



CRAIGHEAD  
COUNTY  
COURTHOUSE

Craighead County  
Employee Benefits 2019

## What's Inside?

Use this guide to get more information and make informed decisions about the benefits provided by Craighead County

### WHAT'S IN THIS GUIDE

- Eligibility
- Medical Insurance
- Group Life Insurance
- Dental Insurance
- Vision Insurance
- Accident Insurance
- Flexible Spending Accounts
- Enrollment Periods
- Frequently Asked Questions
- Contacts & Resources

### *Benefits*

At Craighead County, our benefit plans are an important part of the compensation we offer our employees. This guide recaps the benefits of each of these plans. Your benefits are here to protect your health and financial security, and help you prepare for the future. Please take the time to understand your benefits and to make the elections that are right for you and your family.



## *Who's Eligible?*

As a full-time active employee, you are eligible to participate in the group benefits program which includes medical, group life, dental, vision, accident as well as a flexible spending account. Every year, during Annual Open Enrollment, you have the opportunity to make changes to those benefit selections.

**Newly hired** employees are eligible on the first of the month following 30 days of full time employment.

**Family** dependents include your lawful spouse and children through age 25.



## *Initial Enrollment—Important!*

### **What do you need to do during your INITIAL ENROLLMENT period?**

All employees will receive a new hire enrollment packet. Each form will need to be completed to enroll in or decline participation in each plan being offered and to provide beneficiary information for the life insurance paid by the County.

**For spouse/dependents to be covered, please have SSN and dates of birth available.**

**NOTE:** After your Initial Enrollment Period, you will **not** be able to enroll in, drop, or make changes to your coverage, until the next Open Enrollment Period, unless you experience a Qualifying Event / change in family status.



**MEDICAL INSURANCE Core Plan**

Group Number 028731

**Craighead County pays 100% of the Employee only cost plus 50% of dependent cost**

Coverage Tier	Semi-Monthly Deductions
Employee Only	Paid by the County
Employee + Spouse	\$111.24
Employee + Child(ren)	\$ 51.25
Employee + Spouse & Child(ren)	\$177.32

## Benefit Summary

description	your portion											
<b>Individual Deductible:</b> The total amount of covered medical expenses that you incur before your health insurance policy begins to pay.	<b>\$2,000</b> (combination of both in network and out of network)											
<b>Family Deductible – Aggregate:</b> The total amount of covered medical expenses your family incurs before your health insurance policy begins to pay. You pay a new deductible each calendar year.	<b>\$4,000</b> (combination of both in network and out of network)											
<b>Coinsurance:</b> The percentage of the allowable charge for a medical service that becomes your responsibility to pay after your deductible has been satisfied.												
<b>Copayment:</b> The dollar amount you pay for a doctor’s office visit.												
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## your retail drug coverage

A pharmacy benefit is an important component of your overall health insurance coverage. Your drug card allows you to obtain medications at discounted prices. The different copayment levels shown on your ID

card are called “tiers.” When referring to these tiers, you’ll notice that **tier one** (generic drugs) and **tier two** (brand-name drugs) require lower copayments than **tier three** brand-name drugs. You may want to ask your doctor if there

is an alternative for a prescription that falls into the more expensive tier three category. Selecting lower-cost drugs (such as generics) is an important way to save money on your overall health-care expenses.

**copayments by tier**

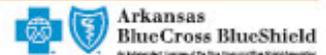
	tier one	tier two	tier three
retail	\$15.00	\$55.00	\$80.00
mail order*	\$30.00	\$110.00	\$160.00

\*One copay per 100 day supply

# Benefit Summary (continued)

service type*		your cost in-network coinsurance	your cost out-of-network coinsurance
<b>professional services</b>	copayment amount		
primary care physician visit	\$35	0%	40%
specialty physician visit (Coinsurance may apply to additional services)		20%	40%
preventive services (adult wellness and routine physical)		0%	20%
children's preventive services (immunizations covered 100%)		0%	20%
professional fees for inpatient surgical and medical services		20%	40%
professional fees for outpatient surgical and medical services		20%	40%
<b>hospital and other medical facility services</b>	copayment amount		
hospital visit (inpatient)	\$500	20%	40%
hospital (outpatient) includes surgery, diagnostics and therapeutic care		20%	40%
emergency room visit		20%	40%
maternity and obstetrics		20%	40%
<b>other services</b>			
durable medical equipment		20%	40%
diabetic supplies		20%	40%
mental health		20%	40%
therapeutic services — physical and occupational	copayment amount \$35	0%	non-covered
— chiropractic	copayment amount \$35	0%	non-covered
speech	copayment amount \$35	0%	non-covered
ambulance services — ground: up to \$1,000 per trip		20%	20%
— air: up to \$5,000 (limit one air ambulance trip per year.)		20%	20%

\*Additional fees may apply. Please check your Benefit Certificate.



Important Disclaimer from Arkansas Blue Cross and Blue Shield

This document is intended only to highlight your benefits and should not be relied on to fully determine coverage. **Some of the above services are subject to visit, day and/or dollar limits.** Please refer to your Benefit Certificate for a full explanation of your benefits, the limitations of these benefits and the services that are not covered. If this document conflicts in any way with the policy issued to your employer, the policy shall prevail.

## how to find an in-network provider

### in Arkansas

For a list of in-network providers, visit us on the Web at: [arkansasbluecross.com](http://arkansasbluecross.com)  
Your Provider Network is: **True Blue**  
or call Customer Service at:  
870-935-4871 or 1-800-299-4124

**Important Note:** For your protection, we want you to know that some doctors and hospitals may require up-front payment of your anticipated portion of the deductible and coinsurance fees.

### outside of Arkansas

On the Web, visit the Blue Cross and Blue Shield Association site at: [bcbs.com/healthtravel/finder.html](http://bcbs.com/healthtravel/finder.html)

Or call the Blue Cross and Blue Shield Association at:  
**1-800-810-BLUE**

**Note:** For some health policies, out-of-state providers may not be included at in-network rates. Check your Benefit Certificate for your policy details.





**MEDICAL INSURANCE Buy Up Plan**

Group Number 028730

**Craighead County pays based on the Core plan costs.**

Coverage Tier	Semi-Monthly Deductions
Employee Only	\$ 38.71
Employee + Spouse	\$192.66
Employee + Child(ren)	\$109.64
Employee + Spouse & Child(ren)	\$284.12

## Benefit Summary

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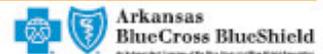
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**Note:** For some health policies, out-of-state providers may not be included at in-network rates. Check your Benefit Certificate for your policy details.





### GET IMMUNIZED!

It's easier and less expensive to prevent a disease than to treat one. Immunizations protect you from serious diseases and prevent the spread to others. By offering immunizations at the pharmacy, Arkansas Blue Cross makes it easier for you and your family to get immunized. Don't wait — talk to your pharmacist today about the immunizations that may benefit you.

Arkansas Blue Cross and Blue Shield just made life a little easier. Now you can get important immunizations at your local pharmacy for no cost. Check out Arkansas Blue Cross's list of zero-cost vaccines and visit your local pharmacy if you're looking for a fast, free vaccination from a trained health care professional.

- Prevent serious diseases
- No doctor's appointment necessary
- Skip the waiting room
- Zero cost to you

When you get an immunization, you're not just looking out for your own health. You're helping prevent the spread of disease to others.

## Visit your local pharmacy

### VACCINES\*

Haemophilus Influenzae Type b (Hib) ●  
Hepatitis A ●●  
Hepatitis B ●●  
Herpes Zoster / Shingles ●  
Human Papillomavirus (HPV) ●●  
Inactivated Poliovirus (polio) ●●  
Influenza (Flu) ●●

● Children ● Adults

Measles, Mumps, Rubella (MMR) ●●  
Meningococcal ●●  
Pneumococcal ●●  
Rotavirus ●  
Tetanus ●  
Tetanus, Diphtheria and Pertussis (Tdap) ●●  
Varicella (chickenpox) ●●

**Questions? Call 1-888-293-3748**



Arkansas  
**BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association



### USE MY BLUEPRINT

Remember, you're able to access your pharmacy claims, eligibility and deductible information through *My Blueprint*, our member self-service center.

\* Please note: Pharmacists in Arkansas can vaccinate children age seven and older. Those between the ages of 7 and 18 require a prescription from a physician for all immunizations except for the seasonal flu shot.

## **GROUP LIFE and ACCIDENT DEATH and DISMEMBERMENT**

Group # 50019904

**Craighead County pays 100% of Employee cost**

Your Life insurance plan is with US Able Life. All full time eligible employees will enroll in the Group Life paid for by Craighead County.

Employee Death Benefit \$10,000

Employee Accidental Death & Dismemberment Benefit \$10,000

Age Reduction: 35% at age 65, 50% at age 70

### Additional Features:

Waiver of premium while disabled

Coma Benefit

Accelerated Benefit Plan

Seat Belt/Air Bag Benefit

Exposure & Disappearance Benefit

Repatriation Benefit





**DENTAL INSURANCE**

Group # 027545

**Employee pays 100% of cost**

Coverage Tier	Semi-Monthly Deductions
Employee Only	\$15.19
Employee + One	\$29.90
Employee + Two or More	\$51.37



**CALENDAR-YEAR AGGREGATE  
MAXIMUM**

In Network	Out of Network
<b>\$1,500</b>	<b>\$1,000</b>

**LIFETIME MAXIMUM  
ORTHODONTIC SERVICES**

<b>\$1,500</b>
----------------

**INDIVIDUAL DEDUCTIBLE**

Minor & Major
<b>\$50</b>

**MAXIMUM FAMILY DEDUCTIBLE  
(3 FAMILY MEMBERS)**

Minor & Major
<b>\$150</b>

	In Network/You Pay	Out of Network/You Pay
<b>DIAGNOSTIC &amp; PREVENTIVE SERVICES (not subject to deductible)</b>		
Exams	0%	10%
Radiographic Images (X-rays)	0%	10%
Fluoride Treatment	0%	10%
Prophylaxis (cleaning)	0%	10%
Sealants	0%	10%
<b>MINOR (BASIC) RESTORATIVE SERVICES</b>		
Fillings	20%	30%
Extractions	20%	30%
Non-Surgical Periodontics	20%	30%
Endodontics (root canals)	20%	30%
Oral Surgery	20%	30%
Anesthesia	20%	30%
<b>MAJOR RESTORATIVE SERVICES*</b>		
Surgical Periodontics	50%	60%
Inlays, Onlays, Crowns	50%	60%
Partials and Dentures	50%	60%
Implants	50%	60%
<b>ORTHODONTIC SERVICES limited to covered persons through age 18 (not subject to deductible)</b>		
Diagnostic, Active, Retention Treatment	50%	60%
<b>DENTAL XTRA (included)</b>		

PPO dental providers have agreed not to bill amounts above the fee schedule allowance for covered services. Dental Plan will pay benefits directly to the member for covered services performed by an out-of-network dentist. Any difference between the out-of-network dentists' billed charge and the contract benefits paid by Dental Plan are the responsibility of the member.

\*6 month waiting period on Major Restorative Services for LG Voluntary Plans. Waived for Initial enrollees who had coverage under the prior plan. Applies to all new hires and late enrollees.



To find a dentist anywhere in the United States, go to [arkansasbluecross.com](http://arkansasbluecross.com) and select "Find a Doctor"



## VISION INSURANCE

Group # 061058

**Employee pays 100% of cost**

Coverage Tier	Semi-Monthly Deductions
Employee Only	\$ 4.50
Employee + Spouse	\$ 8.34
Employee + Child(ren)	\$ 9.01
Employee + Spouse & Child(ren)	\$12.84

PROVIDER NETWORK		Choice Network 31,000 preferred providers; 57,000 access points	
<b>Benefit frequency</b>			
Exam every ...		12 months	
Lenses every ...		12 months	
Frame every ...		24 months	
Contacts every ... (in lieu of glasses)		12 months	
<b>Copayment</b>			
Exam		\$10	
Materials		\$20	
Contact lens fitting and evaluation		Member obligation not to exceed \$60	
<b>In-network allowances</b>			
Retail frame value		\$150 / 20% off overage	
Elective contact lenses		\$150	
Covered lens options		Scratch coating and polycarbonate for children	
<b>Value-added programs</b>			
Diabetic EyeCare Plus		Included	
Hearing aid discounts		Included	
Eye health management		Included	
Diabetic exam reminders		Included	
<b>Out-of-network allowances</b>			
Exam (up to)		\$45	
Single vision lenses (up to)		\$30	
Bifocal lenses (up to)		\$50	
Trifocal lenses (up to)		\$65	
Lenticular lenses (up to)		\$100	
Frame (up to)		\$70	
Elective contact lenses (up to)		\$105	
Necessary contact lenses (up to)		\$210	
<b>Extra discounts &amp; savings</b>			
Lens enhancements		Most popular lens options are covered with a copay	
Additional glasses		20% off	
Sunglasses		20% off	
Laser vision correction (LVC)		Average 15% discount	

On behalf of Arkansas Blue Cross and Blue Shield, Vision Service Plan assists in the administration of vision benefits. VSP is an independent company which contracts with vision care providers and provides lenses, frames and contact lenses.

Find your list of in-network vision providers at [arkansasbluecross.com](http://arkansasbluecross.com).

## **FLEXIBLE SPENDING ACCOUNT** (Medical & Dependent Care expenses)

### WHAT IS AN FSA?

With an FSA, you elect to have your annual contribution (up to the **\$2,650** limit set by the IRS) deducted from your paycheck each pay period, in equal installments throughout the year, until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services.

A **Healthcare FSA** allows reimbursement of qualifying out-of-pocket medical expenses.

A **Dependent Care FSA** provides pre-tax reimbursement of out-of-pocket expenses related to dependent care (up to the **\$5,000** limit set by the IRS). This benefit may make sense if you (and your spouse, if married) are working or in school, and:

- Your dependent children under age 13 attend day-care, after-school care or summer day camp
- You provide care for a person of any age whom you claim as a dependent on your federal income tax return and who is mentally or physically incapable of caring for himself or herself



### WITH AN FSA YOU CAN:

- **Enjoy significant tax savings** with pre-tax deductible contributions and tax-free reimbursements for qualified plan expenses
- **Quickly and easily access funds** using the prepaid benefits card at point of sale, or request to have funds directly deposited to your bank account via online or mobile app
- **Manage your FSA “on the go”** with an easy-to-use mobile app
- **Stay up to date on balances** and action required with automated email alert and convenient web portal and mobile home page messages
- **Use it or Roll It Over.** Up to \$500 of your unused healthcare Flexible Spending Account balance can be carried over into the next plan year instead of you “losing it” - making enrollment in an FSA much less risky. This gives you more flexibility to spend your FSA money when you need it. You can use it for necessary out-of-pocket healthcare expenses, rather than feeling pressured to engage in last minute and potentially unnecessary spending at the end of the year.

In addition, you'll receive a convenient **prepaid benefits card** to make it easy to pay for eligible services and products not covered by your health insurance. When you use the card, payments are automatically withdrawn from your account. Just swipe the card and go. Most expenses can be validated through the card transaction but you may be prompted to provide a copy of the receipt for certain transactions in accordance to IRS regulations. When required, receipts can be easily uploaded to either the consumer portal online or, through the mobile app.

**Maximize the Value of Your Reimbursement Account** - Your Health Care Flexible Spending Account (FSA) dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses used by federal employees.

## Eligible Expenses

### BABY/CHILD TO AGE 13

- Lactation Consultant\*
- Lead-Based Paint Removal
- Special Formula\*
- Tuition: Special School/Teacher for Disability or Learning Disability\*
- Well Baby /Well Child Care

### DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

### EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

### HEARING

- Hearing Aids and Batteries
- Hearing Exams

### LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

### MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment\*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment\*
- Hospital Beds\*
- Mattresses\*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes\*
- Oxygen\*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs\*

### MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment\*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation\*

### MEDICATIONS

- Insulin
- Prescription Drugs

### OBSTETRICS

- Breast Pumps and Lactation Supplies
- Doulas\*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

### PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath\*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

### THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs\*
- Hypnosis
- Massage\*
- Occupational
- Physical
- Smoking Cessation Programs\*
- Speech
- Weight Loss Programs\*

**Note:** This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (\*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

## **ENROLLMENT PERIODS**

**Initial Enrollment:** employees are eligible on the first of the month following 30 days of full time employment and should complete enrollment within the first 15 days of employment.

**Annual Open Enrollment:** your only time of the year to make enrollment changes to all Insurance plans mentioned or enroll if you previously waived coverages.

**November 13th — December 7th**  
(specific dates subject to change annually)  
**effective January 1st each year**

**Special Enrollment due to Qualifying Event:** You have **30 days from a Qualifying Event** / change in family status to make changes to your current coverage. Please notify Lacey Rush as soon as possible.

- Involuntary Loss of Other Coverage
- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child



## FREQUENTLY ASKED QUESTIONS

**Who do I call with questions?** Please see the next page for contacts and resources.

**Who can be covered?** In addition to covering yourself, dependent coverage is offered to your lawful spouse and your children through age 25, or through any age if disabled and unable to earn a living.

**When does my coverage begin and end?** Your coverage begins on the first day of the month after 30 days full time employment. Coverage for all of your benefits under the program ends if (1) the required premiums are not paid; (2) you are no longer an eligible employees; (3) the insurance policies terminate; or (4) you enter an Armed Service on full-time active duty.

**When does dependent coverage begin and end?** Your dependents' coverage begins when yours does, unless you enroll them later. If you do, their coverage will become effective after the enrollment is approved and the premiums have been paid. Their coverage ends when yours does or when the dependent is no longer eligible.

**Do I have to use certain doctors or hospitals?** No. You are free to use any licensed doctor or any certified hospital. However, under the Arkansas BlueCross BlueShield medical, dental and visions plans, utilization of participating providers will maximize your benefits. Participating providers can be found at [www.arkansasbluecross.com](http://www.arkansasbluecross.com) in the members/find a doctor menu or by calling 800.299.4124

**When will I receive ID cards and full coverage information?** You will receive a Certificate of Coverage after you enroll. ID cards will be included.

**How do I file a claim?** If your provider won't file the claim for you, claims forms are available, for you to complete, upon request.

**Can I view my claims online?** Yes, on the My Blueprint site—your personal online self-service center— it allows you access to a wealth of information including claims status and benefit eligibility.



## CONTACTS & RESOURCES

### Company

### Contact



Lacey Rush, 870-933-4500  
lrush@craigheadcounty.org



Lorrie Rothe, 870-520-7983  
lrothe@sunstarins.com

Madonna Lee, 870-520-7982  
mlee@sunstarins.com

Jim Agan, 870-520-7981  
jagan@sunstarins.com



**Arkansas  
BlueCross BlueShield**  
An Independent Licensee of the Blue Cross and Blue Shield Association

Customer Service  
800-238-8379  
[www.myblueprint.arkansasbluecross.com](http://www.myblueprint.arkansasbluecross.com)



Customer Service  
800-370-5856  
[custserv@usablelife.com](mailto:custserv@usablelife.com)



Customer Service  
800-422-4661  
[www.tasconline.com](http://www.tasconline.com)



## DISCLAIMER

This benefit booklet was designed to help you better understand your benefits and choices. The information in this booklet is only a summary of coverages. For a full schedule of benefits, policy definitions, exclusions and limitations, please refer to the certificate of coverage, policy and summary plan description.