



Public School Employees (PSE)

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Contacts

Benefit	Website/Email	Phone Number
EBD Office	www.ARBenefits.org AskEBD@dfa.arkansas.gov	1-877-815-1017 x1 501-682-9656
Health Advantage	www.healthadvantage-hmo.com	1-800-482-8416 501-378-2364
Securian Life Insurance	www.securian.com	1-888-826-2734
ConnectYourCare HSA	Starting 10/1/18: www.ConnectYourCare.com/ARBenefits	
ARBenefits Summary Plan Description	www.ARBenefits.org	

EBD Office

The EBD office is open
Monday-Friday
8 a.m. - 4:30 p.m. CST



Check out ARBenefits on Facebook at www.Facebook.com/ARBenefits.
Our Facebook page is a public page; please do not post or send any personal health information.

2019 Open Enrollment

Open Enrollment is the time of year employees can enroll, or make changes to their health plan without the need of a qualifying event.

2019 Plan Year Open Enrollment

Health Insurance/Securian/ConnectYourCare HSA: October 1-31, 2018

Open Enrollment gives employees the opportunity to make the following changes for the 2019 plan year:

- ▶ Enroll in coverage for you and your dependents
- ▶ Add/Drop dependents from your current policy
- ▶ Change plan levels between Premium, Classic and Basic
- ▶ Cancel your coverage
- ▶ Change from pre-tax to post-tax deduction or vice versa.
- ▶ Non-Medicare retirees can change their plan level (Premium, Classic or Basic)

Note: Any open enrollment changes received prior to the start of open enrollment, or after the deadline, will not be processed.

If you do not wish to make any changes to your health insurance coverage, you do not need to submit an enrollment form during open enrollment. Your current coverage will continue as is for 2019.

Retiring Soon?

Remember, you must be actively covered on the ARBenefits plan the last day of your employment to be eligible for ARBenefits retiree coverage.

OPEN ENROLLMENT MEANS MULTIPLE CHANGES: Members can make changes to enrollment elections throughout the entire open enrollment period. However, the statement “Submission to EBD is final” will remain at the bottom of the enrollment form.

PARTIAL PROCESSING: EBD will process enrollment forms submitted by employees that are incomplete. For instance, if an employee is requesting to cover a spouse or dependent child, but did not provide the required documentation; EBD will notify the employee of the missing information and request it to be provided within ten (10) days of receipt of notice. If the employee fails to provide the necessary documents to fully process their enrollment form, EBD will complete the enrollment process for the **EMPLOYEE ONLY**.

Eligibility

Per the ARBenefits Summary Plan Description, public school employees that can answer yes to the question below are eligible to enroll in coverage.

Are you:

- ▶ A full-time employee in a position that requires on average at least thirty (30) hours per week of actual performance of duty during the annual school year

Eligible Dependents

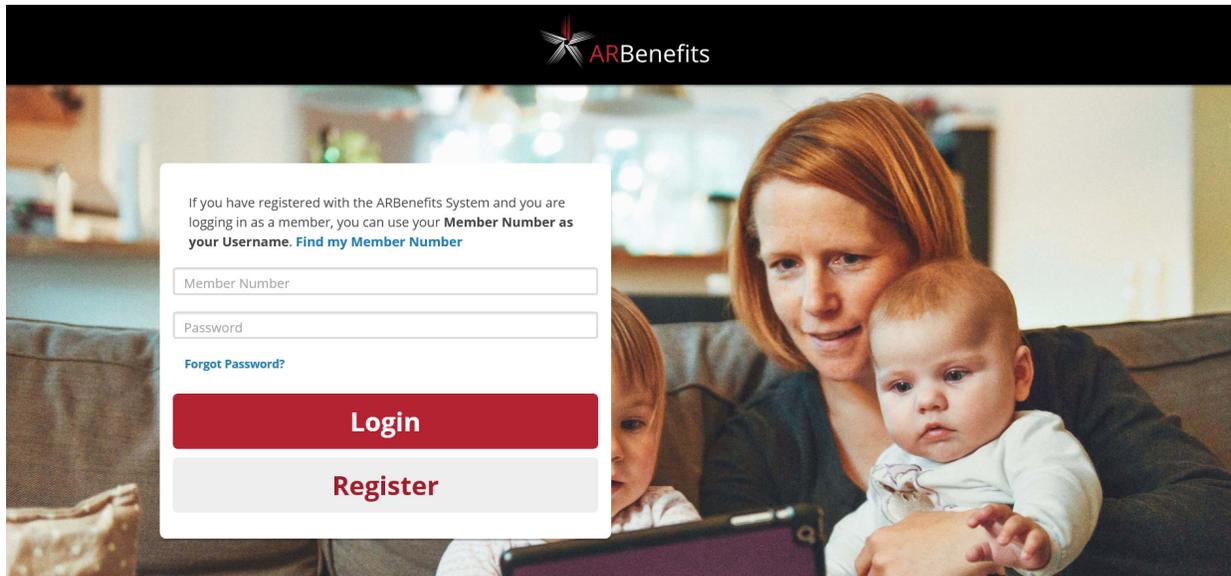
- ▶ Your current legal spouse (includes same-sex spouses). Former spouses with court orders requiring coverage are NOT ELIGIBLE to join the plan. Spouses eligible for coverage through his/her employer are not eligible for coverage.
- ▶ Dependent children (natural, step-child, legal guardian and legally adopted child) less than age 26.
- ▶ Dependent children beyond the age of 26 due to physical or mental incapacity.

Required Documentation for Adding Dependents During Open Enrollment			<u>Non-Eligible Dependents</u>
Adding a spouse	Adding dependents	Dropping a spouse and/or dependents	
Enrollment Form	Enrollment Form	Enrollment Form	<ul style="list-style-type: none"> ▶ Former spouse after the final date of the divorce ▶ A common-law spouse ▶ A parent, grandparent or stepparent of eligible employee ▶ Grandchildren, niece, nephew or foster child (unless legally adopted) ▶ Any eligible dependent that was not reported within the allotted time of the qualifying event.
Spousal Affidavit	Birth Certificate, Birth Announcement for a newborn, or court approved adoption papers		
Copy of Marriage License	If Stepchild: Marriage License to the step-child's parent and Birth Certificate		
	If Legal Guardian: Court-approved guardianship papers		

Online Enrollment

During open enrollment, and for newly hired employees, the easiest way to elect plan coverage is through the ARBenefits Member Portal. Enrolling through the ARBenefits Member Portal gives members instant confirmation that their elections have been received by EBD. Employees who have e-mail addresses on file with EBD will receive alerts through the portal to their e-mail address with the progress of their submitted changes.

The online enrollment feature is available during open enrollment, and during a new employee's initial 60-day enrollment period. Non-Medicare retirees can also use the online enrollment function change their plan level during open enrollment.



Employees can elect changes during open enrollment by either going online to their account at www.ARBenefits.org, or by submitting paper forms requesting their elections.

Be sure to attach any necessary supporting documentation to your online application, or you can fax/mail documentation to EBD.

Submit paper forms by fax: 501-683-0983
***Keep a copy of your fax confirmation page**

Mail forms to:
Employee Benefits Division
P.O. Box 15610
Little Rock, AR 72231-5610

**[Check out the step-by-step guide
to online enrollment at
\[www.ARBenefits.org\]\(http://www.ARBenefits.org\)](#)**



Health Insurance

Below are terms that can aid you in understanding the ARBenefits plan and the details of your coverage policy.

A more extensive list of terms and definitions can be accessed in the Glossary section of the ARBenefits Summary Plan Document (SPD).

Deductible

The deductible is the amount the member or members must pay before the plan starts to contribute for medically necessary covered services. All ARBenefits plans include a deductible.

Copayment

Fixed amount a member pays for medical services such as a doctor's office visit, a prescription or ER visit. The ARBenefits Premium plan utilizes copays. Copayments do not count towards a member's deductible, but do count towards the out-of-pocket maximum.

Coinsurance

After the satisfaction of the deductible, coinsurance is the amount the member is responsible for prior to meeting the out-of-pocket maximum. For ARBenefits plans, the plan will pay 80% coinsurance for in-network covered services while the member pays 20%. Out-of-network coinsurance rates vary.

Out-of-Pocket Maximum

The maximum amount a member must pay towards covered medical services. Once reached, the plan will pay 100% for covered medically necessary services for the remainder of that plan year.

Deductible, coinsurance and copays count towards the out-of-pocket maximum. However, out-of-network services and prescription copays do not count towards the medical out-of-pocket maximum. Members on the ARBenefits Premium plan have separate medical and pharmacy out-of-pocket maximums.

Plan-Year

12-month period for benefits coverage. The ARBenefits plan starts a new plan year every January 1 that runs through December 31 of that year.

Amounts contributed to deductible and out-of-pocket maximums reset with the start of a new plan year.

Third Party Administrator (TPA)

Health Advantage serves as the TPA for active employee and non-Medicare retirees. Qualchoice serves as the TPA for our Medicare Primary plans until 1/1/19, when it will change to Health Advantage. The ARBenefits plan follows the coverage policies of these administrators unless a medical prior authorization (PA) is required.

For services that require a medical PA, the plan follows guidelines set by the plan's medical management vendor.

Voluntary Products

Any type of optional benefit included in an employer's benefit options. These products include: life insurance, dental, vision, cancer insurance, short/long term disability, etc. Each of these products have a provider who is separate from the health plan.

Qualifying Events

A qualifying event, or qualifying life event, creates a special enrollment period for employees that undergo major life changes such as, birth, death, marriage, and/or loss/gain of other group coverage. This special enrollment period gives active employees sixty (60) days and retirees thirty (30) days to submit their enrollment changes along with proof of the qualifying event to EBD.

Open Enrollment

Annual period that allows employees to make changes to their coverage without the need of a qualifying event. Changes elected during open enrollment go into effect the following January 1st.

Premium

- Highest plan premiums
- Lowest deductible, out-of-pocket and prescription drug costs

Plan Information

- ✓ Co-pays and coinsurance for covered services
 - * Copays do not count toward annual plan deductibles, but do apply to out-of-pocket maximums.
- ✓ Has separate medical and pharmacy out-of-pocket maximums
- ✓ Includes reference priced drug coverage

2019 Monthly Premiums

Active Employee	With Wellness	Without Wellness
Employee Only	\$183.46	\$258.46
Employee Spouse	\$831.20	\$906.20
Employee & Children	\$470.54	\$545.54
Family	\$833.44	\$908.44

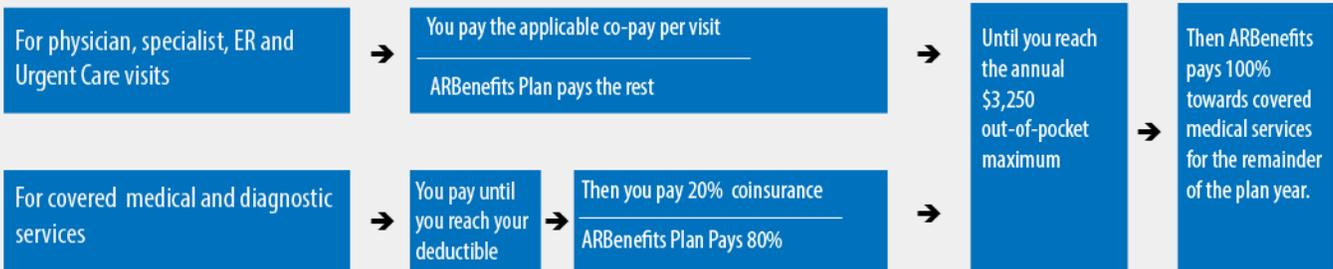
*The above rates are based upon your school district paying the 2019 minimum district rate of \$159.10. If your district contributes over minimum, they will provide you with that rate.

Non-Medicare Retiree Monthly Rates

Retiree	Premium
Retiree Only	\$641.14
Retiree & Non-Medicare Spouse	\$1,457.18
Retiree & Children	\$1,192.60
Retiree & Non-Medicare Spouse & Children	\$2,008.64
Retiree & Medicare Primary Spouse	\$795.12
Retiree & Medicare Primary Spouse & Children	\$1,346.58

	In-network	Out-of-network
Deductible		
Individual	\$750	\$2,000
Family	\$1,500	\$4,000
Coinsurance	20%	40%
Paid by Plan after satisfaction of deductible	80%	60%
Out of Pocket Max		
Individual	\$3,250	N/A
Family	\$6,500	N/A
Co-pays		
Office Visit	\$25	N/A
Specialist Visit	\$50	N/A
Urgent Care	\$100	N/A
Emergency Room	\$250	
Prescription Drug Co-pays		
Tier I - Generic	\$15	
Tier II - Preferred	\$40	
Tier III - Non-Preferred	\$80	
Tier IV - Specialty	\$100	
Pharmacy Out of Pocket Max	\$3,350 Individual / \$7,000 Family	

How an Individual ARBenefits Premium Plan Works: In-Network



This chart shows how the plan works for covered medical services. For pharmacy services, you will pay the applicable co-pay or cost for covered drugs until you meet the separate pharmacy out-of-pocket maximum. At that time the Plan will pay 100% towards covered drugs. The above chart excludes covered preventive care which can be covered 100% by the Plan even if the deductible has not been met.

Premium

Below is a snapshot of benefits covered under the ARBenefits Premium plan. A full schedule of benefits is available at www.ARBenefits.org. Members must meet their deductible before the plan starts coinsurance for covered services.

Physician/Specialist Services

	In-Network Copay	In-Network	Out-of-Network	Applies to Deductible
Primary Care Physician Office Visit	\$25	0%	40%	No
Specialist Office Visit/ Specialty Care Services	\$50	0%	40%	No
*Other physician services provided under Outpatient or Inpatient care	\$0	20%	40%	Yes
* Includes such services as debridement and/or wound dressing changes performed in an outpatient setting or without direct physician attention				
Medication (injectable, oral, intravenous)	\$0	20%	40%	Yes
Radiation Therapy	\$0	20%	40%	Yes

Hospital Services

	In-Network Copay	In-Network	Out-of-Network	Applies to Deductible
Inpatient Services	\$0	20%	40%	Yes
Outpatient Services	\$0	20%	40%	Yes
Diagnostic Services	\$0	20%	40%	Yes
Emergency Room and Observation Services	\$250	0%	0%	No
Urgent Care Center	\$100	0%	0%	No

Preventative Care Services

	In-Network Copay	In-Network	Out-of-Network	Applies to Deductible
Physical Exams/Preventative Care	\$0	0%	40%	No
Well Baby/Child Care Visits	\$0	0%	40%	No
Immunizations	\$0	0%	0%	No

Maternity & Family Planning Services

	In-Network Copay	In-Network	Out-of-Network	Applies to Deductible
Prenatal & Postnatal Outpatient Care	\$0	20%	40%	Yes
Inpatient Maternity Services	\$0	20%	40%	Yes
*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.				
Infertility Diagnostic Evaluation: Office Visit	\$50	0%	40%	No
Infertility Testing	\$0	20%	0%	Yes
* Treatment for infertility is not a covered benefit under the ARBenefits Plan. Services related to infertility are covered up to diagnosis. Testing is not covered during or following treatment				

Hearing & Vision Services

	In-Network Copay	In-Network	Out-of-Network	Applies to Deductible
Hearing Screening	\$50	0%	\$50	No
* Limited Benefit: One screening every three years				
Hearing Aids	\$0	0%	0%	No
*Limited Benefit: \$1,400 per ear every three years				
Vision Screening	\$50	0%	\$50	No
* Limited Benefit: one (1) exam every twenty-four (24) months				

Health Plans

Active Employee, COBRA and Non-Medicare Retiree

Classic

- Mid-level plan premiums
- Qualified High Deductible Health Plan (HDHP)

Plan Highlights

- ✓ Deductible: \$1,750 Individual / \$2,750 Family
- ✓ Coinsurance for covered services
- ✓ Employee is eligible to establish a Health Savings Account (HSA)

2019 Monthly Premiums

Active Employee	With Wellness	Without Wellness
Employee Only	\$46.02	\$121.02
Employee Spouse	\$354.62	\$429.62
Employee & Children	\$158.42	\$233.42
Family	\$358.32	\$433.32

*The above rates are based upon your school district paying the 2019 minimum district rate of \$159.10. If your district contributes over minimum, they will provide you with that rate.

Non-Medicare Retiree Monthly Rates

Retiree	Premium
Retiree Only	\$273.30
Retiree & Non-Medicare Spouse	\$565.78
Retiree & Children	\$469.82
Retiree & Non-Medicare Spouse & Children	\$746.20

	In-network	Out-of-network
Deductible		
Individual	\$1,750	\$3,000
Family	\$2,750	\$6,000
Coinsurance	20%	40%
Paid by Plan after satisfaction of deductible	80%	60%
Out of Pocket Max		
Individual	\$6,450	N/A
Family	\$9,675	N/A
Office Visits		
Office Visit	Deductible/Coinsurance	Deductible/Coinsurance
Specialist Visit	Deductible/Coinsurance	Deductible/Coinsurance
Urgent Care	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room	Deductible/Coinsurance	Deductible/Coinsurance
Prescription Drugs		
Tier I - Generic	Deductible/Coinsurance	N/A
Tier II - Preferred	Deductible/Coinsurance	N/A
Tier III - Non-Preferred	Deductible/Coinsurance	N/A
Tier IV - Specialty	Deductible/Coinsurance	N/A
The Classic plan does not include coverage for reference price drugs except when approved through physicians appeal to EBRX.		

How an Individual ARBenefits Classic Plan Works: In-Network

For all covered non-preventive services



You pay until you reach your deductible.



Then you pay 20% coinsurance
ARBenefits Plan Pays 80%



Until you reach the annual \$6,450 out-of-pocket maximum



Then ARBenefits pays 100% towards covered services for the remainder of the plan year.

For members on the Classic plan, the cost of prescription drugs are applied to the medical deductible and out-of-pocket maximum amounts. The above chart excludes covered preventive care which can be covered 100% by the Plan even if the deductible has not been met.

Classic

Below is a snapshot of benefits covered under the ARBenefits Classic plan. A full schedule of benefits is available at www.ARBenefits.org. Members must meet their deductible before the plan starts coinsurance for covered services.

Physician/Specialist Services

	In-Network Copay	In-Network	Out-of-Network	Applies to Deductible
Primary Care Physician Office Visit	N/A	20%	40%	Yes
Specialist Office Visit/ Specialty Care Services	N/A	20%	40%	Yes
*Other physician services provided under Outpatient or Inpatient care	N/A	20%	40%	Yes
* Includes such services as debridement and/or wound dressing changes performed in an outpatient setting or without direct physician attention				
Medication (injectable, oral, intravenous)	N/A	20%	40%	Yes
Radiation Therapy	N/A	20%	40%	Yes

Hospital Services

	In-Network Copay	In-Network	Out-of-Network	Applies to Deductible
Inpatient Services	N/A	20%	40%	Yes
Outpatient Services	N/A	20%	40%	Yes
Diagnostic Services	N/A	20%	40%	Yes
Emergency Room and Observation Services	N/A	20%	40%	Yes
Urgent Care Center	N/A	20%	40%	Yes

Preventative Care Services

	In-Network Copay	In-Network	Out-of-Network	Applies to Deductible
Physical Exams/Preventative Care	N/A	0%	40%	No
Well Baby/Child Care Visits	N/A	0%	40%	No
Immunizations	N/A	0%	0%	No

Maternity & Family Planning Services

	In-Network Copay	In-Network	Out-of-Network	Applies to Deductible
Prenatal & Postnatal Outpatient Care	N/A	20%	40%	Yes
Inpatient Maternity Services	N/A	20%	40%	Yes
*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.				
Infertility Diagnostic Evaluation: Office Visit	N/A	20%	40%	Yes
Infertility Testing	N/A	20%	40%	Yes
* Treatment for infertility is not a covered benefit under the ARBenefits Plan. Services related to infertility are covered up to diagnosis. Testing is not covered during or following treatment				

Hearing & Vision Services

	In-Network Copay	In-Network	Out-of-Network	Applies to Deductible
Hearing Screening	\$50	0%	\$50	No
* Limited Benefit: One screening every three years				
Hearing Aids	\$0	0%	0%	No
*Limited Benefit: \$1,400 per ear every three years				
Vision Screening	\$50	0%	\$50	No
* Limited Benefit: one (1) exam every twenty-four (24) months				

Basic

- Lowest plan premiums, but highest out-of-pocket costs
- Qualified High Deductible Health Plan (HDHP)

Plan Information

- ✓ Deductible: \$4,000 Individual / \$8,000 Family
- ✓ No Out-of-Network coverage
- ✓ 20% coinsurance after satisfaction of deductible
- ✓ Employee is eligible to establish a Health Savings Account (HSA)

2019 Monthly Premiums

Active Employee	With Wellness	Without Wellness
Employee Only	\$11.26	\$86.26
Employee Spouse	\$272.78	\$347.78
Employee & Children	\$121.86	\$196.86
Family	\$275.62	\$350.62

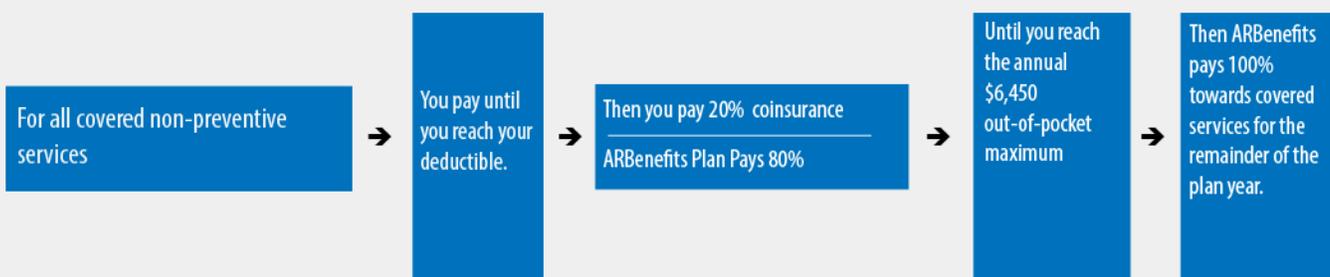
*The above rates are based upon your school district paying the 2019 minimum district rate of \$159.10. If your district contributes over minimum, they will provide you with that rate.

Non-Medicare Retiree Monthly Rates

Retiree	Premium
Retiree Only	\$148.50
Retiree & Non-Medicare Spouse	\$269.72
Retiree & Children	\$238.52
Retiree & Non-Medicare Spouse & Children	\$335.72

	In-network	Out-of-network
Deductible		
Individual	\$4,000	N/A
Family	\$8,000	N/A
Coinsurance	20%	N/A
Paid by Plan after satisfaction of deductible	80%	N/A
Out of Pocket Max		
Individual	\$6,450	N/A
Family	\$12,900	N/A
Office Visits		
Office Visit	Deductible/Coinsurance	Not Covered
Specialist Visit	Deductible/Coinsurance	Not Covered
Urgent Care	Deductible/Coinsurance	Not Covered
Emergency Room	Deductible/Coinsurance	Not Covered
Prescription Drugs		
Tier I - Generic	Deductible/Coinsurance	N/A
Tier II - Preferred	Deductible/Coinsurance	N/A
Tier III - Non-Preferred	Deductible/Coinsurance	N/A
Tier IV - Specialty	Deductible/Coinsurance	N/A
The Basic plan does not include coverage for reference price drugs except when approved through physicians appeal to EBRX.		

How an Individual ARBenefits Basic Plan Works: In-Network



For members on the Classic plan, the cost of prescription drugs are applied to the medical deductible and out-of-pocket maximum amounts. The above chart excludes covered preventive care which can be covered 100% by the Plan even if the deductible has not been met.

Basic

Below is a snapshot of benefits covered under the ARBenefits Basic plan. A full schedule of benefits is available at www.ARBenefits.org. Members must meet their deductible before the plan starts coinsurance for covered services.

Physician/Specialist Services

	In-Network Copay	In-Network	Out-of-Network	Applies to Deductible
Primary Care Physician Office Visit	N/A	20%	Not Covered	Yes
Specialist Office Visit/ Specialty Care Services	N/A	20%	Not Covered	Yes
*Other physician services provided under Outpatient or Inpatient care	N/A	20%	Not Covered	Yes
* Includes such services as debridement and/or wound dressing changes performed in an outpatient setting or without direct physician attention				
Medication (injectable, oral, intravenous)	N/A	20%	Not Covered	Yes
Radiation Therapy	N/A	20%	Not Covered	Yes

Hospital Services

	In-Network Copay	In-Network	Out-of-Network	Applies to Deductible
Inpatient Services	N/A	20%	Not Covered	Yes
Outpatient Services	N/A	20%	Not Covered	Yes
Diagnostic Services	N/A	20%	Not Covered	Yes
Emergency Room and Observation Services	N/A	20%	Not Covered	Yes
Urgent Care Center	N/A	20%	Not Covered	Yes

Preventative Care Services

	In-Network Copay	In-Network	Out-of-Network	Applies to Deductible
Physical Exams/Preventative Care	N/A	0%	Not Covered	No
Well Baby/Child Care Visits	N/A	0%	Not Covered	No
Immunizations	N/A	0%	Not Covered	No

Maternity & Family Planning Services

	In-Network Copay	In-Network	Out-of-Network	Applies to Deductible
Prenatal & Postnatal Outpatient Care	N/A	20%	Not Covered	Yes
Inpatient Maternity Services	N/A	20%	Not Covered	Yes
*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.				
Infertility Diagnostic Evaluation: Office Visit	N/A	20%	Not Covered	Yes
Infertility Testing	N/A	20%	Not Covered	Yes
* Treatment for infertility is not a covered benefit under the ARBenefits Plan. Services related to infertility are covered up to diagnosis. Testing is not covered during or following treatment				

Hearing & Vision Services

	In-Network Copay	In-Network	Out-of-Network	Applies to Deductible
Hearing Screening	\$50	0%	Not Covered	No
* Limited Benefit: One screening every three years				
Hearing Aids	\$0	0%	Not Covered	No
*Limited Benefit: \$1,400 per ear every three years				
Vision Screening	\$50	0%	Not Covered	No
* Limited Benefit: one (1) exam every twenty-four (24) months				

Securian, formally Minnesota Life, is the state contracted life carrier, and has established the 2018 life insurance Open Enrollment period for Public School Employees (PSE) as October 1 – 31, 2018.

Eligible employees will be able to make changes to their life insurance policies without a qualifying event during Open Enrollment. Coverage elected will be effective January 1, 2019. We encourage all coverage changes be made by logging onto our Life Benefits website through the ARBenefits Member Portal at www.ARBenefits.org.

Any election of new coverage requires an Evidence of Insurability (EOI) form, which can also be completed online. If the employees have no changes to make, then no action is required and their coverage will continue as it is now.

Enrollment forms including the Evidence of Insurability form are available at www.ARBenefits.org under the Forms & Publications section on the home page.

At the September 18 meeting, the State and Public School life and Health Insurance Board approved

a rate increase for the following coverages.

Rate Changes as of 1/1/19

Active Employee Spouse Life Rate: \$0.66 per thousand

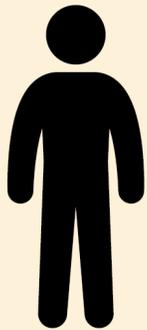
Retirees:

Basic and Expanded Basic Life Rate: \$0.87 per thousand

Spouse Life Rate: \$0.99 per thousand

Grandfathered Retirees Life @ Age 75 \$5.55 per thousand

Basic coverage



Basic Term Life and AD&D
(automatically enrolled)

\$10,000

Includes matching AD&D benefit

Employees are automatically enrolled in Basic coverage when they first begin employment.

*Not all districts cover the cost of Basic coverage for employees. You can check with your district for more information.

If you have any questions regarding your Securian life insurance coverage, you can contact Securian at:

1-888-826-2734

Monthly cost for coverage

Expanded Basic Term Life and AD&D (up to \$40,000)
\$0.17 per \$1,000

Spouse Term Life (up to \$50,000)
\$0.66 per \$1,000

Child Term Life (up to \$50,000)
\$0.10 per \$1,000 per child

Child Term Life coverage terminates at age 26, unless disabled. You must notify Securian when your child reaches age 26.

Supplemental Term Life and AD&D (up to \$250,000)
Rates adjusted by age and increase with age. Rates are subject to change.

Age	Rate / \$1,000
Under 25	\$0.09
25 - 29	0.09
30 - 34	0.12
35 - 39	0.13
40 - 44	0.20
45 - 49	0.33
50 - 54	0.52
55 - 59	0.76
60 - 64	1.13
65 - 69	2.20
70 - 74	3.58
75 and over	7.14

HSA

Per Arkansas Office of State Procurement regulations, the Health Savings Account (HSA) contract recently went through an RFP process.

The process concluded with legislative approval, and a new vendor has been awarded the contract.

Effective January 1, 2019, ConnectYourCare will serve as the State's approved HSA vendor. This will not affect the rules or regulations governing HSA.

For districts who are going to switch to ConnectYourCare, employees have two ways to establish an HSA during

open enrollment. Employees can submit an HSA ConnectYourCare Enrollment Form to their agency HR department. The second option is, employees can establish an HSA online through their ARBenefits Member Portal account at www.ARBenefits.org.

Employees must be enrolled on the ARBenefits Classic or Basic plans to establish an HSA.

The process of transferring funds from DataPath HSAs to ConnectYourCare accounts will take place after the new accounts have been established.

Starting October 1, employees can

find out more information regarding HSAs through ConnectYour Care by going to www.ConnectYourCare.com/ARBenefits.

Districts who are going to use a vendor other than ConnectYourCare will inform their employees of any action they need to take regarding their HSA.

What to Know: HSA 2019

To establish a ConnectYourCare HSA for 2019, employees must submit a ConnectYourCare HSA Enrollment Form to their agency HR department, or enroll online through their ARBenefits Member Portal account during open enrollment.

Employees who establish an HSA through ConnectYourCare will receive a new ConnectYourCare debit card to use their HSA funds.

Employees will have the option to transfer funds from their DataPath HSA account to an account through ConnectYourCare.



School districts have a choice regarding what HSA vendor to offer to their employees. The information below is set by the IRS and is the same no matter what vendor your district chooses.

A Health Savings Account (HSA) allows you to contribute pre-tax funds to use towards eligible medical expenses not covered by insurance.

To be eligible, employees must be enrolled in a High Deductible Health Plan (HDHP) and contribute to an HSA. This means employees are required to be enrolled in an ARBenefits Classic or Basic plan. Employees on the Premium plan are not eligible to contribute to an HSA.

HSAs are owned by the employee. Employees with an HSA own their account even if they leave employment with their school district.

There is no limit on the amount of funds employees can roll over year-to-year with their HSA.

While Flexible Spending Accounts (FSA) allow employees to use their elected contribution amount at the start of the year, **HSA holders must have funds in their account in order to use them.**

There is no set enrollment period for HSAs. You can establish an HSA, and also change your contribution amount at anytime of the year. You do not need to re-enroll in an HSA every year.

	Health Savings Account (HSA)
Eligibility	Must be enrolled in an ARBenefits High-Deductible Health Plan (Classic or Basic).
Annual contribution limits	For 2019: Individual: \$3,500 Family: \$7,000 Persons aged 55 and older may contribute an additional \$1,000 annually above those limits.
Changing contribution amount	Employees can adjust their contribution amount anytime during the year.
Re-Enrollment	Employees do not have to re-enroll their HSA every year.
Rollover of funds	Unused funds roll over year-to-year.
When can I use funds?	You must have the funds in your account in order to use them.
Connection to employer	You can take your HSA with you as you change employers. You own your account.

vision expenses. However, you cannot double dip and use your HSA and Limited-Purpose FSA for the same expense. You can check with your school district to see what FSA options are available to you.

HSA and Medicare

Employees are able to contribute to their HSA until they enroll in Medicare. If active employees still wish to contribute to their HSA after they turn 65, they need to make sure to not be enrolled in Medicare Parts A or B. Once Medicare Parts A or B go into effect, contributions to an HSA must stop.

While you can no longer contribute to your HSA after enrolling in Medicare, you can still use your funds that you have previously contributed.

HSA & Limited-Purpose FSA

While employees cannot contribute to an HSA and a Health Care FSA at the same time, HSA holders can elect to have a Limited -Purpose FSA. A Limited-Purpose FSA can only be used for eligible dental and

Links to Forms

Click on the forms below to bring up a PDF version of the form that you can use to fill out for Open Enrollment. All forms must be submitted no later than October 31, 2018 to be counted as valid Open Enrollment elections. More information can be found in the Forms & Publications section of the www.ARBenefits.org home page.

ARBenefits

ARBenefits Enrollment Form

ARBenefits Retiree Enrollment Form

ARBenefits Spousal Affidavit

Securian (Minnesota Life) Election & Change Form

Securian (Minnesota Life) Evidence of Insurability Form

2019 ARBenefits Schedule of Benefits - Premium

2019 ARBenefits Schedule of Benefits - Classic

2019 ARBenefits Schedule of Benefits - Basic

2019 Full Rate Sheets

Active Employee w/ Wellness

Active Employee without Wellness

Non-Medicare Retiree

Medicare Primary Retiree

Voluntary Products

ConnectYourCare HSA Enrollment Form