician contact

American Health Holding, Inc. (AHH) (Medical Utilization Review)

100 W. Old Wilson Bridge Road, Third Floor
Worthington, OH 43085
Phone: (501) 682-6088
(800) 592-0358
Fax: (614) 396-0532
Web: www.americanhealthholding.com

USable Life (Life Insurance)

320 West Capital, Suite 700
P.O. Box 1650
Little Rock, AR 72203
Phone: (800) 370-5854 (Customer Service)
Phone: (800) 648-0271 (Claims)
Phone: (501) 375-7200
Web: www.usablelife.com

LifeSynch / Star EAP (Behavioral/Mental Health & Substance Abuse)

10816 Executive Center Drive, Suite 206
Little Rock, AR 72211
Phone: (866) 378-1645
E-mail: customerservice@lifesynch.com
Web: www.lifesynch.com

Employee Benefits Division (EBD)

General Benefit Information & Assistance

Mailing Address:

P.O. Box 15610
Little Rock, AR 72231-5610

Physical Address:

501 Woodlane Street, Suite 500
Little Rock, AR 72201

Phone: (877) 815-1017

Phone: (501) 682-9656

E-mail: AskEBD@ARBenefits.org

Web: www.ARBenefits.org

What Does ARHealth Cover?

ARHealth is a comprehensive “POS Styled” health plan which combines the plan design of an HMO, POS and PPO plan. Members have the option of the ARHealth Plan offered through both **Health Advantage** and **NovaSys Health** or the ARHealth HD PPO (an HSA qualified high deductible PPO) which is also offered through **NovaSys Health**.

2010 Plan Year - Summary of Common Services

Covered Benefits and Services*	ARHealth			ARHealth HD PPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance	In-Network Coinsurance	Out-of-Network Coinsurance
Deductible - Individual	-	\$0	\$1,000	\$1,500	\$3,000
Deductible - Family	-	\$0	\$2,000	\$3,000	\$6,000
Annual Coinsurance Limit - Individual (after deductible)	-	\$1,500	\$5,000	\$2,500	\$5,000
Annual Coinsurance Limit - Family (after deductible)	-	\$3,000	\$10,000	\$5,000	\$10,000
Lifetime Maximum	-	-	\$1,000,000	-	\$1,000,000
Physician / Specialist Services					
Primary Care Physician Office Visit	\$25	0%	40%	20%	40%
Specialist Office Visit / Specialty Care Services	\$35	0%	40%	20%	40%
Other Physician Services provided under Out-Patient or In-Patient Care	\$0	20%	40%	20%	40%
Pharmacy Benefit					
Prescription - Generic - Tier I	\$10	0%	0%	20%	20%
Prescription - Preferred - Tier II	\$30	0%	0%	20%	20%
Prescription - Non-Preferred - Tier III	\$60	0%	0%	20%	20%
Hospital Services					
In-Patient Services	\$250	20%	40%	20%	40%
Out-Patient Services	\$100	20%	40%	20%	40%
Diagnostic Services	\$0	20%	40%	20%	40%
Emergency Care Services					
ER Visit, Urgent Care Center, Observation	\$100	0%	0%	20%	20%
Preventive Care Services					
Physical Exams / Preventive Care	\$0	0%	40%	0%	40%
Well Baby / Child Care Visits	\$0	0%	40%	0%	40%
Immunizations	\$0	0%	0%	0%	0%
Vision Screening	\$35	0%	\$35 copay	\$35 copay	\$35 copay
Hearing Screening	\$35	0%	\$35 copay	\$35 copay	\$35 copay

* Above is a summary of common services - Please refer to the Schedule of Benefits for full details, limitations and exclusions

2010 Plan Year - Schedule of Benefits

Covered Benefits and Services*	ARHealth			ARHealth HD PPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance	In-Network Coinsurance	Out-of-Network Coinsurance
Allergy Services					
Injection with no office visit	\$0	20%	40%	20%	40%
Services by Specialty Providers (office visit & testing)	\$35	20%	40%	20%	40%
Ambulance Services					
Air Ambulance Transportation	\$0	10%	10%	10%	10%
Ground Transportation	\$0	0%	40%	20%	40%
* Limited Benefit: \$2,000 per member per plan year for ground ambulance					
Behavioral / Mental Health & Substance Abuse Treatment Services					
* All services for behavioral health require preauthorization through LifeSynch 1-866-378-1645.					
Traditional Out-Patient Services	\$25	0%	40%	20%	40%
In-Patient Services	\$250	20%	40%	20%	40%
Out-Patient Services (partial hospital / day treatment)	\$0	20%	40%	20%	40%
Out-Patient Services (Intensive Out-patient)	\$0	20%	40%	20%	40%
Residential Treatment	\$0	20%	40%	20%	40%
Dental Services					
Repair to non-diseased teeth due to accident/injury	\$35	20%	35%	20%	40%
Diabetes Management Service					
Insulin Pump & Supplies	\$0	20%	40%	20%	40%
Glucometers & Supplies	\$0	20%	40%	20%	40%
Diabetic Self Management Training	\$25	0%	40%	20%	40%
* Diabetic Supplies, Insulin, Insulin Syringes and Lancets (if purchased together) available through prescription drug card at your Pharmacy. Applicable charges may apply such as copayments, deductible charges, or coinsurance charges					
* Glucometers must be purchased through DME provider and is not subject to annual maximum DME benefit					
Durable Medical Equipment / Enteral Feeding					
DME/Enteral Feeding	\$0	20%	40%	20%	40%
* Coverage is provided for medically necessary durable medical equipment, see exclusions					
* Not all services require precertification and may be reviewed for medical necessity by AHH. Refer to page 14 for a current list of services					
* Exclusion: The Plan does not provide benefits for DME that is for patient convenience					
* Limited Benefit: \$10,000 per member per plan year					





Apple Icon indicates Wellness/Preventative Care Benefit, with most services paid at 100% by the Plan




Telephone Icon indicates pre-authorization required, see page 15

Certain Limitations Apply - Please check your SPD Exclusions and Limitations section for more information.

2010 Plan Year - Schedule of Benefits

Covered Benefits and Services*	ARHealth			ARHealth HD PPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance	In-Network Coinsurance	Out-of-Network Coinsurance
Emergency Care Services					
ER Visit, Urgent Care Center, Observation Services	\$100	0%	0%	20%	20%
* Visits deemed non-emergency charged as hospital services/outpatient, the co-insurance/copayment will apply (see page 71 of the glossary)					
Hearing Services					
 Hearing Screening	\$35	0%	\$35 copay	\$35 copay	\$35 copay
* Limited Benefit: One screening every three (3) year					
Hearing Aid	\$0	0%	0%	20%	40%
* Limited Benefit: \$1,400 per ear per three (3) years					
Home Health Services					
Home Health Services	\$0	20%	40%	20%	40%
Home Intravenous Drugs					
Home IV Drugs and Solutions	\$0	20%	40%	20%	40%
Hospice Services					
Hospice Care	\$0	20%	40%	20%	40%
Hospital Services - Inpatient					
In-Patient Services	\$250	20%	40%	20%	40%
* Copayment charged per admission except in cases of direct transfer to another facility					
* If you select a private room, you are responsible for the difference in charges for private room and semi-private room					
Hospital Services - Outpatient					
Out-Patient Services	\$100	20%	40%	20%	40%
* Not all services require precertification and may be reviewed for medical necessity by AHH. Refer to page 14 for a current list of services					
Diagnostic Services	\$0	20%	40%	20%	40%
Immunizations					
 Immunizations	\$0	0%	40%	0%	40%
Maternity and Family Planning Services					
Prenatal and Postnatal Out-Patient Care	\$25	20%	40%	20%	40%
* Prenatal and Postnatal outpatient care Copayment required on first visit only					
In-Patient Maternity Services	\$250	20%	40%	20%	40%
* Copayment applicable per admission					
* Hospital Length of Stay for Childbirth: This Plan complies with federal law that prohibits restricting benefits for any hospital length of stay in connection with childbirth for the mother and newborn child to less than 48 hours following a normal vaginal delivery or less than 96 hours following a caesarean section delivery					

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2010 Plan Year - Schedule of Benefits

Covered Benefits and Services*	ARHealth			ARHealth HD PPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance	In-Network Coinsurance	Out-of-Network Coinsurance
Maternity and Family Planning Services continued...					
Infertility Diagnostic Evaluation	\$35	20%	40%	20%	40%
* Treatment for infertility is not a covered benefit under the ARHealth or ARHealth HD PPO plan. Services related to infertility are covered up to diagnosis. Testing is not covered during or following treatment.					
Infertility Testing	\$200	20%	40%	20%	40%
Ostomy Supplies					
Ostomy Supplies	\$0	20%	40%	20%	40%
* Not subject to DME limit of \$10,000					
Pharmacy Benefit					
Prescription - Generic - Tier I	\$10	0%	0%	20%	20%
Prescription - Preferred - Tier II	\$30	0%	0%	20%	20%
Prescription - Non-Preferred - Tier III	\$60	0%	0%	20%	20%
Qualified OTC Programs	\$5	0%	0%	20%	20%
Professional Services					
Chiropractic Services	\$35	20%	40%	20%	40%
* Limited Benefit: Fifteen (15) visits per member per Plan Year					
Physician Office Visits	\$25	0%	40%	20%	40%
Specialty Care Services	\$35	0%	40%	20%	40%
* Includes such services as debridement and/or wound dressing changes performed in an out-patient setting with or without direct physician attention.					
Physician Services provided under Out-Patient or In-Patient Care	\$0	20%	40%	20%	40%
Medication	\$0	20%	40%	20%	40%
* This includes injectable, oral, and Intravenous medications					
Radiation Therapy	\$0	20%	40%	20%	40%
Prosthetic and Orthotic Devices					
Prosthetic and Orthotic Devices and Services	\$0	20%	40%	20%	40%
Radiology Services					
Radiology Services	\$250	20%	40%	20%	40%
<ul style="list-style-type: none"> * Charges will apply for such services as MRI, MRA, CTA, and PET Scans * Maximum of one (1) copayment per member per Plan Year * Charges will not apply when provided in conjunction with Emergency Room or In-Patient Hospital Services 					
Rehabilitation Services (In-Patient)					
Rehabilitation Services	\$250	10%	40%	20%	40%
<ul style="list-style-type: none"> * Limited Benefit: Sixty (60) days per member per Plan Year * Copayment applicable per admission. The limitation for no more than three in-patient admissionco-pays does not apply to rehab services 					



Apple Icon indicates Wellness/Preventative Care Benefit, with most services paid at 100% by the Plan




Telephone Icon indicates pre-authorization required, see page 15

Certain Limitations Apply - Please check your SPD Exclusions and Limitations section for more information.

2010 Plan Year - Schedule of Benefits

Covered Benefits and Services*	ARHealth			ARHealth HD PPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance	In-Network Coinsurance	Out-of-Network Coinsurance
Rehabilitation Services (Out-Patient)					
Physical Therapy	\$0	20%	40%	20%	40%
Occupational Therapy	\$0	20%	40%	20%	40%
Speech Therapy	\$0	20%	40%	20%	40%
Skilled Nursing Facility (SNF) Services					
SNF Services	\$250	20%	40%	20%	40%
* Limited Benefit: Sixty (60) days per member per Plan Year					
Temporomandibular Joint (TMJ) / Dysfunction (TMD) Services					
TMJ / TMD	Office Copay	20%	40%	20%	40%
* Limited Benefit: \$1,000 per member per plan year					
Transplant Services					
Organ / Bone Marrow Transplant	\$250	20%	Not Covered	20%	Not Covered
* Copayment applicable per admission * Limited Benefit: Two (2) organ transplants of the same organ per Member per Lifetime * Limited Benefit: \$10,000 lifetime limit for travel and lodging determined by EBD as reasonable and necessary in conjunction with transplant services * Coverage is provided for transplant services subject to pre-authorization by the benefit coordinator (Health Advantage at 1-800-482-8416 or Novasys Health at 1-888-870-8103). Transplant services MUST be provided by approved transplant providers and facilities					
Vision Care Services					
Vision Screening	\$35	0%	\$35 copay	\$35 copay	\$35 copay
* Limited Benefit: One (1) exam every twenty-four (24) months * \$35 co-pay applies to HD PPO Plan					

 Apple Icon indicates Wellness/Preventative Care Benefit, with most services paid at 100% by the Plan

 Telephone Icon indicates pre-authorization required, see page 15

Certain Limitations Apply - Please check your SPD Exclusions and Limitations section for more information.

Preventive Care / Wellness Benefits

The following preventive/wellness services are covered at 100% under the ARHealth and ARHealth HD PPO plans for employees and their covered dependents. Services are covered at In-Network providers ONLY. Services may be obtained from more than one physician. Services that are not for screening or preventive in nature, but rather due to illness or specific condition, may be subject to the standard Schedule of Benefits and will be subject to co-payments, co-insurance, and deductibles when applicable. For questions, contact your Benefit Coordinator.

Wellness Services

Immunizations

Well Baby Care - under 2 years of age

Well Child Care - 2 years or older

Physical Exams - Adults (limit 1 per Plan Year at no cost)

Annual Routine Gynecological visit (limit 1 per Plan Year at no cost)

New Baby/Well Baby Visits

Under 1 year	Initial comprehensive preventive medicine evaluation and management of an individual. Including an age and gender appropriate history, examination, counseling, or anticipatory guidance/risk factor reduction interventions, and ordering of appropriate immunizations laboratory/diagnostic, new patient; infant (age under 1 year)
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Under 1 year	Periodic comprehensive preventive medicine reevaluation and management of an individual. Including an age and gender appropriate history, examination, counseling or anticipatory guidance/risk factor reduction interventions, and ordering of appropriate immunizations, laboratory/diagnostic, established patient; infant (age under 1 year)
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Newborn Care	Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference with parents.
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Preventive Care Services - Child (under age 18)

• Birth to Age 1 = Six Visits

• Age 12 to 17 = Annual Visits

• Age 1 to 2 = Three Visits

• Lead Level = Age 9 months to 24 months

• Age 3 to 4 = Annual Visits

• Vision Screening = 3-6, 8, 10, 12 & 15 months

• Age 5 to 11 = Annual Visits

• Hearing Screenings = 4-6, 8, 10, 12 & 15 months

Preventive Care Services - Adults (age 18 and over)

• Annual Physical Office Visit

• Fecal occult blood test annually and one of the following:

• Colorectal Cancer Screening beginning at age 50

* Flexible sigmoidoscopy every 5 years

* Colonoscopy once every 10 years

* Double contrast barium enema once every 5 years

• Pap Smear

• Cholesterol and HDL - Once every 5 years for males age 35 and older and once every 5 years for females 45 and older

• Prostate Specific Antigen (PSA) age 40 and over

• Screening Mammogram (including Breast Exam)

*For purposes of flu vaccinations and immunizations, the Arkansas Health Department is considered an in-network provider

Preventive Care / Wellness Benefits continued...

Immunizations - Child (under age 18)

Diphtheria

Diphtheria and Tetanus toxoid and acellular pertussis (DTaP)

Diphtheria and Tetanus toxoid and whole cell pertussis (DTP)

Diphtheria and Tetanus toxoid and whole cell pertussis and Hemophilus Influenza b (DTP-Hib)

Diphtheria and Tetanus toxoid and whole cell pertussis, Hemophilus Influenza b, and Inactivated Poliovirus (DTap-Hib-IPV)

Diphtheria and Tetanus toxoid for ages over 7 (Td)

Gardasil ages 9 to 18

Hemophilus Influenza b (hib)

Hepatitis B (HEP B)

Hepatitis B (HEP B) and Hemophilus Influenza b (hib) combo

Influenza (flu) ages 6 months and older

Measles, live for subq use (IPV)

Measles, Mumps, Rubella (MMR)

Measles, Mumps, Rubella and Varicella (MMRV)

Measles, Rubella

Menactra Vaccine ages 11 to 18

Mumps

Pneumococcal Conjugate, for children under 5

Pneumococcal Conjugate, adult or immunosuppressed, children age 2 or older

Polio, live , oral use (OPV)

Rota Teq Vaccine administered orally in 3 doses for the prevention of Rotavirus to infants ages 2, 4, and 6 months

Rubella

Tetanus

Varicella

Immunizations - Adults (age 18 and over)

Diphtheria, every 10 years

Diphtheria and Tetanus toxoid for ages over 7 (Td), every 10 years

Gardasil ages 18 to 26

Hepatitis B (HEP B) - once per lifetime

Influenza (flu), annually

Menactra Vaccine ages 18 to 27

Pneumococcal Conjugate for adults 55 and over

Zostavax Vaccine for adults 60 and over

*For purposes of flu vaccinations and immunizations, the Arkansas Health Department is considered an in-network provider

What Else Comes with ARHealth & ARHealth HD PPO?

ARHealth is more than just health insurance; it's a comprehensive Health program dedicated to the overall health of the membership. In addition to the covered services for physician visits and hospital admissions, ARHealth and ARHealth HD PPO provide you with access to a variety of other services such as:

- Life Insurance
- Employee Assistance Program
- ARWellness programs for weight loss, tobacco cessation, and more
- Utilization Management
- Access to a Health Savings Account (HSA)

All these services combine to provide the membership with a complete health care package.

Life Insurance

Many Americans go without life insurance and those that are left behind feel the loss of a loved one as well as a financial burden. ARHealth can help in this time of need. As a member of the ARHealth plan, you are eligible for a life insurance policy that will be there when it's needed. In addition to the base coverage, members can choose to purchase additional coverage for dependents.

Employee Assistance Program - StarEAP

StarEAP, your employee assistance program, provides immediate, professional assistance with personal, work-related, or emotional issues. These free, confidential services are just a telephone call away for both you and your eligible family members covered by the ARHealth plans.

Here's how it works – When you call StarEAP, a trained professional will assess your personal situation with you, help you clarify the problem or crisis, assist with referrals to appropriate resources, and make every attempt to minimize any out-of-pocket costs for additional services.

Here's how it helps – StarEAP helps you with issues that occupy your time, attention, and creates stress in your life such as work problems, depression & anxiety, alcohol & chemical dependency problems, marriage & divorce issues, financial & credit problems, parenting questions, childcare & eldercare issues, and other problems that impact your daily life.

Here's how to contact StarEAP – Call 1-866-378-1645 or visit www.lifesynch.com

ARWellness

Each year, millions of us make a decision to get in shape, stop smoking, or just take better care of ourselves. Unfortunately, many people fail to meet their goals, not from a lack of dedication but from a lack of education. We all know that getting in shape and eating better are the right things to do, but not everyone knows how to make those dreams become a reality. That is how ARWellness can help.

As a member of the ARHealth Plans, you are eligible to participate in the wellness initiative called ARWellness. As with all wellness programs, the goal of ARWellness is to provide our members with education and assistance to help them make better decisions about their personal well-being. ARWellness is actually a combination of 5 separate programs with different areas of focus. Coordinated through LifeSynch; these 5 programs are Balance®, Nourish®, Breathe®, Relax®, and Care® For Your Back, and are the product of HealthMedia®·LifeSynch's strategic partner. To sign up for these programs, visit www.lifesynch.com/arwellness or call toll free at 1-866-378-1645.

Utilization Management

Precertification, predetermination or prior-authorization will be necessary for the list of procedures provided below. It will be necessary for your provider to contact the company listed below to obtain authorization of the services requested. It is your responsibility to verify or make certain the procedure has been approved to avoid problems with the payment for the services.

Contact American Health Holding - 1-800-592-0358 for prior authorization for:

Medical Services	Medical Procedures	Durable Medical Equipment
Skilled nursing facility	IDET (Intradiscal Electrothermal Therapy)	Spinal Cord Stimulators
Cognitive rehabilitation	Septoplasty	Continuous Glucose Monitoring Devices
Occupational Therapy	UPPP (Uvulopalatopharyngoplasty)	Defibrillator Vests
Home Health Services	Varicose Vein Treatment	Power Mobility Devices
Inpatient Rehabilitation	Blepharoplasty and/or Brow Lift	
Physical Therapy	Gynecomastia Reduction	
Speech Therapy	Mammoplasty	
In-patient admission	Panniculectomy	
	Rhinoplasty	
	Scar Revision outside doctor's office	

Radiology Services

Computerized Tomography (CT Scan)
 Computerized Tomography – Angiography (CTA Scan)
 Magnetic Resonance Imaging (MRI)
 Magnetic Resonance Angiography (MRA)
 Positron Emission Tomography (PET Scan)

Contact Health Advantage - 1-800-482-8416 or

NovaSys Health - 1-888-870-8103 for prior authorization for:

Transplant Services

Contact LifeSynch - 1-866-378-1645 for prior authorization for:

Behavioral Health and Substance Abuse

Health Savings Accounts (HSA)

Would you like to spend less of your paycheck on insurance and gain more control over how and when you spend your healthcare dollars? If the answer is “Yes!”, a Health Savings Account (HSA) just may be for you.

An HSA is a personal medical savings account that is an optional component of the ARHealth HD PPO offered through the NovaSys Health Network. The HD PPO has the lowest monthly premiums of any available plan. Plus, you can make contributions to the HSA, earn interest, and make withdrawals for medical services, all TAX-FREE!

- ✓ **Reduced Insurance Premiums** – Reducing your monthly premiums can provide you with a great opportunity to save money and build up your HSA balance. **At the Family level, the annual premium savings of the HD PPO over the next lowest plan is \$2,705.28.**
- ✓ **No “Use-It-or-Lose-It” Rule** – Any unused account balance in your HSA rolls over and is available in coming years.
- ✓ **Long Term Savings** – Because your HSA funds can roll over from year to year, you can let your account grow and earn interest tax-free. And the account is yours; if you leave or change jobs, it goes with you.
- ✓ **More Take Home Pay** – Contributions are deducted on a pre-tax basis, decreasing your payroll tax and increasing your check.
- ✓ **Additional Health Coverage** – You can use your HSA to pay for expenses not usually covered by health plans, including: dental, vision, long-term care insurance, prescription medication, qualifying over-the-counter medication and much more.
- ✓ **Easy Access** – The funds in your HSA can be withdrawn at any time for any reason. Distributions for a qualified medical expense are tax-free; other distributions are subject to income tax and a 10% excise tax.
- ✓ **Catch-Up Contributions** – Individuals who are 55 or older can make an additional annual contribution.
- ✓ **Increased Contributions** – Maximum contributions have increased for the 2010 tax year to \$3,000 for Employee Only and \$5,950 for Family Coverage.

Things to Consider when Deciding if an **HSA is Right for You!**

- In order to participate in an HSA, you must be covered by a qualified HSA eligible health insurance plan (ARHealth HD PPO is a qualified plan), not have other non-qualified health coverage, and not be receiving Medicare benefits.
- Active Employees can have their HSA contributions processed as a Pre-Tax deduction from their paycheck, saving them Federal, State and other payroll taxes.
- As you or your family members incur medical expenses, simply withdraw the money from your account.

Monthly Premiums for Public School Active Employees

2010 Plan Year Rates - Effective October 1, 2009 - September 30, 2010

	Base Monthly Premium	State Contribution Act 1842 of 2005	State Contribution Act 1421 of 2009	Plan Contribution	School District Contribution	Total Monthly Employee Cost
ARHealth Employee Only						
Health Advantage	\$371.44	\$58.93	\$25.42	\$3.39	\$131.00	\$152.70
NovaSys	\$392.08	\$58.93	\$25.42	\$3.39	\$131.00	\$173.34
HD PPO - NovaSys	\$266.94	\$58.93	\$25.42	\$3.39	\$131.00	\$48.20
ARHealth Employee & Spouse						
Health Advantage	\$1,008.46	\$104.77	\$45.20	\$6.03	\$131.00	\$721.46
NovaSys	\$1,066.06	\$104.77	\$45.20	\$6.03	\$131.00	\$779.06
HD PPO - NovaSys	\$716.94	\$104.77	\$45.20	\$6.03	\$131.00	\$429.94
ARHealth Employee & Child(ren)						
Health Advantage	\$656.58	\$80.27	\$34.63	\$4.62	\$131.00	\$406.06
NovaSys	\$693.74	\$80.27	\$34.63	\$4.62	\$131.00	\$443.22
HD PPO - NovaSys	\$468.50	\$80.27	\$34.63	\$4.62	\$131.00	\$217.98
ARHealth Employee & Family						
Health Advantage	\$1,015.95	\$108.50	\$46.81	\$6.24	\$131.00	\$723.40
NovaSys	\$1,073.75	\$108.50	\$46.81	\$6.24	\$131.00	\$781.20
HD PPO - NovaSys	\$723.39	\$108.50	\$46.81	\$6.24	\$131.00	\$430.84

● State contribution is funded by legislation ● Plan Contribution is funded by PSE Trust Fund
 ● School District Contributions may be more than what is reflected here

Monthly Premiums for Public School COBRA Participants 2010 Plan Year Rates - Effective October 1, 2009 - September 30, 2010

	Total Monthly Premium
ARHealth Employee Only	
Health Advantage	\$378.87
NovaSys	\$399.92
HD PPO - NovaSys	\$272.28
ARHealth Employee & Spouse	
Health Advantage	\$1,028.63
NovaSys	\$1,087.38
HD PPO - NovaSys	\$731.28
ARHealth Employee & Child(ren)	
Health Advantage	\$669.71
NovaSys	\$707.61
HD PPO - NovaSys	\$477.87
ARHealth Employee & Family	
Health Advantage	\$1,036.27
NovaSys	\$1,095.23
HD PPO - NovaSys	\$737.86

Thinking About Retirement?



On January 1st, 2007, all public school retirees, both Medicare and Non-Medicare Primary, came under a single health program called ARHealth Retiree. This program is coordinated through Health Advantage and provides a comprehensive network of physicians and facilities across and outside the state.

Just like the ARHealth Plan for the active members, ARHealth Retiree gives you the flexibility to visit any network physician or hospital you choose.

At retirement, you may be eligible to continue coverage for you and your dependents through regular deductions from a participating retirement system.

Participating Retirement Systems are:

- ▶ Arkansas Public Employee Retirement System
- ▶ Arkansas Teacher Retirement System
- ▶ Judicial Retirement System
- ▶ Arkansas Highway and Transportation Department Retirement System
- ▶ Alternative Retirement System

You may also choose to continue your active coverage under the ARHealth Plan through COBRA. Many members find this option more appealing due to the difference in premiums for COBRA participants compared to ARHealth Retiree members.

*****In order to continue coverage with ARHealth Retiree, you must be covered by the ARHealth Plan as an active employee on your last day of employment.*****

For more information on ARHealth Retiree, contact EBD at AskEBD@dfa.state.ar.us and request a copy of the Annual Retiree Benefits Guide.

But I Have A Question...

If I'm an active employee not currently participating in the Health Insurance Program, may I sign up during open enrollment?

Yes. If you want health insurance coverage for the new Plan Year, you must enroll during this Open Enrollment period. Unless you or your dependents qualify for special enrollment, you cannot enroll during the remainder of the year.

Are my children's immunizations covered?

State mandated immunizations are a covered benefit for children up to age 18. Some adult immunizations are a covered benefit including the flu immunization. See "Preventative Care Benefit" in this booklet for a full list of covered services.

My child is over 18 but is a full-time student in college; may he/she still be covered?

Yes. You must complete a Student Verification Form and return it to EBD. Each member is responsible for sending Student Verification Forms on your children to EBD by their 19th birthday.

Must I pay anything before adding my newborn or newly adopted child to my insurance coverage during the plan year?

Yes. You must pay the appropriate premium for the entire month in which the baby is born (or adopted) for the child to be covered. For example, if your baby is born on the 25th of the month, you owe the additional premium to cover the child for that entire month.

My child was insured through ARKids First, their coverage will expire on March 15th. Can I get coverage through this plan on March 16th?

No. Insurance will become effective the 1st of the following month after you apply; you must apply within 30 days after a qualifying event.

Is there a difference in the cost of services between In-Network and Out-of-Network providers?

Yes. The portion of the allowed charges that will be paid by the ARHealth Plan is significantly different between In-Network and Out-of-Network providers. You will be responsible for the portion of the charge that is not paid by the Plan. Please

consult the online provider directory carefully before seeking care.

What is Utilization Management?

The ARHealth Plan provides utilization management (UM) services for you using nationally accepted utilization management guidelines and internally developed reimbursement guidelines. In making coverage decisions the benefit coordinators apply these UM guidelines and reimbursement guidelines to information provided by your physician, any specialist(s) involved in your care, and your medical records. This will determine if you should be admitted to the hospital or how long you should stay in the hospital. Utilization management will also determine the appropriateness and medical necessity of tests such as, MRI, PET, CT, or MRA's. UM guidelines will also be applied to various therapies such as, physical, occupational and speech therapy. Your physician may request a review of the criteria used for decision making in writing. The Plan's medical directors are available to discuss the criteria with your physician.

How Do I Access My SPD?

The SPD can be accessed online at www.ARBenefits.org. You may also contact EBD at the number listed in the front of the book if you would like a paper copy.



Manage your Claims with In-Network Providers

In the following example, a simple 3-day stay at an In-Network hospital is compared to the same stay at an Out-of-Network facility. Network discounts and Balance Billing makes a significant difference to your pocketbook.

The following example assumes a 3-day in-patient hospital stay with billed charges of \$12,000 for a member on the ARHealth Plan with Employee-Only coverage.

	In-Network Hospital	Out-of-Network Hospital
Billed Charges	\$12,000	\$12,000
Allowed Charges	\$3,600	\$3,600
Less Member Deductible	(\$0)	(\$1,000)
Less Member Co-payment	(\$250)	(\$0)
Less Member Co-Insurance	(\$335)	(\$1,040)
ARHealth Plan's Payment	\$3,015	\$2,560
Total Member's Responsibility	\$585 including co-payment and co-insurance	\$9,440 including deductible, co- insurance, and balance of billed charges

In the above example, an ARHealth Member is responsible for only \$585 for the stay at an In-Network hospital but \$9,440 for the same stay at an Out-of-Network hospital.

Self Funded 

Understanding your EOB

Every member will receive an EOB (Explanation of Benefit) after a medical service such as an office visit or hospital stay. It is very important that you understand your EOB and review it for accuracy. Your EOB will list the provider, dates, description and charges associated with your service. If you have questions or you have not received services from the provider listed on the date of service, please contact your Benefit Coordinator.

Explanation of Benefits

This is not a bill

SUBSCRIBER NAME PATIENT'S NAME RELATIONSHIP I.D. NUMBER GROUP NAME GROUP NUMBER
 John Doe Jane Doe Spouse 0075622002 AR State Emp/Act 001001

CLAIM DETAIL INFORMATION

Date Received: June 29, 2007

Date Processed: July 11, 2007

Claim Number: 050820T110086

Provider of Service: C Dale Johnson, MD

Provider Number: 51998-8887

Date of Service From/Thru	Type of Service	Billed Amount	Allowed Amount	Non-covered Amount	Deductible Amount	Copayment Amount	Coinsurance Amount	Primary Payer Amount	Provider Adjustment Amount	Provider Payment
6/18/07-6/18/07	Physician Visit - Office or Other (1)	30.00	23.09	0.00	0.00	0.00	0.00	0.00	11.53	18.47
6/18/07-6/18/07	Pathology (1)	30.00	15.30	0.00	0.00	0.00	0.00	0.00	14.70	15.30
Claim Totals		60.00	38.39	0.00	0.00	0.00	0.00	0.00	26.23	33.77

Did you visit the doctor or have any services done that day?

Did they do what they indicate?

Did you see this provider?

*Above example is not indicative of costs/discounts and is for illustration purposes only.

EBD

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and Administration

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**This publication contains
important health insurance
information.**

