

**NORTHWEST
ARKANSAS
COMMUNITY
COLLEGE**

**OPEN
ENROLLMENT**

**Benefits
GUIDE**

2023





Here's where to find ...

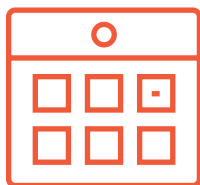
A few notes about enrolling in benefits	3
Medical benefits	5
Shared Health Alliance Rx program (SHARx)	7
Dental	9
Vision	10
Group term life insurance and accidental death and dismemberment (AD&D)	11
Voluntary term life insurance	12
Short- and long-term disability plans	16
Work/life employee assistance program (EAP)	18
Frequently asked questions	22
Contacts	24
Omada	23
Additional resources	24

NWACC health and ancillary benefits package

Northwest Arkansas Community College (NWACC) appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefits plans. We understand that you may have questions about annual enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can contact your human resources representative.



A FEW NOTES ABOUT ENROLLING IN BENEFITS

You must take action during open enrollment if you want to do any of the following:

- Make changes to your coverage
- Add or remove dependents
- Contribute to a healthcare or dependent care flexible spending account for year 2023

PLEASE NOTE: Your 2022 health and dependent care Flexible Spending Account elections **WILL NOT** carry over into 2023. **YOU MUST MAKE AN ELECTION** if you want these deductions to continue. However, per IRS regulations for the 2022 plan year, **only \$570 can be rolled over from 2022 to 2023**, even if you do not make a new election.

If you need to add or remove coverage for yourself or your dependents, you must do so during an open enrollment period, unless you have a qualifying life event as defined by the IRS.

Qualifying life events

It is your responsibility to notify human resources within 30 days of the qualifying life event. Failure to do so may result in an inability to change your benefit election(s).

Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption
- Marriage, divorce or legal separation
- Dependent child reaches age 26
- Spouse or dependent loses or gains coverage elsewhere
- Death of your spouse or dependent child
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program
- Change in residence that changes coverage eligibility
- Court-ordered change
- Spouse's open enrollment that occurs at a different time than yours

The IRS requires that you make changes to your coverage within **30 days** of your qualifying life event. You'll need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.

Please remember to add your Social Security number and the Social Security numbers of your dependents during enrollment.



Eligibility

Open enrollment is your opportunity to elect coverage in NWACC's benefit plans. Our open enrollment period will be held from October 24, 2022, to November 18, 2022. All elections made during this period will be effective January 1, 2023, through December 31, 2023.

Outside this open enrollment period, you will not have the chance to add, change or remove benefits unless you have a qualifying life event.

Eligible employees

You may enroll in the benefits program if you are a regular full-time employee who is actively working a minimum of 30 hours per week. As a benefits-eligible employee, you have the opportunity to enroll in benefit plans as a new hire or during the annual open enrollment period.

If you're enrolling as a new employee, you become eligible for benefits the first of the month following 30 days from your hire date.

Dependent eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your spouse.
- Your children up to the age of 26. This includes your natural children and those of your spouse, adopted children, stepchildren, foster children, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a QMSCO are covered by our plan.

MEDICAL BENEFITS

NWACC is committed to helping you and your dependents maintain your health and wellness by providing you with access to the highest level of care.

BlueAdvantage is the administrator for NWACC's healthcare plan. Our plan is a Preferred Provider Organization (PPO). You will pay less by using a provider that belongs to the plan's network which is the True Blue PPO network. You can use providers outside of the network for an additional cost. You can find in-network providers at www.blueadvantagearkansas.com.

NOTE: All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Medical and prescription drug plan summary

Medical	Self-insured preferred provider organization	
	In-network you pay	Out-of-network you pay
Deductible (per calendar year)		
Individual		\$1,000
Family (aggregate)		\$2,750
Coinsurance (what the plan pays after the deductible is reached)	20%	40%
Out-of-pocket limits (annual) after deductible		
Individual (maximum)		
Family (maximum)	\$2,000	Unlimited
(After out-of-pocket is met, eligible charges paid at 100%.)	\$6,000	Unlimited
Out-of-pocket calculated individually on a calendar year basis.)		
Physician services		
Primary care physician (PCP) office visits	\$25 copay	Deductible then 40%
Specialist office visits	Deductible then 20%	Deductible then 40%
Specialty Services provided by specialist	Deductible then 20%	Deductible then 40%
Preventive care services — subject to PPACA guidelines		
Immunizations		
Well-baby care		
Well-child care	\$0	Noncovered
Physical exam — adults		
Routine gynecological exam		
Routine mammogram (including 3D)		
Inpatient services/outpatient services		
Inpatient medical care (semi-private room)	Deductible then 20%	Deductible then 40%
Diagnostic testing (lab & X-ray, services & procedures outside the PCP's office)	Deductible then 20%	Deductible then 40%
Outpatient surgical services	Deductible then 20%	Deductible then 40%
Prenotification required of hospital admission	Please call 800.451.7302	
Emergency room services		
Emergency services	Deductible then 20%	Deductible then 20%
Nonemergency services in ER	Noncovered	Noncovered
Supplemental accident endorsement (SAE) (see certificate for limitation)	Deductible waived 20%	Deductible waived 20%
Ambulance services		
Ground/water — \$1,000 per trip/no trip limit	Deductible then 20%	Deductible then 40%
Air ambulance — \$20,000 per trip/1 trip per calendar year	Deductible then 20%	Deductible then 40%



Medical and prescription drug plan summary continued

Medical	Self-insured preferred provider organization	
	In-network you pay	Out-of-network you pay
Rehabilitation services	Office setting:	
Occupational/physical therapy combined — limited to 30 visits/calendar year	\$25 copay/office visit, deductible waived, then 20%	Deductible then 40%
Speech therapy — limited to 25 visits per year		
Chiropractic services — limited to 30 visits per year	Other locations:	
Acupuncture services — limited to 12 visits per year	Deductible then 20%	
Home health services	Deductible then 20%	
Limited to 40 visits per calendar year		
Hospice	Pre-authorized through medical management	Deductible then 40%
Organ transplants (see certification)	Pre-authorized through medical management	
Maternity services		
Routine prenatal outpatient care	Deductible then 20%	Deductible then 40%
Inpatient maternity services	Deductible then 20%	Deductible then 40%
MDLIVE	\$10/consultation	Not applicable
Special delivery program (Special program to ensure proper care for expectant mothers.)	Please call 800.742.6457	
Diabetic supplies	Deductible waived + 20%	Deductible waived + 40%
Durable medical equipment and medical supplies	Deductible then 20%	Deductible then 40%
Mental health and substance abuse		
Office visit	\$25 copay	Deductible then 40%
All other MH services	Deductible then 20%	Deductible then 40%
Prescription deductible	\$100 per member	
Prescription drug card (maximum 34-day supply per copay)	Tier 1/generic — \$15 copay Tier 2/preferred — \$55 copay Tier 3/nonpreferred — \$125 copay Specialty drugs are provided through SHARx	Out-of-Network Pharmacies not covered. Effective 01/01/18 Walgreens is no longer in-network.
Provider locator	www.blueadvantagearkansas.com True Blue PPO	
Lifetime maximum	No limit	

Medical premiums

Monthly

NOTE: Premiums are paid one month in advance.

	Total monthly premium	Monthly premium paid by NWACC	Monthly premium paid by employee
Employee	\$571.93	\$466.73	\$105.20
Employee + spouse	\$1,429.31	\$1,119.86	\$309.45
Employee + child(ren)	\$994.80	\$798.82	\$195.98
Family	\$1,715.28	\$1,341.92	\$373.36

Semimonthly

	Semimonthly employer contributions	Semimonthly employee deductions
Employee	\$233.37	\$52.60
Employee + spouse	\$559.93	\$154.73
Employee + child(ren)	\$399.41	\$97.99
Family	\$670.96	\$186.68

SHARED HEALTH ALLIANCE RX PROGRAM (SHARX)



Your resource for high-cost prescription access

Northwest Arkansas Community College offers a prescription drug benefit program through Shared Health Alliance. SHARx is a pharmacy advocacy solution that is designed to help employees and their dependents lower the cost of their prescription medications.

Who is eligible?

Northwest Arkansas Community College is making this program available to members enrolled in our health plan. If you are currently on any high-cost prescription medication, you will want to follow the steps below for potential cost savings to you! If you are interested in inquiring about possibly lowering drug costs for yourself and your family, complete the SHARx form by clicking on this link or typing it into your web browser: sharxplan.com/app.

What are the costs?

There are no costs to participate in the SHARx program. Northwest Arkansas Community College has paid 100% of the cost of this service for you and your family as long as you are enrolled in Northwest Arkansas Community College's health plan. Prescriptions obtained through this service could be FREE for you and your family. Sometimes a copay or out-of-pocket amount will be required, but this out of pocket may be substantially less than what you are paying now.

What is considered a high-cost prescription?

Any medication that has a cost of at least \$350 per month is considered high cost. This would include insulin (all types), Actemra, Androgrel, Bydureon, Elmiron, Glyxambi, Lyrica, Remicade, Xaralto, Vivanse, Lyrica, Cymbalta, Crestor, Nexium, Spiriva, Invokana, Humira, Concerta, Doxycycline, Gilenya, Prolia, Singulair, Enbrel, Suboxone, Celebrex, Cialis, Toujeo, Xolair, Advair Discus, Advair, Restasis, Effient, Eliquis, Flovent HFA, Welchol, Abilify, Janumet, Latuda, Lipitor, Plavix, Januvia, Atripla, Multaq, Budesonide, Onfi, Canasa, Seroquel, Victoza, Viagra and many more.

If you are prescribed a high cost medicine in the future, please email sharx@sharxplan.com or call 314.451.3555.



What to expect

It is important to note that this is not an overnight solution and usually takes from two to four weeks on average to implement your cost savings, depending on outside circumstances of doctor cooperation, ease of communication and understanding. You may also be asked to verify your income, so please respond right away. Be patient with this process and realize that Shared Health Alliance wants to help you.

What happens if I don't enroll in the SHARx program?

Your high-cost medications will no longer be covered by the Northwest Arkansas Community College pharmacy benefit plan. If you are in the advocacy process with SHARx, you may be eligible for a short supply of your urgent medications at your local pharmacy while the advocacy is in process. Certain manufacturers will require additional information to verify your income. Please respond right away to these requests for additional information to ensure that there is no delay with your advocacy. Our goal is for everyone to receive the medications they need as quickly as possible at the lowest price, and this is accomplished only with your help.

What about my prescriptions that aren't high cost?

You will continue to use your same pharmacy for acute and low-cost maintenance medications. You are welcome to see if the SHARx program can save you money on these medications as well. Often, you can receive a year's supply of generic maintenance medications for less than what you would pay over the course of a year using your insurance copays.

Instructions to create your advocacy request

- Go to sharxplan.com.
- Select "Create Account."
- Log in using your new credentials.
- Verify that information is correct on the home page.
- Click "Start" in the blue area.
- Provide additional household information.
- Verify prescription information for each member request by clicking "Submit."
- Click "Add Request" for any additional prescriptions not listed.
- Click the "Submit" button to move to the next request (if you have multiple) until you reach the complete screen.
- You are all done! You will be contacted by an advocate within 48 hours.
- Feel free to view the "About" tab for more information on the program.

DENTAL

Delta Dental PPO Plus Premier | Group number: 000000857

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage, but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

Delta Dental PPO Plus Premier	In-network
Deductible (per calendar year)	
Individual (per individual)	\$50
Family	\$150 maximum
Is the deductible waived for preventive services?	Yes
Annual plan maximum (per individual)	\$1,000
Diagnostic and preventive	
Oral exams, X-rays, cleanings, fluoride, sealants	100%
Basic	
Oral surgery, fillings (white/silver), endodontic treatment, periodontic treatment, space maintainers, repairs of dentures and crowns	80%
Major	
Crowns, jackets, dentures, bridge implants	50%
Orthodontia	
Dependent children to age 19	50%
Lifetime orthodontia plan maximum (per individual)	\$3,000

Dental premiums

	Total monthly premium	Monthly premium paid by NWACC	Monthly premium paid by employee	Semimonthly employer contribution	Semimonthly employee deduction
Employee	\$32.56	\$30.30	\$2.26	\$15.15	\$1.13
Employee + spouse	\$65.06	\$30.30	\$34.76	\$15.15	\$17.38
Employee + child(ren)	\$96.34	\$30.30	\$66.04	\$15.15	\$33.02
Family	\$115.30	\$30.30	\$85.00	\$15.15	\$42.50

To see a current provider directory, please visit www.deltadental.com.



VSP’s vision care benefits include coverage for eye exams, standard lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the VSP network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It’s important to schedule regular exams to help detect significant medical conditions before they become serious.

		In-network
WellVision exam (every calendar year)		\$20
Prescription glasses		\$20
Frames (every other calendar year)	\$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Costco® frame allowance	Included in prescription glasses
Lenses (every calendar year)	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	Included in prescription glasses
Lens enhancements (every calendar year)	Standard progressive lenses Premium progressive lenses Custom progressive lenses	\$0 \$95-\$105 \$150-\$175
Average savings of 20%-25% on other lens enhancements		
Contacts (instead of glasses)		
Contacts (every calendar year)	\$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60

Vision premiums

	Monthly premium paid by employee	Semimonthly employee deduction
Member only	\$7.80	\$3.90
Member + 1	\$12.49	\$6.25
Member + children	\$12.75	\$6.38
Member + family	\$20.66	\$10.33

Locating a VSP provider

To locate a provider, visit www.vsp.com or call 800.877.7195.

At your appointment, tell them you have VSP. There’s no ID card necessary. If you’d like a card as a reference, you can print one on www.vsp.com.

New addition for 2023: VSP LightCare Coverage.

With VSP LightCare, you can use your frame and lens benefit to get non-prescription eyewear from your VSP network doctor.

Just visit a VSP network doctor (this is unavailable out of network).

Choose either prescription eyewear coverage, OR use the frame and lens allowance toward read-to-wear:

- Non-prescription sunglass OR
- Non-prescription blue light filtering glasses.

*Please note, applicable copays still apply.

GROUP TERM LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

NWACC's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Our group term life insurance and AD&D coverage is through Mutual of Omaha.

In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident or if an accident leaves you with a covered debilitating injury, you are covered under the AD&D insurance for the same amount.

Eligibility — all eligible active employees

Eligibility requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Premium payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.

Benefits

Life insurance benefit amount	For you: \$20,000 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental death and dismemberment (AD&D) benefit amount	For You: The principal sum amount is equal to the amount of your life insurance benefit.

Features

Living care/accelerated death benefit	75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$15,000.
Waiver of premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Additional AD&D benefits	In addition to basic AD&D benefits, you are protected by the following benefits: <ul style="list-style-type: none"> • Seat belt • Repatriation • Airbag • Common carrier
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

Services

Hearing discount program	The hearing discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 888.534.1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will prep services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com .

Age reductions and exclusions

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 65, amounts reduce to 65%
 - At age 70, amounts reduce to 40%
 - At age 75, amounts reduce to 25%
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.



VOLUNTARY TERM LIFE INSURANCE

Eligibility — all eligible active employees

Eligibility requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Dependent eligibility requirement	To be eligible for coverage, your dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.

Premium payment	The premiums for this insurance are paid in full by you.
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Coverage guidelines

	Minimum	Guarantee Issue	Maximum
For you	\$10,000	7 times annual salary, up to \$100,000	\$300,000, in increments of \$10,000, but no more than 7 times annual salary
Spouse	\$5,000	100% of employee's benefit, up to \$30,000	100% of employee's benefit, up to \$150,000
Children	\$10,000	\$10,000	\$10,000

Subject to any reductions shown below. Guaranteed Issue is available to new hires. Amounts over the Guaranteed Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

Benefits

Life insurance benefit amount	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p>
Accidental death & dismemberment (AD&D) benefit amount	For you and your spouse: The principal sum amount is equal to the amount of life insurance benefit. AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the principal sum.

Features

Living care/accelerated death benefit	75% of the amount of the life insurance benefit is available to you and your spouse if terminally ill, not to exceed \$225,000.
Waiver of premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Annual benefit amount increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment by up to \$20,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. You get married or have a child). Amounts over the guarantee issue will require evidence of insurability (proof of good health).
Additional AD&D benefits	<p>In addition to basic AD&D benefits, you are protected by the following benefits:</p> <ul style="list-style-type: none"> • Seat belt • Repatriation • Airbag • Common carrier
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

Voluntary term life insurance cont.

Benefits	
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Services	
Hearing discount program	The hearing discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 888.534.1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will prep services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks, you can complete a basic will or other documents to protect your family and property. To get started, visit www.willprepservices.com . Service code: MUTUALWILLS

Age reductions and exclusions

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 65, amounts reduce to 65%
- At age 70, amounts reduce to 40%
- At age 75, amounts reduce to 25%

Spouse coverage terminates when you reach age 80.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.



Voluntary term life and AD&D coverage selection and premium calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment in WorkDay due to rounding.

To select your benefit amount and calculate your premium, do the following:

1. Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
2. Find your age bracket in the far left column.
3. Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
4. Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment WorkDay.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

Employee premium table (24 payroll deductions per year)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0-34	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	\$3.85	\$4.40	\$4.95	\$5.50
35-39	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
40-44	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
45-49	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60	\$11.20	\$12.80	\$14.40	\$16.00
50-54	\$2.70	\$5.40	\$8.10	\$10.80	\$13.50	\$16.20	\$18.90	\$21.60	\$24.30	\$27.00
55-59	\$4.30	\$8.60	\$12.90	\$17.20	\$21.50	\$25.80	\$30.10	\$34.40	\$38.70	\$43.00
60-64	\$5.55	\$11.10	\$16.65	\$22.20	\$27.75	\$33.30	\$38.85	\$44.40	\$49.95	\$55.50
65-69	\$9.20	\$18.40	\$27.60	\$36.80	\$46.00	\$55.20	\$64.40	\$73.60	\$82.80	\$92.00
70-74	\$16.65	\$33.30	\$49.95	\$66.60	\$83.25	\$99.90	\$116.55	\$133.20	\$149.85	\$166.50
75+	\$25.05	\$50.10	\$75.15	\$100.20	\$125.25	\$150.30	\$175.35	\$200.40	\$225.45	\$250.50

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your spouse's rate is based on your age, so find your age bracket in the far left column of the spouse premium table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the coverage guidelines section for minimums and maximums, if needed.

Spouse premium table (24 payroll deductions per year)										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0-34	\$0.28	\$0.55	\$0.83	\$1.10	\$1.38	\$1.65	\$1.93	\$2.20	\$2.48	\$2.75
35-39	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
40-44	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
45-49	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
50-54	\$1.35	\$2.70	\$4.05	\$5.40	\$6.75	\$8.10	\$9.45	\$10.80	\$12.15	\$13.50
55-59	\$2.15	\$4.30	\$6.45	\$8.60	\$10.75	\$12.90	\$15.05	\$17.20	\$19.35	\$21.50
60-64	\$2.78	\$5.55	\$8.33	\$11.10	\$13.88	\$16.65	\$19.43	\$22.20	\$24.98	\$27.75
65-69	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00	\$27.60	\$32.20	\$36.80	\$41.40	\$46.00
70-74	\$8.33	\$16.65	\$24.98	\$33.30	\$41.63	\$49.95	\$58.28	\$66.60	\$74.93	\$83.25
75+	\$12.53	\$25.05	\$37.58	\$50.10	\$62.63	\$75.15	\$87.68	\$100.20	\$112.73	\$125.25

All children premium table (24 payroll deductions per year)*

\$10,000

\$1.00

*Regardless of how many children you have, they are included in the "All children" premium amounts listed in the table above.





SHORT- AND LONG-TERM DISABILITY PLANS

NWACC offers two voluntary disability plans by Mutual of Omaha to provide financial assistance in case you become disabled or unable to work.

Short-term disability (STD) plan

STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness. STD benefits are paid at 60% of your eligible weekly base pay, up to \$1,500 weekly, during the first 12 weeks of injury or illness

Short-term disability	100% paid by the employee
Eligibility	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Weekly benefit amount	60%
Weekly benefit maximum	\$1,500
Benefits begin	On the 8th day of your injury or illness
Benefits duration	12 weeks
Pre-existing condition limitation	Yes

Voluntary short-term disability premium calculation

Use the premium factor in the table provided below to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

Weekly premium calculation		Example: 42-year-old employee earning \$40,000 a year
List your weekly earnings (Maximum is \$2,500)	\$	\$769.23
Multiply by the premium factor	0.0074769	0.0074769
Your estimated weekly premium*	\$	\$5.75

*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Long-term disability (LTD) plan

The NWACC LTD plan is available to employees actively working a minimum of 30 hours per week. This benefit offers financial protection to you when you need it most — if you become disabled and can no longer work. The plan will also help you return to work, if appropriate.

If you become totally disabled, you will receive 60% of your base salary, up to \$5,000 monthly, after you have satisfied the 90-day waiting period for benefits. Your benefit amount may be offset by other benefits you are receiving, such as Social Security or workers’ compensation. Your monthly benefits are subject to federal income tax and may be subject to state and local taxes.

Long-term disability	100% paid by the employer
Eligibility	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Monthly benefit amount	60%
Monthly benefit maximum	\$5,000
Benefits begin	Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends.
Pre-existing condition limitation	Yes





WORK/LIFE EMPLOYEE ASSISTANCE PROGRAM (EAP)

We all know that life can be challenging at times. Issues like illness, debt and family problems can leave us feeling worried or anxious and not able to be at our best. The EAP, sponsored by CuraLinc, provides confidential support and resources for you and your dependents at no charge. You can seek expert guidance for any kind of issue, from everyday matters to more serious problems affecting your well-being.

Here's what the program offers:

- **EAP:** 6 face-to-face visits with experienced clinicians (per occurrence), without any per-session cost to you.
- **LEGAL RESOURCES:** Unlimited phone access to CuraLinc legal professionals, an initial consultation at no charge with a local attorney and discounts on additional services.
- **FINANCIAL RESOURCES:** Unlimited phone access to financial professionals for information regarding personal finance and related issues.
- **WORK/LIFE RESOURCES:** Information and referrals on child care, elder care, adoption, relocation and other personal convenience matters.
- **HEALTH RISK ASSESSMENTS:** Online access to a health risk assessment survey and a variety of health management tools and information.
- **ONLINE WILL PREPARATION:** Access to CuraLinc, which offers the ease and simplicity of online will preparation. You can complete a will and download it to your computer.

The EAP provides counseling on all aspects of life, including:

- Difficulties in relationships.
- Emotional/psychological issues.
- Stress and anxiety issues with work or family.
- Alcohol and drug abuse.
- Personal and life improvement.
- Legal or financial issues.
- Depression.
- Child care and elder care issues.
- Grief issues.

Assistance around the clock

Whenever you need assistance with a work/life issue, the EAP is there for you, 24 hours a day. Specialists are available for confidential 24/7 assistance and support.

CuraLinc

For more information and resources:

Call: 1.888.881.LINC (5462)

Go online: www.supportlinc.com

Your company web ID: nwacc



Flexible Spending Account (FSA)



Valuable pre-tax benefits with convenient tools

Why not use pre-tax dollars to pay for medical co-pays, prescriptions, and/or daycare fees, thereby reducing your taxable income and increasing your take-home pay? It's a no-brainer.

The pre-tax advantages of a Flexible Spending Account (FSA) allow you to save **up to 30%** on your eligible healthcare and/or dependent care expenses every year. Consider how much you spend on these costs for you and your qualified dependents in one year and how much you could save by using pre-tax dollars.

How it Works

FlexSystem FSA is offered through your employer and is administered by TASC. When you choose to enroll in a FlexSystem **Healthcare FSA** and/or **Dependent Care FSA**, you determine the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year.

The more you contribute to these accounts, the more you reduce your taxable gross salary. And with less taxes taken, your take-home pay increases!

Your total annual Healthcare FSA contribution amount is available immediately at the start of the Plan Year. Dependent Care FSA funds are available up to the current account balance only.

Online Enrollment and Contributions

Annual FSA contributions are set by your employer, but are limited to the IRS maximums per Plan Year. View current IRS limits at: www.tasconline.com/benefits-limits/

Use our **online tax-savings calculator** to help determine how much you should contribute to each FlexSystem account per year.



The TASC Card Convenience

Enjoy easy access to your FSA funds with the swipe of a card instead of out-of-pocket spending and requesting a reimbursement!

Pre-Tax Savings Example

	<u>Without FSA</u>	<u>With FSA</u>
Gross Monthly Pay:	\$3,500	\$3,500
Pre-Tax Contributions		
Health FSA Deduction	\$0	-\$100
DepCare FSA Deduction	\$0	-\$400
TOTAL:	\$0	-\$500
Taxable Monthly Income	\$3,500	\$3,000
Taxes (fed, state, FICA) 20%:	-\$700	-\$600
Out-of-pocket Expenses:	-\$600	-\$600
FlexSystem Reimbursement:	n/a	+\$600
Monthly Take-home Pay:	\$2,200	\$2,400

Net Increase in Take-Home Pay = \$200/mo!

For illustration only. Actual dollar amounts may vary.

Carryover puts your mind at ease!

When your employer elects the Carryover option with your Healthcare FSA Plan, up to \$570 of any leftover healthcare funds may be carried over into the next Plan Year with no cost or penalty.



Multiple self-service tools available to easily manage your FlexSystem account(s) and TASC Card transactions:

MyTASC Online: www.tasconline.com

MyTASC Mobile App: www.tasconline.com/mobile

How to Access Your FSA Funds

As eligible expenses are incurred, you have two options to access your available FlexSystem FSA funds:

1) TASC Benefits Card: upon enrollment into the Plan, you will receive a TASC Card in the mail, which can be used to pay for eligible expenses at the point of purchase. Simply swipe your TASC Card where MasterCard is accepted.

With smart card technology, the TASC Card automatically pays for and substantiates most eligible expenses without requiring any paperwork.

2) Request a Reimbursement: simply submit a request for reimbursement to FlexSystem using one of the following methods:

- Submit via MyTASC Mobile App (free download)
- Submit via MyTASC Web Portal (login required)
- Download Request for Reimbursement form online (paper)

Your reimbursement is direct deposited into your **MyCash account** or a designated bank account. MyCash funds are accessible via your TASC Card to be used for **any** type of purchase or ATM cash

Eligible Expenses

FlexSystem FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include:

- Medical/dental office visit co-pays
- Dental/Orthodontic care services
- Eye exams and prescription glasses/lenses
- Prescriptions
- Vaccinations
- Daycare Fees

A complete list can be found at www.irs.gov in IRS Publications 502 & 503. Please note insurance premiums are NOT eligible for reimbursement.

Important Considerations

FSA Funds do not Rollover:

It is important to be conservative in making elections because any unused funds left in your FSA at the close of the Plan Year are not refundable to you (the exception to this rule is for the Healthcare FSA where funds (up to \$570) may carryover to the next Plan Year Healthcare FSA as elected by your employer). You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response System, to avoid having funds remaining in your account at year-end.

Changing Elections During the Plan Year:

You may change your FSA elections during the Plan Year only if you experience a change of status such as:

- a marriage or divorce
- birth or adoption of a child, or
- a change in employment status

Refer to the *Change of Election Form* (available from your employer) for a complete list of circumstances acceptable for changing elections mid-year.



Total Administrative Services Corporation
2302 International Lane | Madison, WI 53704-3140
www.tasconline.com | 800.422.4661

FX-4245-072418

Dependent care FSA

The dependent care expenses must be for the care of one or more qualifying persons. A qualifying person is one of the following:

- A dependent who was under age 13 when the care was provided and for whom an exemption can be claimed.
- A spouse who was physically or mentally not able to care for himself or herself, and lived with you for more than half the year.
- A dependent who was physically or mentally not able to care for himself or herself and for whom an exemption can be claimed, and lived with you for more than half the year.

The dependent care expenses provided during a calendar year cannot exceed \$5,000. In the case of a separate return by a married individual, the limit is \$2,500. This amount may be less if the employee's earned income or spouse's earned income is less than \$5,000.

Eligible expenses (must be employment related)

- FICA/FUTA taxes of dependent care provider.
- Nanny expenses attributed to dependent care.
- Nursery school (preschool).
- Late pickup fees.
- Day camp — primary purpose must be custodial care and not educational in nature.
- Day care when one parent is working and the other is sleeping during daytime hours.

Ineligible expenses

- Kindergarten.
- Activity fees/supplies.
- Late payment charges.
- Overnight camp.
- Transportation.
- Fees paid to a provider not reporting the income to the IRS.

For more information regarding dependent care expenses, please review IRS Publication 503 at www.irs.gov/uac/about-publication-503.



FREQUENTLY ASKED QUESTIONS

When do my changes take effect?

Benefit changes/enrollments done during open enrollment will be effective January 1, 2023. Please note that insurance premiums are paid one month in advance, so any increases or decreases in premiums resulting from enrollment changes will take effect the first check in December 2022.

Who is considered a dependent for medical, dental and vision insurance?

Your lawful spouse and children from birth to age 26. Children include natural child, legally adopted child and stepchild. If a covered employee is the legal guardian of a child or children, these children may also be enrolled in the plan as dependents. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR.

Can I enroll or make changes to my elections at any time?

Changes to your benefit elections can only be made during the annual open enrollment period unless you experience a qualifying event such as marriage, divorce, birth or loss of other coverage. Contact the benefits coordinator for details.

When do I need to have my enrollment completed?

Open enrollment closes November 18, 2022. All changes must be completed and submitted by midnight on that date.

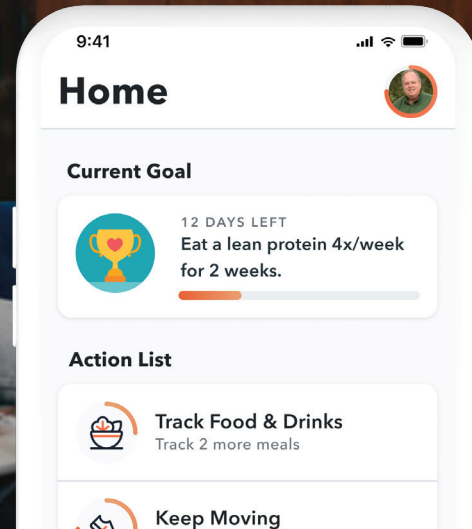
Who do I contact with my benefit questions?

Contact the NWACC Benefits Coordinator at 479.619.4143 or email benefits@nwacc.edu.





Do healthy your way.



Omada® is a personalized program designed to help you make gradual changes to the way you eat, move, sleep and manage stress—4 lifestyle behaviors that can have a direct impact on your weight and health.

Eat healthier

Learn how to enjoy every meal, no deprivation required.

Move more

Get motivation to start a “no pain, all gain” fitness routine.

Sleep better

See how being able to sleep well is like having a superpower.

Manage stress

Navigate tough times like a pro with strategies that truly work.

Ready to make health a habit?

If you or your adult family members are at risk for type 2 diabetes or heart disease, NorthWest Arkansas Community College will cover the entire membership cost.

Take a few minutes to see if you're eligible:

omadahealth.com/nwacc

You'll get your own:



Interactive program



Wireless smart scale



Weekly online lessons



Professional health coach



Small group of participants



CONTACTS

Medical

BlueAdvantage

Customer service: 800.370.5792

Website: www.blueadvantagearkansas.com

Pharmacy benefit manager

Southern Scripts

Customer service: 800.710.9341

Website: www.southernscripts.net

Dental

Delta Dental

Customer service: 800.462.5410

Website: www.deltadentalar.com

Vision

VSP

Customer service: 800.877.7195

Website: www.vsp.com

Pharmacy advocacy

SHARx

Customer service: 314.451.3555

Website: www.app.sharxplan.com

Employee assistance program (EAP)

CuraLinc

Customer service: 888.881.LINC (5462)

Website: www.supportlinc.com

Username: nwacc

Group term life insurance and accidental death and dismemberment (AD&D)

Mutual of Omaha

Customer service: 800.377.9000

Website: www.mutualofomaha.com

Voluntary term life insurance

Mutual of Omaha

Customer service: 800.377.9000

Website: www.mutualofomaha.com

Short- and long-term disability

Mutual of Omaha

Customer service: 800.377.9000

Website: www.mutualofomaha.com

Pre-diabetes/weight loss

Omada

Customer service 888.987.8337

Website: www.omadahealth.com/nwacc

Final notes

This summary of benefits is not intended to be a complete description of NWACC's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although NWACC maintains its benefit plans on an ongoing basis, NWACC reserves the right to terminate or amend each plan in its entirety or in any part at any time.

Please contact your NWACC human resources representative with questions regarding the information provided in this overview.



ADDITIONAL RESOURCES

blueprint

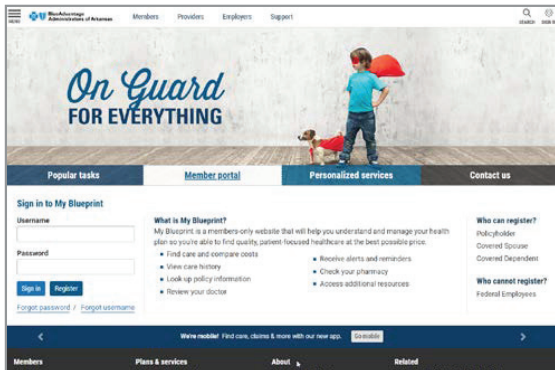
My Blueprint

BlueAdvantage Administrators of Arkansas members have access to health plan information 24 hours a day, seven days a week with My Blueprint member portal.



With My Blueprint, you can:

- View, print, email, fax or order a replacement ID card
- Review claims status and history
- Check your deductible
- Find a doctor or hospital
- Estimate your treatment costs
- View your personal health record
- Review a recent doctor visit



How to register for My Blueprint

- Go to blueadvantagearkansas.com
- Select the "Member portal" tab then select the "Register" button.
- Follow the instructions. All you need is your:
 - Member ID or the last four digits of your Social Security number
 - Name
 - Date of birth

And anyone covered on your health plan can set up a My Blueprint account.

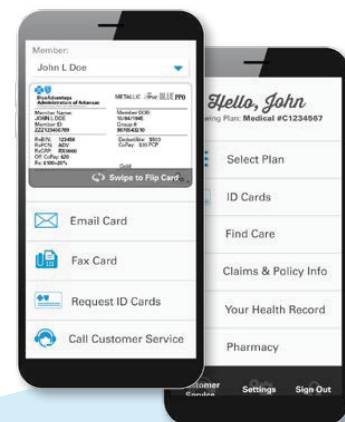
Already registered?

If you're already a My Blueprint user, simply go to blueadvantagearkansas.com and enter your username and password to sign in and access your account.



No ID Card? No Problem!

With My Blueprint Mobile, you can view, print, email, or fax your ID card while in your doctor's office. You can also access many more My Blueprint features.



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blueprint

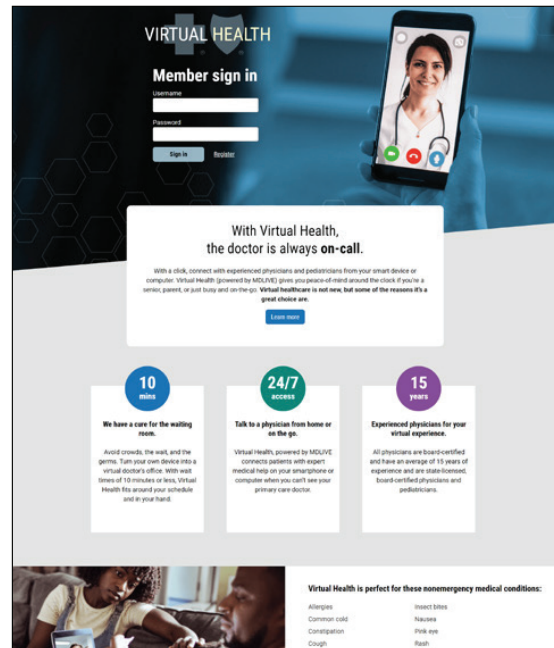
Virtual Health

Set up access to online medical help

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

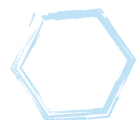
Get started!

1. Go to MyVirtualHealth.com
2. Go to **Member sign in**
 - Sign in or register for your My Blueprint account.
3. **Activate your virtual health account**
 - In My Blueprint, select **Virtual Health** from the top menu, select **Visit MDLIVE**, and follow the prompts to activate your account.
(Note: You'll skip this step in the future and be sent directly to MDLIVE.)
 - Establish your account profile and those of your dependents if applicable. You will need member ID numbers to complete this step.
4. **Choose a doctor**
 - Choose from a large network of state-licensed, board-certified doctors (including pediatricians).



BlueAdvantage Administrators of Arkansas

An Independent Licensee of the Blue Cross and Blue Shield Association



5. Start your virtual health visit

You may be required to have your first call be a video call (like FaceTime or Skype).

- Choose to see the next available physician (usually within 10 minutes) or schedule an appointment at a specific time, with a specific physician.
- You will need to provide some details about your past history and medical problem(s):

Reason(s) for visit

Medicines you currently take

Payment Information



What can be treated

- Allergies
- Common cold
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever
- Flu
- Headache
- Insect bites
- Nausea
- Pink eye
- Rash
- Respiratory problems
- Sore throat
- Urinary problems
- Vomiting
- More

We recommend setting up your account now. That way, when you need to speak with a doctor you can just sign in and get the help you need. The details of your call are confidential and secure. For emergencies (like broken bones, excessive bleeding, dangerously high fever, symptoms of heart attack or stroke, etc.) get to the nearest emergency room. But for many common conditions, Virtual Health is your healthcare solution. Anytime, anywhere.

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MDLIVE is a separate company that provides telehealth services for members of BlueAdvantage Administrators of Arkansas.

Virtual Health currently is available to all fully insured health plans but not available to all health plans. Members with an active medical plan whose coverage includes Virtual Health should be able to successfully register via the link within My Blueprint. Your benefit summary will indicate if Virtual Health is available to you. Notably, it is not available to members who have limited duration plans, Medicare Prescription Drug and Medicare Supplement plans, plans covering employees of FEP, Arkansas State and Public Schools or Baptist Health.



blueprint

Find Care & Costs

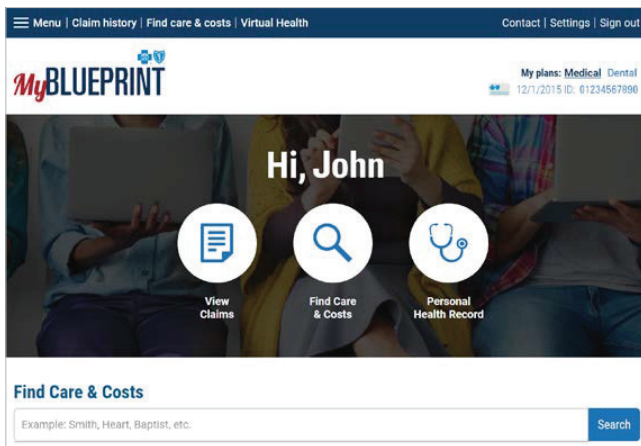
Pick providers. Preview prices. My Blueprint member portal puts the power in your hands.

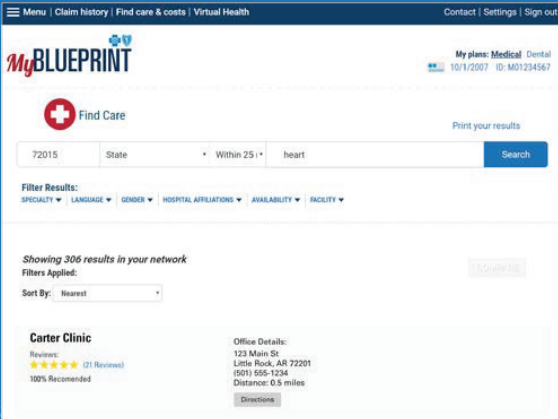
Need a doctor? We've got that covered. Primary care? Specialist? Close to work? Close to home? My Blueprint has the tools that can help you find the provider that's right for you – quickly and easily.

Want to know how much that shoulder surgery will cost you? No worries. My Blueprint's Find Care & Cost tool puts pinpoint pricing information at your fingertips.

What's My Blueprint?

It's BlueAdvantage Administrators of Arkansas' self-service member portal. And it's a fast and convenient way to get the information you need to make healthcare decisions. Signing up is simple. Just go to blueadvantagearkansas.com/myblueprint, and in minutes, you'll be ready to use the Find Care & Costs tool and much more.





Find Care?

Use the Find Care & Costs tool in My Blueprint to locate in-network doctors and care sites that meet your needs. You can search by:

- Specialty (primary care, cardiology, neurology, etc.)
- Health conditions (like diabetes, acid reflux, pregnancy, etc.)
- Treatment areas (stomach, heart, kidney, etc.)
- Specific procedures (like tonsillectomy, hernia repair, knee replacement, etc.)

And you can filter the results by location, language, gender, hospital affiliation, availability and facility type.

Check Costs

Take the guesswork out of your healthcare planning.

When you search Find Care & Costs for treatments, you'll see cost estimates that take into account:



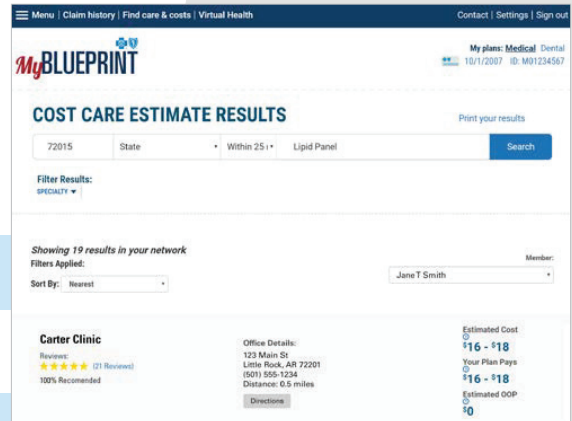
The provider's claims history



Your health plan's benefits



Your claims history for the current plan year



Your estimated out-of-pocket cost is displayed first. But if you click the **Cost Details** link, you can see our estimates of how much the procedure costs and how much your health plan will pay.

Care that meets your needs and fewer surprises on costs. That sounds like a winning combination.

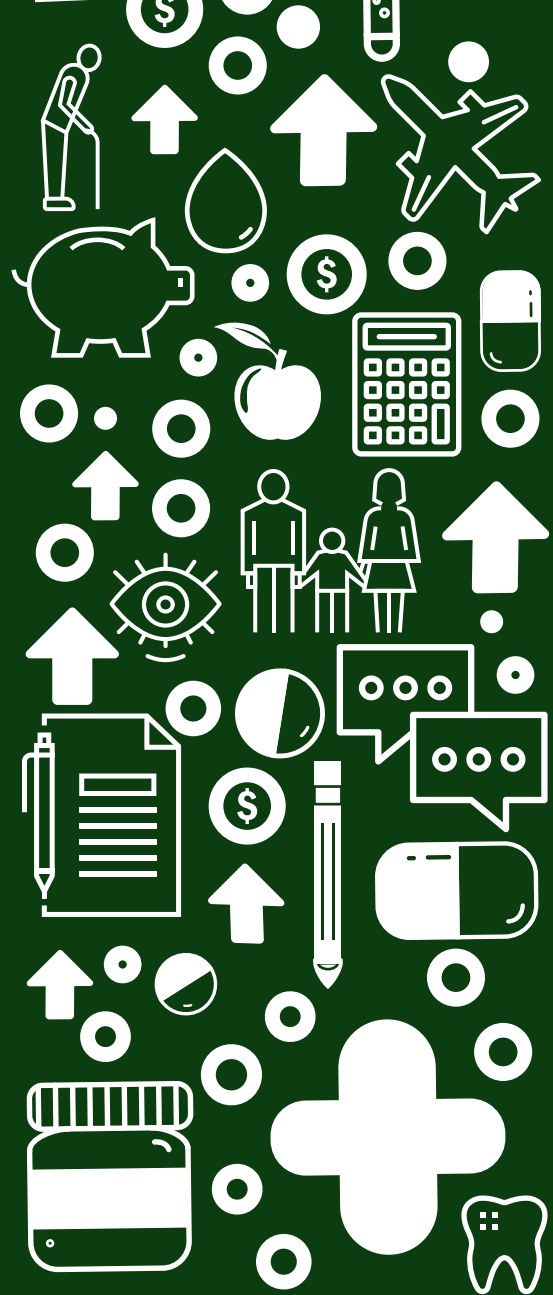


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**All changes must be made by
November 18!**

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.



Benefits Guide

2023