



# 2026 EMPLOYEE BENEFIT GUIDE



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## **2026 Benefit Guide**

East Arkansas Community College is committed to providing our employees with comprehensive and affordable benefit options.

The 2026 health benefit offerings provide employees with unlimited flexibility that reflects East Arkansas Community College's optimal culture and class.

This guide will help you understand the full range of health and welfare benefits that will be available January 1, 2026. After reading through the enclosed information, be sure to use this guide as a benefits resource you can refer to throughout the year.

### **Customer Service**

**501.476.5873**

**Hannah Stover**  
hstover@jtsfs.com

**Niema LeBlanc**  
niema@jtsfs.com

**Jennifer Wilson**  
jennifer@jtsfs.com

**Business Hours:**  
**Monday - Thursday, 8:00-5:00;**  
**Friday, 8:00-4:00**

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# ENROLLMENT 2026

## What You Need to Do During Annual Open Enrollment

Review the benefits available and determine which plans best meet your needs.

Review the family members you want covered under the plan. During the annual open enrollment period, please verify that your dependents meet East Arkansas Community College's benefit eligibility requirement. You may be required to provide supporting documentation.

Ensure all your personal information, such as address, phone, email, etc., are updated and correct.

## Important Enrollment Information

The first premium for 2026 will be deducted from your earnings in January 2026. Remember to review your paycheck to ensure that the proper premiums are being deducted based on the 2026 enrollment elections.

***PLEASE NOTE: If you are participating in the Flexible Spending Accounts, your 2025 election will NOT rollover into the 2026 plan year. You MUST enroll with a new election for the 2026 plan year to continue the benefit.***

## Remember...

We recommend that you review your current information, including...

- Updating your beneficiaries
- Removing ineligible dependents
- If you have Spousal Life Insurance coverage, and you are divorced, your ex-spouse may no longer be eligible for this coverage
- If a child no longer qualifies for coverage as a dependent (i.e. stepchildren who are no longer eligible due to divorce, loss of guardianship, etc.)

# WHAT YOU NEED TO KNOW

Employees under contract who work a minimum of 30 hours per week are eligible to enroll themselves and their qualified dependents in applicable East Arkansas Community College employee benefits. Employees must be actively at work to enroll in benefits.

## **Checklist of what to bring for open enrollment for each dependent that you are enrolling in eligible benefits:**

- Social Security Number
- Address
- Date of Birth

Having these items will expedite the completion of all enrollment forms, beneficiary cards, etc.

## **If you are a current employee (not a new hire), please keep the following information in mind:**

- You cannot make any changes until the annual “open enrollment period”, which allows employees, who may have previously declined to enroll, the opportunity to enroll in new coverage. (Certain restrictions and limitations may apply to employees who initially declined coverage when they first became eligible to enroll.)
  - However, there are certain qualifying events that allow current employees to make benefit changes. These include, but are not limited to:
    - » *marriage, divorce, adoption or birth of child, death of a spouse or other eligible dependent.*

DISCLAIMER: This benefit summary is provided for illustrative purposes only and is simply an overview of your benefits. For a detailed explanation for each policy you should review a copy of the actual policy on file with the Human Resources Department or you may specifically request a copy of each policy from JTS Financial Services, LLC



## ENROLL IN YOUR BENEFITS: One step at a time.

<https://jtsfs.benselect.com>

**JTS**  
INTENTIONALLY DIFFERENT

**Enrollment Site**

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department.

Employee ID or SSN

PIN [Forgot Password](#)

By entering your user ID and Personal Identification Number, you are agreeing to the terms of the [Consent to Enroll Electronically](#).

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PIN will be the last four digits of your SSN and the last two digits of your birth year. For example, if your SSN is \*\*\*-\*\*-1234 and your birth year is 1987, your PIN is 123487. You will be prompted to change your password once you log in.

To login, enter your Social Security Number.

### Change My Pin

Your PIN (Personal Identification Number) is the secret code you use to access the system. Entering your PIN is the equivalent of your digital signature. Please change your PIN. You may choose any combination of letters and numbers.

#### Employee User ID:

You'll then be prompted to change your PIN and designate a security question. Be sure to jot down your PIN.

Old PIN:

New PIN:

Re-enter your new PIN to verify:

### Security Questions

Before you can complete your PIN change, you must select a security question, answer it, and provide your email address. This will allow you to reset your PIN if you forget it.

Select Security Question:

Answer:

E-MAIL:

E-MAIL:

Save New PIN

# Welcome to Your Benefit Enrollment for Plan Year 2020

At AHEC, we know that benefit requirements change. That's why we have an open enrollment period each year.

For most benefits, Open Enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year.

Benefit enrollment is easy! Just follow these steps.

- First, review and contact HR to update personal information about you or your covered dependents.
- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click *Next* to begin.

## Your Benefit Options

- [Employee Onboarding\\*<sup>S.A.R.C.</sup>](#)
- [Health](#)
- [Dental](#)
- [Vision](#)
- [Lincoln Financial Group Life & AD&D](#)
- [Lincoln Financial Group Dependent Life](#)
- [USABLE Basic Life & AD&D\\*<sup>S.A.R.C.</sup>](#)
- [USABLE Core Long Term Disability\\*<sup>S.A.R.C.</sup>](#)
- [UNUM Voluntary STD\\*<sup>S.A.R.C.</sup>](#)
- [UNUM VGTL & ADD - Employee\\*<sup>S.A.R.C.</sup>](#)
- [UNUM VGTL & ADD - Spouse\\*<sup>S.A.R.C.</sup>](#)
- [UNUM VGTL & ADD - Children\\*<sup>S.A.R.C.</sup>](#)
- [Medical Reimbursement](#)
- [Dependent Care](#)

Read the welcome message, and click Next

Press *Next* to review personal information and begin enrollment.

Next

# Personal Information

Make any changes necessary to your personal and contact info then click Next

Please review your personal information to ensure it is correct and complete.

Optional items are in *italics*.

## Personal Info

Name:

First MI Last Suffix

Date of Birth:

SSN:

Gender:  Male  Female  Other

## Contact Info

Address:

Country

## DEPENDENTS & DOCUMENTS

**\*\*Please note:**

- If applying for new USABLE Life coverage on an adult dependent (spouse or children over age 18), the Authorization to Release Medical Information form may need to be signed by your dependent(s) based on the requested covered amount. You will be contacted to complete this form if applicable or you can click [here](#) to download.

### Dependents

Name	SSN	DOB	Sex	Relation	Uploads	
Joe Tester		1/3/1985	M	Spouse	0	✎ ✕

### Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the *Add Dependent* button below.

+ Add Dependent

Click this button to add dependents

Click the pencil button to edit dependent info.

Click the X button to remove a dependent.

Back

Next

## Benefit Summary

Below is a list of your current benefit elections. For each of the benefit options below, your "Quick Enroll" option is shown. Click the Quick Enroll link to accept on each one, or click "Review" to review your other options.

Employee Onboarding\* S.A.R.C

You have to complete enrollment in this plan.

Review

Health

You have to complete enrollment in this plan.

Review

Dental

Based on your group's rules, choosing "Decline Coverage" will waive this benefit.

Decline Coverage Review

Vision

Based on your group's rules, choosing "Decline Coverage" will waive this benefit.

Decline Coverage Review

My Benefits	
<input type="radio"/> Employee Onboarding* S.A.R.C	\$0.00
<input type="radio"/> Health	\$0.00
<input type="radio"/> Dental	\$0.00
<input type="radio"/> Vision	\$0.00
<input type="radio"/> Lincoln Financial Group Life & AD&D	\$0.00
<input type="radio"/> Lincoln Financial Group Dependence Life	\$0.00
<input type="radio"/> USABLE Basic Life & AD&D* S.A.R.C	\$0.00
<input checked="" type="radio"/> USABLE Core Long Term Disability* S.A.R.C	\$0.00
<input type="radio"/> Lincoln Financial Group Voluntary STD* S.A.R.C	\$0.00
<input type="radio"/> USABLE Dental ADD - Employee* S.A.R.C	\$0.00
<input type="radio"/> USABLE Vision & ADD - Employee* S.A.R.C	\$0.00
<input type="radio"/> USABLE Vision & ADD - Children* S.A.R.C	\$0.00
<input type="radio"/> Medical Reimbursement	\$0.00
<input type="radio"/> Dependent Care	\$0.00
Employer Cost	\$11.67
Pre-tax cost	\$0.00
Post-tax cost	\$0.00
<b>Total Cost</b>	<b>\$0.00</b>
Per Pay Period	

Review and elect coverages or decline the offering here

## Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions per pay period for each plan.

- **Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

### Your Benefits

Plan	Description	Pre-tax Cost	Post-tax Cost	Employer Paid
Delta Dental Low Plan	Delta Dental Low Plan: FA	\$57.76	\$6.00	\$31.04
Vision	VSP Choice Plan: B, CS	\$14.95	\$6.00	\$0.00
USABLE VSTD	Waived			
USABLE VSTD - Employee	Waived			
USABLE VSTD - Spouse	N/A			
USABLE VSTD - Children	N/A			
USABLE VSTD - Spouse	Waived			
USABLE VSTD - Children	N/A			
USABLE VSTD - Children	N/A			
Truemark Standard Universal Life	N/A			
Truemark Universal Life Events	N/A			
USABLE Accident	Waived			
USABLE Cancer	Waived			
USABLE Critical Illness	Waived			
USABLE Hospital Care	Waived			
Health Savings Account	\$249.26	\$49.83	\$6.00	\$0.00
Dependent Care Reimbursement	\$720	\$60.00	\$6.00	\$0.00
<b>Total</b>		<b>\$178.54</b>	<b>\$0.00</b>	<b>\$31.04</b>

### Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
Benefit Election Form	Unsigned	
Dependent Verification Document	Unsigned	

Review your deductions and make sure you're satisfied with your elections then click Next

I would like to preview all eligible benefits for the current plan year

### Enrollment Agreement / Payroll Deduction Authorization

- To the best of my knowledge and belief, all statements and answers made on this form and all associated application forms are true, complete and correct.
- I understand that omissions or misrepresentations in the information I have provided may constitute fraud and may result in my coverage being void.
- Pursuant to IRC § 125, 'pre-tax' elections are irrevocable during the plan year. No changes to 'pre-tax' elections are allowed during the plan year unless you experience a qualified change in status event. Qualified change in status events include: change in marital status, change in dependent status, change in employment status. You have 30 days from the date of the change to contact human resources to change your benefit elections.
- Upon acceptance by the insurers, I hereby authorize my Group to deduct from my earnings the amounts indicated above.
- My authorization shall continue thereafter until the earlier of (a) termination of my employment, (b) written notice from me canceling this authorization, or (c) termination of the Payroll Deduction Plan.
- I understand that it is my responsibility to verify the deduction amounts from my paycheck and to notify my Employer immediately of any discrepancies.
- I understand any unused balance in a Dependent Care or Health Care Reimbursement account in which I am enrolled will be forfeited under the "Use It or Lose It" rule. Expenses must be incurred during the plan year for which the election amount was redirected.

Your total deductions per pay period...

Total Deductions  
\$ 178.54

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

To sign your benefits confirmation, you'll use the same PIN you created earlier and then click Sign Form

By entering my PIN below and clicking the Sign Form button, I am electronically signing the form listed above.

PIN:

## Sign/Submit Complete

Your enrollment is complete! Simply logout by clicking Logout

### Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

#### Recap of Your Elections

Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. Scroll down to the bottom of this screen to view a list of your completed enrollment forms.



# EMPLOYEE BENEFITS

Below is a list of available benefits and respective carriers for the 2026 plan year. Please reach out to a JTS representative if you have any questions at open enrollment or throughout the year.

BENEFIT	CARRIER	WEBSITE
Medical	BlueAdvantage Administrators of Arkansas	<a href="https://www.blueadvantagearkansas.com/">https://www.blueadvantagearkansas.com/</a>
Flexible Spending Account	JTS	<a href="https://jtspt.lh1ondemand.com/">https://jtspt.lh1ondemand.com/</a>
Medical Transport Solutions	MASA	<a href="https://www.masamts.com/">https://www.masamts.com/</a>
Employee Assistance Program	Lincoln Financial Group	<a href="https://www.guidanceresources.com/groWeb/login/login.xhtml">https://www.guidanceresources.com/groWeb/login/login.xhtml</a>
Dental	Delta Dental	<a href="https://www.deltadentalar.com/">https://www.deltadentalar.com/</a>
Vision	VSP	<a href="https://www.vsp.com/">https://www.vsp.com/</a>
Basic Life & AD&D	Lincoln Financial Group	<a href="https://www.lfg.com/public/employersorganizations">https://www.lfg.com/public/employersorganizations</a>
Voluntary Life	Lincoln Financial Group	<a href="https://www.lfg.com/public/employersorganizations">https://www.lfg.com/public/employersorganizations</a>
Universal Life & Life Events	Trustmark	<a href="https://www.trustmarkbenefits.com/">https://www.trustmarkbenefits.com/</a>
Disability (Long & Short Term)	Lincoln Financial Group	<a href="https://www.lfg.com/public/employersorganizations">https://www.lfg.com/public/employersorganizations</a>
Critical Illness	Lincoln Financial Group	<a href="https://www.lfg.com/public/employersorganizations">https://www.lfg.com/public/employersorganizations</a>
Cancer	Guardian	<a href="https://www.guardianlife.com/">https://www.guardianlife.com/</a>
Hospital Confinement	USable	<a href="https://www.usablelife.com/">https://www.usablelife.com/</a>
Accident	USable	<a href="https://www.usablelife.com/">https://www.usablelife.com/</a>



**BlueAdvantage**  
**Administrators of Arkansas**  
An Independent Licensee of the Blue Cross and Blue Shield Association

# HEALTH INSURANCE

Health insurance covers you and your family for your basic health needs after you've met your coverage deductible (some benefits include copay after deductible). Coverage includes visits with a primary care physician and specialty physicians, inpatient and outpatient hospital care, and ambulance services.

HEALTH BENEFITS	Base Plan	Core Plan	Enhanced Plan
<b>CALENDAR YEAR DEDUCTIBLE</b>			
Per Covered Person	\$3,000	\$2,000	\$1,000
Per Family Unit	\$6,000	\$4,000	\$2,000
Coinsurance	20%	20%	20%
<b>OUT-OF-POCKET CALENDAR YEAR MAXIMUM</b>			
Per Covered Person	\$6,000	\$6,000	\$4,500
Per Family Unit	\$12,000	\$12,000	\$9,000
<p>The following charges apply towards the maximum out-of-pocket. Once this amount is reached, the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise:</p> <ul style="list-style-type: none"> <li>• Deductible(s)</li> <li>• Coinsurance</li> <li>• Medical and Pharmacy Copayments</li> </ul>			
<ul style="list-style-type: none"> <li>• For both In-Network and Out-of-Network Benefits, some services may require pre-authorization by <b>BlueAdvantage</b>. For details and to access the most current listing of services requiring pre-authorization, visit <a href="https://www.blueadvantagearkansas.com/">https://www.blueadvantagearkansas.com/</a>.</li> <li>• All benefit payments are subject to the Maximum Allowable Charge. Use of an</li> <li>• Out-of-Network provider may result in you being balanced billed and having higher out-of-pocket costs. Amounts in excess of the Maximum Allowable Charge do not count toward Deductible or Coinsurance limits.</li> <li>• Calendar Year maximums are combined between In-Network and Out-of-Network. If, for example, "30 Visits per Calendar Year" are listed under both In-Network and</li> <li>• Out-of-Network Providers, you are only allowed a combined maximum of 30 visits.</li> </ul>			
<b>IN-NETWORK SERVICES</b>			
Inpatient/Outpatient Services	20% after deductible		
Emergency Room Services	\$200 Copay + 20% after deductible		
Urgent Care Services	\$50 Copay		
Ambulance Service (Per Trip Maximum: \$5,000 for Ground Ambulance and \$10,000 for Air Ambulance)	20% deductible waived		

HEALTH BENEFITS		All Plans
<b>PHYSICIAN SERVICES</b>		
Virtual Health Visits		\$20 Copay
Primary Care Physician Office Visits Evaluation & Management		\$20 Copay
Specialists Office Visits Evaluation & Management		\$50 Copay
Routine Procedures such as Routine X-rays & Labs in a physician's office		0% after Copay
Advanced Diagnostic services, such as advanced imaging (CT, MRI, PET, MRA), Nuclear Medicine, Pharmaceutical Products, Scopic Procedures; Therapeutic Treatments and Genetic Testing. As well as, advanced surgical services performed in a physician's office.		20% after Deductible
<b>PREVENTIVE CARE SERVICES</b>		
<i>Preventive health benefits are intended for the early detection of diseases by screening for their presence in an individual who has neither symptoms nor findings suggestive of those diseases. Some tests are not covered as part of the preventive health screening benefit because they are not recommended by the United States Preventive Services Task Force (USPSTF) or approved medical polices. Those services that will be considered to be a preventive health service are subject to change at any time in order to align with and be consistent with the USPSTF guidelines and medical polices.</i>		
Routine Well Baby Care & Child/Adult Immunizations		No Cost to You
Routine Vision Exam (limit 1 every 24 months)		No Cost to You
<b>OTHER SERVICES</b>		
Home Health Care (100 days per Calendar Year Maximum)		20% after Deductible
Hospice Care (6 months per Calendar Year Maximum)		20% after Deductible
Therapy Services (per Calendar Year for all therapies combined)		Limited to 30 visits
Therapy (Occupational Therapy, Physical Therapy, Speech & Audiology, Spinal Manipulation/Chiropractic)		\$50 Copayment
Hearing Aid Device (Covered up to \$1,400 per ear, once every 3 years)		No Cost to You
Hearing Exam (Covered once every 3 years)		No Cost to You
<b>INFERTILITY COVERAGE / BARIATRIC SERVICES</b>		
Infertility Diagnostic Services Only		20% after Deductible
Infertility Treatment		Not Covered
Bariatric Services (Lifetime Maximum of \$10,000)		20% after Deductible
<b>SUPPLEMENTAL ACCIDENT BENEFIT</b>		
Payable at 100% for first \$500 of covered charges. Injury/Accident Expense Benefits are paid at 100% for Covered Services incurred as a result of an injury. The Covered Services must be incurred within 60 days of the injury. Covered Services that exceed the Injury/Accident Maximum will be subject to deductible and coinsurance.		

PRESCRIPTION DRUG BENEFITS	30 Day Supply Retail (You Pay)	90 Day Supply Retail or Mail Order (You Pay)
Tier 1 - Generic	\$5 Copayment	\$15 Copayment
Tier 2 - Preferred	\$55 Copayment	\$165 Copayment
Tier 3 - Nonpreferred	\$75 Copayment	\$225 Copayment
SHARx Speciality Program	0	Not Covered

**SHARx specialty program will be effective January 1st. If you are currently taking a specialty medication, you will receive an email from SHARx to start the enrollment process.**

**Limitations**

- All new prescriptions are limited to a 30-day supply.
- Refills are limited to a 90-day supply at certain contracted pharmacies, retail, and mail-order.

**Step Therapy**

- Certain medications may require to be taken before another medication is covered. Step Therapy is the process of beginning drug therapy for a medical condition with the most cost-effective and safest drug prescribed before progressing to other, more costly therapy.

**Benefit Details**

- Benefits are subject to all benefit terms, conditions, limitations and exclusions.
- Benefits are provided for formulary prescription drugs when prescribed by a physician or by a licensed health care provider within the scope of their license.
- Benefits are available through a network pharmacy, a network mail-order pharmacy or an out-of-network pharmacy; provided that the drug is a Covered Prescription Drug.

**REMEMBER:** You will receive new medical ID cards with updated pharmacy information. Be sure to give your new card to your providers and pharmacy during your first visit in 2026. Starting 1/1/26, you will be able to access your ID card on the Blueprint Portal (see Blueprint & Virtual Health for more details).

PER PAY CHECK	BASE	CORE	ENHANCED
Employee Only	\$0.00	\$19.00	\$44.00
Employee + Spouse	\$290.00	\$339.00	\$438.00
Employee + Child(ren)	\$217.00	\$257.00	\$339.00
Family	\$571.00	\$639.00	\$785.00

Preventive services are always 100% covered *in-network*. You can look up eligible services and immunizations by clicking below.

<https://www.arkansasbluecross.com/members/individual-and-family/health-and-wellness/preventive-vs-diagnostic/preventive-health-information>



# BLUEPRINT & VIRTUAL HEALTH



Claims & Policy Info



Member ID cards



Your Personal Health Record



Find Care & Costs



Pharmacy



Blueprint Wellness

## Registration is easy!

Go to [blueprintportal.com](https://blueprintportal.com)

- Select Register
- Follow the instructions. All you need is your:
  - » Member ID or the last four digits of your Social Security number
  - » Name
  - » Date of birth

## On the go?

Download the Blueprint Portal app to access, share or fax your ID card while you are in your doctor's office. You can also access many more features through the app to manage your health plan.



## Already registered?

If you're already a Blueprint Portal user, simply go to [blueprintportal.com](https://blueprintportal.com) and enter your username and password to sign in and access your account.



\$20 Copay for Virtual Health

## See a doctor whenever, wherever.

You need healthcare 24/7 – not just when it's convenient. Virtual Health (powered by MDLIVE) gives you access to **medical and behavioral health** for nonemergency conditions on your smartphone or computer.

Access Virtual Health on the BluePrint Portal app or by visiting [myvirtualhealth.com](https://myvirtualhealth.com).

## Virtual Health is perfect for these nonemergency conditions and more....

### Health Conditions:

- Allergies
- Common Cold/Cough
- Constipation/Diarrhea/Nausea
- Ear Problems
- Fever/Flu
- Headache
- Rash

### Behavioral Health Conditions:

- Addictions
- Anxiety/Depression
- Stress
- Bipolar Disorders
- Eating Disorders
- LGBTQ Support
- Grief & Loss



## What is SHARx:

SHARx is an advocacy solution provided by your employer. This program was created to extend advocacy program benefits to employees like you. Their role is to help facilitate the advocacy process for each eligible member of your employer's health plan and provide access for all covered specialty medications.

As it can take a few weeks to get set up, now is the time to begin the process to access your specialty medications.

## How It Works:

Once an employee is identified as having a specialty medication, they receive a welcome email from SHARx with instructions to complete their program setup.

## What Are the Costs?

There are no costs to participate in the SHARx program. Your employer covers 100% of the cost of this service for employees and their families while they remain enrolled in the employer's health plan.

## Specialty Prescriptions Include:

Specialty medications are expensive, complex, often injectable or oral drugs for rare or chronic conditions.

## Non-Specialty Medications:

Members should continue using their regular pharmacy for acute or low-cost prescriptions. For questions, contact your insurance provider using the number on your ID card.

## Learn More:

Watch the overview video by scanning the QR code below:



## Need Help?

Contact your JTS representative for more information about the SHARx program.



# FLEXIBLE SPENDING ACCOUNT (FSA)

This plan runs calendar year (January 1-December 31, 2026).

## PUT MORE MONEY IN YOUR POCKET

Each dollar you contribute to your FSA is tax-deductible. That means you could potentially save as much as 30 percent or more on qualified expenses.

## ELIGIBLE EXPENSES

Use Health Care FSA for medical, dental, vision, and prescription expenses. Dependent Care FSA can be used for child and elder day care while you are at work. For a full list of eligible expenses please see the below link.

## COVERS YOU & FAMILY MEMBERS

FSA dollars can be used on you, your spouse, and eligible dependents that live in your household. You or your dependents do not have to be covered on your employer's health insurance to access this benefit.

## USING YOUR FLEXIBLE SPENDING ACCOUNT

- You will receive a payment card to access your Health Care FSA funds. You can also pay for eligible expenses with any other form of payment and request reimbursement from your account.
- You can check your account balance and submit claims for reimbursement on our website. Please see the below link.

## Know Your Options

FSA decisions can only be made during open enrollment (unless you have a qualifying event).

Choose the amount you want to contribute then your employer will deduct that amount pretaxed from each paycheck over 12 months.

Unused Health Care FSA dollars are forfeited. But \$680 or less rolls over into the next plan year.

### HEALTH FSA - IMPORTANT DETAILS

Maximum Annual Contribution	<b>\$3,400</b>
You Can Begin Using Funds	<b>01/01/2026</b>
Full Balance Eligible for Reimbursement of Claims	<b>01/01/2026</b>
Last Day to Incur Eligible Expenses	<b>12/31/2026</b>
Deadline to Submit Claims	<b>3/15/2027</b>
Carryover Amount Into Next Year	<b>\$680</b>

DEPENDENT CARE	ANNUAL MAX
Single/Married filing jointly	<b>\$7,500</b>
Married Filing Separately	<b>\$3,750</b>

Account login: <https://jtsppt.lh1ondemand.com/>

FSA Eligible Items list: [https://www.irs.gov/publications/p502#en\\_US\\_2022\\_publink1000178851](https://www.irs.gov/publications/p502#en_US_2022_publink1000178851)



# MEDICAL TRANSPORT SOLUTIONS (MASA)

The high cost of emergent and non-emergent transportation results in unexpected out of pocket expenses. MASA protects members from these expenses related to emergency air transportation and ground ambulance charges.

**ANY GROUND. ANY AIR. ANYWHERE. <sup>TM</sup>**

BENEFITS	EMERGENT PLUS
Cost	\$14 per month
Family Included	Yes
Emergent Ground Transportation (U.S. & Canada)	Yes
Emergent Air Transportation (U.S. & Canada)	Yes
Repatriation (Worldwide)	Yes
Non-Emergent Interfacility Transportation (Worldwide)	Yes



**Did You Know?**  
**28M**

Emergency transports are dispatched by 911 annually

**21,000**

Licensed ground ambulance providers in the U.S.

**300**

Air medical providers in the U.S.

**79%**

All ground ambulance rides could result in an out-of-network bill

**\$2,000**

Average ground ambulance charge

**MASA SOLUTION:**

**100%**

U.S. ambulance provider coverage

**50**

Years industry pioneer

***Make sure to submit claims to MASA within 6 months of the date of service to ensure payment of claim.***

<https://www.masamts.com/>

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

You have hopes, dreams and goals for your future. So, when you encounter bumps along the road, you'll be glad to know the *EmployeeConnect* program is on your side. Whether it's a helping hand during tough times or a bit of professional guidance, we're here for you with the support you need to keep moving forward. *EmployeeConnect* offers professional, confidential services to help you and your loved ones improve your quality of life.

## With *EmployeeConnect*, help is available 24/7 for your and your dependents- at no additional cost to you- for:

- Depression
- Marital or family difficulties
- Managing stress and anxiety
- Substance abuse
- Legal and financial matters
- Locating child or elder care
- Moving and relocation
- Planning for college, events or vacation
- Family planning and pregnancy health

In-person guidance	Unlimited 24/7 assistance	Online resources
<p>Some matters are best resolved by meeting with a professional in person. With <i>EmployeeConnect</i>, you and your family get:</p> <ul style="list-style-type: none"> <li>• In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)</li> <li>• In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings</li> </ul>	<p>You and your family can access the following services anytime — online, on the mobile app or with a toll-free call:</p> <ul style="list-style-type: none"> <li>• Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more</li> <li>• Legal information and referrals for family law, estate planning, consumer and civil law</li> <li>• Financial guidance on household budgeting and short- and long-term planning</li> </ul>	<p><i>EmployeeConnect</i><sup>SM</sup> offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit <a href="http://GuidanceResources.com">GuidanceResources.com</a> or download the <i>GuidanceNow</i> mobile app.</p> <p>You'll find:</p> <ul style="list-style-type: none"> <li>• Articles and tutorials</li> <li>• Videos</li> <li>• Interactive tools, including financial calculators, budgeting worksheets and more</li> </ul>

## Take advantage of *EmployeeConnect*

For more information about the program, visit [GuidanceResources.com](http://GuidanceResources.com), download the [GuidanceNow](#) mobile app or call 888-628-4824.

GuidanceResources.com login credentials:

Username: LFGSupport

Password: LFGSupport1



Having dental insurance contributes to your over all well-being. Dental insurance provides coverage for preventative, basic, and major services.

DENTAL SERVICES	IN-NETWORK BENEFITS
<p><b>DIAGNOSTIC &amp; PREVENTIVE SERVICES</b> (No Deductible)</p> <ul style="list-style-type: none"> <li>• Exams (2 times per year)</li> <li>• Cleanings (2 times per year)</li> <li>• Fluoride (2 times per year)</li> <li>• X-rays (1 time within any 36 consecutive months)</li> <li>• Sealants (prior to age 19-1 time per tooth per 60 consecutive months)</li> </ul>	<p>In Network-100% Out of Network-90%</p>
<p><b>BASIC SERVICES</b></p> <ul style="list-style-type: none"> <li>• Emergency Palliative Treatment (1 time per visit, not combined with any other treatment)</li> <li>• Brush Biopsy (upon review)</li> <li>• Minor Restorative Services - Fillings (1 time per surface, per tooth per 12 months)</li> <li>• Non-Surgical Periodontics</li> <li>• Space Maintainer (1 time per 60 consecutive months)</li> </ul>	<p>In Network-80% Out of Network-72%</p>
<p><b>MAJOR SERVICES</b></p> <ul style="list-style-type: none"> <li>• Surgical Periodontic Services</li> <li>• Major Restorative Services - Crowns, Inlays, Onlays, Veneers (for treatment of visible decay and tooth fractures)</li> <li>• Endodontic Services- Root canals</li> <li>• Prosthodontic Services - Bridges, Implants, and Dentures</li> <li>• Child Orthodontia- children to age 19, \$1,000 lifetime maximum</li> </ul>	<p>In Network-50% Out of Network-45%</p>
<p><b>CARRYOVER BENEFIT</b> If at least one covered service is applied toward your plan in a calendar year and the plan has not paid more than \$749 in benefit, up to \$375 will carry over to the next plan year. The carryover amount will accumulate from one year to the next, but will not exceed \$1,500.</p>	
<b>ANNUAL MAXIMUM</b>	\$1,500 per person per calendar year
<b>DEDUCTIBLE</b>	\$50 per person / \$150 per family

COVERAGE TIER	PER PAY CHECK
Employee	\$3.22
Employee + Spouse	\$28.58
Employee + Child(ren)	\$44.76
Family	\$52.21

Need to look up providers near you? Go to [www.deltadental.com](http://www.deltadental.com)



Regular vision checkups can help identify vision issues, and corrective lenses can make the difference between performing well on the job and at school, as well as affecting safe driving. That's why we offer you the opportunity to purchase voluntary vision coverage for you and your family.

VISION SERVICES	In-Network	Out-of-Network
<b>EXAM (OPHTHALMOLOGIST)</b>	\$5 Copay	Up to \$45
<b>EXAM (OPTOMETRIST)</b>	\$5 Copay	Up to \$45
<b>FRAMES</b>	Covered up to \$175 retail allowance	Up to \$50
<b>CONTACT LENS FITTING (standard)</b>	Covered in full	Not covered
<b>CONTACT LENS FITTING (specialty)</b>	\$50 Retail Allowance	Not Covered
<b>CONTACT LENSES</b>	\$175 Retail Allowance	Up to \$100
LENSES		
<b>SINGLE VISION</b>	Covered in full	Up to \$30
<b>BIFOCAL</b>	Covered in full	Up to \$50
<b>TRIFOCAL</b>	Covered in full	Up to \$60
<b>LENTICULAR</b>	Covered in full	Up to \$75
<b>PROGRESSIVE</b>	Covered in Full	Up to \$50

SERVICES	FREQUENCY
<b>EXAM</b>	12 months
<b>FRAMES</b>	12 months
<b>LENSES</b>	12 months
<b>CONTACTS</b>	12 months

COVERAGE TIER	PER PAYCHECK RATES
<b>Employee</b>	\$10.85
<b>Employee + Spouse</b>	\$21.71
<b>Employee + Child(ren)</b>	\$23.23
<b>Family</b>	\$34.13

CO-PAYS	
<b>EXAMS</b>	\$5
<b>MATERIALS</b>	\$5
<b>CONTACT LENS FITTING</b>	\$5

Discounts on Covered Materials	
<b>Frames</b>	20% off amount over allowance
<b>Lens options</b>	20% off retail
<b>Progressives</b>	20% off amount over standard progressive retail

Need to look up providers near you? Go to [www.vsp.com](http://www.vsp.com)



East Arkansas Community College provides life insurance to help protect the employee's family in the event of a death. Basic Life and AD&D Insurance coverage is available while you are a full-time employee. AD&D insurance covers you and your beneficiaries in the event of an accidental loss of life.

	EMPLOYEE	SPOUSE	DEPENDENT
<b>COVERAGE AMOUNT</b>	\$20,000 and \$10,000	\$2,000 increments up to \$20,000 <b>*EOI required for late entrants</b>	\$2,000 increments up to \$20,000
<b>MINIMUM AMOUNT</b>	NA	\$2,000	\$2,000
<b>AD&amp;D BENEFIT</b>	Matches Life Amount		
<b>BENEFIT REDUCTION</b>	Benefits will reduce 35% Employee Age 65; an additional 15% at age 70; and benefits terminate at the employee's retirement.		

### CONVERSION

If you terminate your employment you have the option to convert all or part of the amount of coverage in force to an individual life policy. Conversion elections must be made within 31 days of your date of termination.

	COVERAGE	PER PAYCHECK RATE
Employee	\$20,000	\$0.00
Spouse/Child	\$20,000	\$2.40



# VOLUNTARY TERM LIFE INSURANCE

Your needs vary greatly upon age, number of dependents, dependents ages and your financial situation. Term Life is designed to provide benefits to your designated beneficiary for loss of life.

	EMPLOYEE	SPOUSE	DEPENDENT
<b>COVERAGE AMOUNT</b>	Choice of \$5,000 increments up to \$300,000, limited to 5x your annual compensation	Choice of \$2,500 increments up to \$100,000, limited to 50% of employee's annual compensation. <i>Employee must have coverage under voluntary life plan to have coverage on spouse.</i>	<ul style="list-style-type: none"> <li>• Newborn - 14 days: not eligible</li> <li>• 14 days - 6 mo.: \$250</li> <li>• 6 mo. - Age 26: \$10,000</li> </ul> <i>Employee must have coverage under voluntary life plan to have coverage on dependent.</i>
<b>MINIMUM AMOUNT</b>	\$5,000	\$2,500	\$250
<b>MAXIMUM AMOUNT</b>	\$300,000, up to 5x annual salary	\$100,000, limited to 50% of the Employee's Life Amount	\$10,000
<b>GUARANTEE ISSUE</b>	Newly Eligible: \$200,000 age 75+: \$0 <b>Currently Enrolled- \$40,000 increase</b>	\$20,000 age 60+: \$0	--
<b>BENEFIT REDUCTION</b>	Benefits will reduce at age 65; additional 15% decrease of original amount at age 70;  Benefits terminate at retirement.	Benefits will reduce 35% when the employee turns 65. Additional 15% of original amount at the employee's age of 70;  Benefits terminate when employee retires.	Terms at age 26

**RATES WILL BE CALCULATED BY BENEFIT AMOUNT AND AGE DURING ENROLLMENT PROCESS.**

**ANNUAL INCREASES**

Employees who are current voluntary life participants have the opportunity at Open Enrollment to increase his or her employee life amount without any medical questions. They may increase the amount in increments of \$10,000 up to a maximum of \$40,000.

# UNIVERSAL LIFE INSURANCE

This coverage provides permanent life insurance protection with a premium that never increases due to age or a specified term. Life Insurance is a promise to your family to help protect their future. The death benefit can be used any way you or your family sees fit.

## PLAN FEATURES

- Policy builds cash value & accrues interest
- Rate stability and benefit stability
- **Fully Portable** - You can keep this policy should you change jobs or retire
- **Guarantee Renewable** - Guarantee coverage to age 100 as long as your premiums are paid.
- **Accelerated Death Benefit for Terminal Illness** - Pays 75% of death benefit up to \$225k.
- Spouse and dependent coverage available without purchase of employee policy
- Employees up to 75 years of age can apply for voluntary Universal Life Insurance for permanent protection.

## BENEFIT AMOUNTS

### Employee (Age 18-64)

All Employees Guarantee Issue	\$60,000
Guarantee Issue (New Hire)	Up to \$120,000
**Simplified Issue (Age 18-75)	Up to \$300,000

### Spouse (Age 18-64)

Guarantee Issue (if employee applies for coverage) (New Hire)	The greater of \$25,000 or \$3 per week
*Modified Issue (if employee <u>does not</u> apply for coverage)	The greater of \$25,000 or \$3 per week
**Simplified Issue (Age 18-70)	Up to \$300,000

### Children (Up to Age 22)

Guarantee Issue (New Hire)	Up to \$25,000
*Modified and **Simplified Issue	Amount of coverage purchased by \$4.23

### Grandchildren (Up to Age 18)

**Simplified Issue	Amount of coverage purchased by \$4.23
--------------------	--

#### \*MODIFIED ISSUE QUESTIONS

- 1) Is any person to be insured now disabled, been seen by a physician or been treated in a medical facility, including doctor's office, within the last six months for illness or disease (other than flu, colds)?
- 2) Has any person to be insured been treated for, or diagnosed by a member of the medical profession as having acquired immune deficiency syndrome (AIDS) or tested positive on an AIDS or HIV test?

#### \*\*SIMPLIFIED ISSUE QUESTIONS

- 1) Major Medical Impairments (5 years)
- 2) History of drug/alcohol treatment (10 years)
- 3) Reason for seeing a medical practitioner in the past 12 months (other than for routine physical exams, including school, employment, aviation, sports, etc).

Universal Life Events insurance addresses differing employee needs for permanent life insurance and peace of mind for a lifetime, and is available for employees and their spouses in face amounts from \$5,000 up to \$300,000. This policy pays a higher death benefit during working years when expenses are high.

## PLAN FEATURES

- **Fully Portable** - You can keep this policy should you change jobs or retire.
- Maximum benefit protection during working years, when expenses are typically higher
- **Guarantee Renewable** - Guarantee coverage, as long as your premiums are paid
- **Accelerated Death Benefit for Terminal Illness** - Pays 75% of death benefit up to \$225k
- Spouse coverage available without purchase of employee policy
- **Long Term Care Benefit** - Pays a monthly benefit equal to 4% of your death benefit for up to 50 months. The LTC benefit accelerates the death benefit and proportionately reduces it
- **Benefit Restoration** - Restores the death benefit that is reduced to pay for Long Term Care, so your family receives the full death benefit amount when they need it most
- Employees up to 65 years of age can apply for voluntary Universal LifeEvents insurance for permanent protection.

## BENEFIT AMOUNTS

### Employee (Age 18-64)

All Employees Guarantee Issue	\$60,000
Guarantee Issue (New Hire)	Up to \$120,000
**Simplified Issue	Up to \$300,000

### Spouse (Age 18-64)

Guarantee Issue (if employee applies for coverage) (New Hire)	The greater of \$25,000 or \$3 per week
*Modified Issue (if employee <u>does not</u> apply for coverage)	The greater of \$25,000 or \$3 per week
**Simplified Issue	Up to \$300,000

### Children (Up to Age 22)

Guarantee Issue (New Hire)	Up to \$25,000
*Modified Issue (if employee <u>does not</u> apply for coverage)	Amount of coverage purchased by \$4.73

#### \*MODIFIED ISSUE QUESTIONS

- 1) Is any person to be insured now disabled, been seen by a physician or been treated in a medical facility, including doctor's office, within the last six months for illness or disease (other than flu, colds)?
- 2) Has any person to be insured been treated for, or diagnosed by a member of the medical profession as having acquired immune deficiency syndrome (AIDS) or tested positive on an AIDS or HIV test?

#### \*SIMPLIFIED ISSUE QUESTIONS

- 1) Major Medical Impairments (5 years)
- 2) History of drug/alcohol treatment (10 years)
- 3) Reason for seeing a medical practitioner in the past 12 months (other than for routine physical exams, including school, employment, aviation, sports, etc).



# SHORT-TERM DISABILITY INSURANCE

Voluntary Short-Term Disability Insurance replaces a portion of your income when you are recovering from a covered illness or injury– a big help while you are unable to work. You can feel better sooner knowing that your income is protected while you're on the mend.

BENEFITS	BENEFIT AMOUNTS
<b>MAXIMUM WEEKLY BENEFIT</b>	66.67% of your weekly salary; up to \$1,500 per week
<b>MAXIMUM BENEFIT DURATION</b>	17 weeks
<b>ELIMINATION PERIOD</b>	Accident - 1 days Sickness - 8 days
<b>PRE-EXISTING CONDITION</b>	You may not be eligible for benefits if you have received treatment for a condition with the past 3 months until you have been covered under this plan for 12 months
<b>PRE-EXISTING CONDITION</b>	As a new hire, you are able to take advantage of this coverage without a health exam. However, if you have declined coverage in the past, you may apply for coverage, but will have to submit Evidence of Insurability form before acceptance can be determined.
<b>MATERNITY INFORMATION</b>	Pregnancy is one of the most common examples of <u>short term</u> disability leave. This policy pays your benefit up to six weeks after a normal delivery and eight weeks after a c-section delivery minus the elimination period. The pre-existing conditions clause also applies to pregnancy. For more information about pregnancy and your short term disability policy, click the link below or reach out to a JTS representative.

ADDITIONAL BENEFITS	
<b>Portability</b>	Can be kept after employment
<b>Rehab Assistance</b>	5%
<b>Survivor Income</b>	3 weeks

**RATES WILL BE CALCULATED BY BENEFIT AMOUNT AND AGE DURING ENROLLMENT PROCESS.**

[To submit a claim online, visit](#)

<https://www.lincolnfinancial.com/public/employers/support/employeebenefits#startclaim>



**EMPLOYER PAID**

# LONG-TERM DISABILITY INSURANCE

If you stopped receiving a paycheck today, how would you pay for your mortgage, bills, food, and other monthly expenses? Could you maintain your current lifestyle?

BENEFITS	BENEFIT AMOUNTS
<b>MAXIMUM MONTHLY BENEFIT</b>	60% of your paycheck; up to \$6,000 per month
<b>MAXIMUM BENEFIT DURATION</b>	SSNRA
<b>ELIMINATION PERIOD</b>	120 Days
<b>PRE-EXISTING CONDITION</b>	You may not be eligible for benefits if you have received treatment for a condition with the past 3 months until you have been covered under this plan for 12 months.

### EMPLOYER PROVIDED BENEFIT

East Arkansas provides eligible employees with long-term disability insurance. It is designed to provide protection if you become disabled and can no longer work due to a covered Accidental Injury or Sickness.

### HOW THE PLAN WORKS

If you become disabled due to a covered accident or sickness, long-term disability insurance will pay up to 60% of your monthly income (once you have satisfied the elimination period.) Disability benefits will be payable up to the benefit period stated in your policy.

### BENEFITS BEGIN

Accidental injury and sickness benefits will become payable beginning on the 121st day of disability.

[To submit a claim online, visit](https://www.lincolnfinancial.com/public/employers/support/employeebenefits#startclaim)

<https://www.lincolnfinancial.com/public/employers/support/employeebenefits#startclaim>



# CRITICAL ILLNESS INSURANCE



Critical Illness benefits can help meet the needs your family by offering financial support when it is needed the most. Critical Illness Insurance supplements any existing medical benefits you may already have.

BENEFIT DESCRIPTION	BENEFIT AMOUNTS
<b>MAXIMUM PRINCIPAL SUM</b> Employee Spouse Child	\$20,000 \$10,000 \$10,000
<b>GUARANTEE ISSUE</b> Employee Spouse Child	\$20,000 \$10,000 \$10,000
<b>EMPLOYEE COVERAGE</b>	<i>Flat Benefit Options of:</i> \$10,000 - \$20,000
<b>SPOUSE COVERAGE</b>	<i>Flat Benefit Options of:</i> 100% of Employee Benefit; Maximum of \$10,000
<b>DEPENDENT COVERAGE</b>	\$10,000
<b>WELLNESS</b>	\$75
<b>COVERED CRITICAL ILLNESSES</b>	Stroke, heart attack, heart transplant, major organ transplant, renal failure, Lou Gehrig's, Alzheimer's, Burns caused by accidents, paralysis caused by accident; coronary artery bypass surgery
<b>PORTABLE</b>	Yes
<b>BENEFIT WAITING PERIOD</b>	None
<b>PRE-EXISTING PERIOD</b>	None
<b>BENEFIT REDUCTION</b>	None

**RATES WILL BE CALCULATED BY BENEFIT AMOUNT AND AGE DURING ENROLLMENT PROCESS.**

[To submit a claim, click on the link below.](#)

<https://www.lfg.com/public/individual/contactformsclaims/employeebenefits>



With Cancer insurance, you can rest a little easier. The coverage pays you a cash benefit to help with costs associated with treatments, to pay for daily living expenses and more importantly, to empower you to seek the care you need.

RADIATION & CHEMOTHERAPY		
	BENEFIT PAYS	BENEFIT DETAILS
<b>RADIATION &amp; CHEMOTHERAPY</b>	\$20,000	maximum benefit per 12-month period
<b>BLOOD, PLASMA, AND PLATELETS</b>	\$20,000	maximum benefit per 12-month period
WELLNESS & NON-MEDICAL BENEFITS		
	BENEFIT PAYS	BENEFIT DETAILS
<b>WELLNESS</b>	\$100	per calendar year for cancer screening tests
<b>FIRST OCCURRENCE</b>	\$5,000	pays a one-time, lump sum benefit when a covered person is initially diagnosed with cancer
<b>LODGING BENEFIT</b>	\$50	per day
<b>PRE-EXISTING PERIOD</b>	Yes	12/12
<b>GUARANTEE ISSUE</b>	Yes	
<b>PORTABLE</b>	Yes	
HOSPITAL BENEFITS		
	BENEFIT PAYS	BENEFIT DETAILS
<b>ANESTHESIA</b>	25%	
<b>SURGERY</b>	up to \$3,000	actual charges
<b>HOSPITAL CONFINEMENT</b>	\$200	per day

COVERAGE TIER	PER PAY CHECK
Employee	\$32.59
Employee + Spouse	\$52.61
Employee + Child(ren)	\$39.63
Family	\$59.65

Click the link below to create an account and sign in to submit/view claims.

<https://signin.guardianlife.com/signin>

Guardian does not pay benefit for an employee who is undergoing current treatment for Cancer, enrolls in the Cancer plan, and remains on the plan for 12 months. That treatment is excluded. Scheduled benefits are only paid for Cancer that is diagnosed while insured under the Guardian plan and is not pre-existing. Scheduled benefits are paid for a recurrence of Cancer, if the employee has been deemed Cancer-free prior to coming onto our plan, is not undergoing treatment for that previous cancer during the pre-x window, and is diagnosed with the recurrence while currently under our plan. Employee will not be eligible for the Initial Diagnosis Benefit for a recurrence of a similar Cancer.



Having to undergo hospital treatments can be financially difficult, especially if it is unexpected. A hospital indemnity policy can help by eliminating your financial concerns and provide support when a sudden sickness or injury does occur.

BENEFITS	LOW	HIGH
<b>INITIAL HOSPITALIZATION</b>	\$750	\$1,500
<b>HOSPITAL CONFINEMENT</b>	\$150 per day, 10 per year	\$300 per day, 10 per year
<b>SURGERY &amp; ANESTHESIA</b>	Up to \$1,000	Up to \$1,000
<b>WELLNESS</b>	\$30	\$30
<b>MATERNITY COVERAGE</b>	Yes	Yes
<b>PRE-EXISTING CONDITION</b>	12/12	12/12
<b>GUARANTEE ISSUE</b>	Yes	Yes
<b>PORTABLE</b>	Yes	Yes

**RATES WILL BE CALCULATED BY BENEFIT AMOUNT AND AGE DURING ENROLLMENT PROCESS.**

To submit a claim online, visit <https://www.usablelife.com/claims/>



**US<sup>A</sup>ble Life**

# ACCIDENT INSURANCE

Accident coverage pays cash benefits for expenses associated with an accidental injury and can help protect hard-earned savings should an on- or off-the-job accidental injury occur.

BENEFITS	LOW	HIGH
<b>EMERGENCY ROOM TREATMENT</b>	\$125	\$225
<b>INITIAL HOSPITALIZATION</b>	\$1,200	\$1,200
<b>HOSPITAL CONFINEMENT</b>	\$250 per day	\$250 per day
<b>AIR AMBULANCE</b>	\$1,500	\$1,500
<b>WELLNESS</b>	\$105	\$105
<b>BURNS</b>	Up to \$2,500	Up to \$4,500
<b>FRACTURES</b> • fee schedule	Up to \$2,750	Up to \$4,950
<b>LACERATION</b>	\$450	\$810
<b>EYE INJURY</b>	\$200	\$360
<b>PORTABLE</b>	Yes	Yes

## MEETING YOUR NEEDS

- Coverage that is guaranteed issue; not required to take medical exams or tests
- Benefits that correspond with treatment for on- and off-the-job accidental injuries including hospitalization, emergency treatment, intensive care, fractures, and more.
- Benefits paid directly to you (unless you assign them to someone else)

COVERAGE TIER	LOW	HIGH
<b>Employee</b>	\$12.13	\$14.11
<b>Employee + Spouse</b>	\$23.27	\$27.05
<b>Employee + Child(ren)</b>	\$23.98	\$29.81
<b>Family</b>	\$35.12	\$42.75

To submit a claim online, visit  
<https://www.usablelife.com/claims/>

# EMPLOYEE NOTICES

## HIPAA Special Enrollment Rights

### Initial Notice of Your HIPAA Special Enrollment Rights

**Loss of Other Coverage** - If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependent's coverage. You may be asked to submit a signed statement that this other coverage was the reason for waiving enrollment originally. To be eligible for this special enrollment opportunity you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing towards the other coverage.

**New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption** - If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependent(s). To be eligible for this special enrollment opportunity you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

**Medicaid Coverage** - The health plan will allow an employee or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

- 1. TERMINATION OF MEDICAID OR CHIP COVERAGE** - If the employee or dependent is covered under a Medicaid plan or under a State child health plan (SCHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.
- 2. ELIGIBILITY FOR PREMIUM ASSISTANCE UNDER MEDICAID OR CHIP** - If the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than provide direct enrollment in a state Medicaid program. To be eligible for this special enrollment opportunity you must request coverage under the group health plan within 60 days after the date the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP or the date you or your dependent's Medicaid or state-sponsored CHIP coverage ends. To request special enrollment or obtain more information, please contact Human Resources.

## HIPAA Privacy Notice

### Notice Of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE EMPLOYER AND ITS AFFILIATES, IF ANY, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION AS MANDATED FOR HEALTH PLANS THAT ARE SUBJECT TO HIPAA. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires certain health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information (45 Code of Federal Regulations parts 160 and 164). Where HIPAA applies to a health plan sponsored by the Employer, this document is intended to satisfy HIPAA's notice requirement for all health information created, received, or maintained by the Employer-sponsored health plan (the Plan). The regulations will supersede any discrepancy between the information in this notice and the regulations.

The Plan needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This notice describes the Plan's health information privacy policy for your health care, dental, personal spending account and flexible reimbursement account benefits. The notice tells you the ways the Plan may use and disclose health information about you, describes your rights, and the obligations the Plan has regarding the use and disclosure of your health information. It does not address the health information policies or practices of your health care providers.

### Our Commitment Regarding Health Information Privacy

The privacy policy and practices of the Plan protect confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as "protected health information" (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by Federal and State health information privacy laws.

### Privacy Obligations of the Plan

The Plan is required by law to: (a) make sure that health information that identifies you is kept private; (b) give you this notice of the Plan's legal duties and privacy practices for health information about you; and (c) follow the terms of the notice that is currently in effect.

### How the Plan May Use and Disclose Health Information About You

The following are the different ways the Plan may use and disclose your PHI without your written authorization:

*For Treatment.* The Plan may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.

*For Payment.* The Plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the terms of the Plan. For example, the Plan may receive and maintain information about surgery you received to enable the Plan to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.

*For Health Care Operations.* The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's participants receive their health benefits. For example, the Plan may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Plan may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plan may also combine health information about many plan participants and disclose it to the Employer and its affiliates, if any, in summary fashion so it can decide what coverages the Plan should provide. The Plan may remove information that identifies you from health information disclosed so it may be used without the Employer's learning who the specific participants are.

*To the Employer.* The Plan may disclose your PHI to designated Employer personnel so they can carry out their plan-related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to the Employer's Privacy Officer and personnel under the Privacy Officer's supervision. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information: 1) may not be disclosed by the Plan to any other employee and 2) will not be used by the Employer for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Employer.

*To a Business Associate.* Certain services are provided to the Plan by third-party administrators known as "business associates." For example, the Plan may input information about your health care treatment into an electronic claim processing system maintained by the business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.

*Treatment Alternatives.* The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.

*Health-Related Benefits and Services.* The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

*Individual Involved in Your Care or Payment of Your Care.* The Plan may disclose PHI to a close friend or family member involved in or who helps pay for your health care. The Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death.

*As Required by Law.* The Plan will disclose your PHI when required to do so by Federal, State or Local law, including those that require the reporting of certain types of wounds or physical injuries.

*To the Secretary of the Department of Health and Human Services (HHS).* The Plan may disclose your PHI to HHS for the investigation or determination of compliance with privacy regulations.

### **Special Use and Disclosure Situations**

The Plan may also use or disclose your PHI under the following circumstances:

*Lawsuits and Disputes.* If you become involved in a lawsuit or other legal action, the Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process.

*Law Enforcement.* The Plan may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.

*Worker's Compensation.* The Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with worker's compensation laws and other similar programs.

*Military and Veterans.* If you are or become a member of the U.S. armed forces, the Plan may release medical information about you as deemed necessary by military command authorities.

*To Avert Serious Threat to Health or Safety.* The Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.

*Public Health Risks.* The Plan may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.

*Health Oversight Activities.* The Plan may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.

*Research.* Under certain circumstances, the Plan may use and disclose your PHI for medical research purposes.

*National Security, Intelligence Activities, and Protective Services.* The Plan may release your PHI to authorized Federal officials: 1) for intelligence, counterintelligence, and other national security activities authorized by law and 2) to enable them to provide protection to the members of the U. S. government or foreign heads of state, or to conduct special investigations.

*Organ and Tissue Donation.* If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

*Coroners, Medical Examiners, and Funeral Directors.* The Plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release your PHI to a funeral director, as necessary, to carry out his or her duty.

### **Your Rights Regarding Health Information About You**

Your rights regarding the health information the Plan maintain about you are as follows:

*Right to Inspect and Copy.* You have the right to inspect and copy your PHI. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes. To inspect and copy health information maintained by the Plan, submit your request in writing to the Privacy Officer. The Plan may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.

*Right to Amend.* If you feel that health information the Plan have about you is incorrect or incomplete, you may ask to amend it. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, send a detailed request in writing to the Privacy Officer. You must provide the reason(s) to support your request. The Plan may deny your request if you ask to amend health information that was: accurate and complete, not created by the Plan; not part of the health information kept by or for the Plan; or not information that you would be permitted to inspect and copy.

*Right to an Accounting of Disclosures.* You have the right to request an "accounting of disclosures." This is a list of disclosures of your PHI that the Plan have made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you; disclosures made prior to this effective date at the end of this notice; or in certain other situations. To request an accounting of disclosures, submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested.

*Right to Request Restrictions.* You have the right to request a restriction on the health information the Plan use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the Plan disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had. To request restrictions, make your request in writing to the Privacy Officer. You must advise us: 1) what information you want to limit; 2) whether you want to limit the Plan's use, disclosure, or both; and 3) to whom you want the limit(s) to apply. Note: The Plan is not required to agree to your request.

#### *Right to Request Confidential Communications.*

You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Plan send you explanation of benefits (EOB) forms about your benefit claims to a specified address. To request confidential communications, make your request in writing to the Privacy Officer. The Plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

*Right to Opt-Out of Fundraising Communications.* While the plan has no intention of being involved in fundraising activities, if the plan intends to contact you to raise funds for the plan, you have the right to opt-out of receiving such communications.

*Right to a Paper Copy of this Notice.* You have the right to a paper copy of this notice. You may write to the Privacy Officer to request a written copy of this notice at any time.

### **A Note About Personal Representatives**

You may exercise your rights through a personal authorized representative. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- » A power of attorney for health care purposes, notarized by a notary public;
- » A court order of appointment of the person as the conservator or guardian of the individual; or
- » An individual who is the parent of a minor child.

The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

### **Changes to this Notice**

The Plan reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current notice in the Employer's office. All individuals covered under the Plan will receive a revised notice within 60 days of a material revision to the notice.

### **Notice of Breach of PHI**

You have a right to receive a notice when there is a breach of your unsecured PHI.

### **Complaints**

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Privacy Officer at the address listed below. Alternatively, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services (Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington D.C. 20201), generally, within 180 days of when the act or omission complained of occurred. Note: The Plan, the Employer, and any of its affiliates will not retaliate against you for filing a complaint.

### **Other Uses and Disclosures of Health Information**

A plan must obtain your written authorization to use or disclose psychotherapy notes, to use PHI for marketing purposes, or to sell PHI. An authorization for a use or disclosure of psychotherapy notes may only be combined with another authorization for a use and disclosure of psychotherapy notes.

*Plans* (excluding long-term care plans) are prohibited from using or disclosing PHI that is genetic information for underwriting purposes.

Other uses and disclosures of health information not covered by this notice or by the laws that apply to the Plan will be made only with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Plan will not reverse any uses or disclosures already made.

*Contact Information:* If you have any questions about this notice, please contact the Privacy Officer.

### **Maternity Coverage**

For maternity stays, in accordance with federal law, the plan does not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal delivery, or less than 96 hours following a cesarean delivery. However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a cesarean delivery).

### **Women's Health and Cancer Rights**

On October 21, 1998, Congress passed a bill called the Women's Health and Cancer Rights Act. This law requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. These services include:

- » Reconstruction of the breast upon which the mastectomy has been performed,
- » Surgery/reconstruction of the other breast to produce a symmetrical appearance,
- » Prostheses, and
- » Physical complications during all stages of mastectomy, including lymphedemas

### **In addition, the plan may not:**

- » Interfere with a woman's rights under the plan to avoid these requirements, or
- » Offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and copays consistent with other coverage provided by the plan. If you have questions about the current plan coverage, please contact your HR Department.

## **Important Notice About Your Prescription Drug Coverage and Medicare**

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

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

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

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back.

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

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

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

Contact a JTS representative for more information.

*NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and of this coverage through East Arkansas Community College.*

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

*For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).*

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



INTENTIONALLY DIFFERENT

## **Customer Service**

**501.476.5873**

**Hannah Stover**  
hstover@jtsfs.com

**Niema LeBlanc**  
niema@jtsfs.com

**Jennifer Wilson**  
jennifer@jtsfs.com

**Business Hours:**  
**Monday - Thursday, 8:00-5:00;**  
**Friday, 8:00-4:00**