



Employee Benefits Division
Health & Life Insurance
2005-2006
Enrollment
Guide
Public School Employees

Rate Information Inside!

Please keep as a reference throughout the Plan year.

Web: <http://www.ARBenefits.org> | Email: AskEBD@dfa.state.ar.us

Tell Me What I Need To Know ~

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What Is New This Year?

Changes & Reminders for 2005-2006 Plan Year

- ◆ The open enrollment period will begin on August 1st and end on August 31st (for active public school employees). Your enrollment changes, declinations, or additions will be effective on October 1, 2005. Your district may have more specific deadlines for completing your open enrollment process. Online enrollment is available to public school employees. You can complete your enrollment forms on-line quickly, securely and easily. *See additional details on page 18.*
- ◆ NEW! Health Risk Assessment program to assess risk for disease and other serious health conditions with a rate discount as a reward for completing the survey. *See details on next page.*
- ◆ Public School Retirees have a Plan year change and open enrollment period change. *See details on next page.*
- ◆ Participation in the Health Savings Account (HSA) is no longer required if the High Deductible PPO (HD PPO) plan offered by NovaSys Health is selected. The Health Savings Account is still available for those that select the High Deductible PPO, but on a voluntary basis. *Please see additional details on page 7 and 8.*
- ◆ The basic life insurance (\$5000 policy value) premium has been reduced from \$0.65 per employee per month to \$0.56 per employee per month. See premium charts in this manual. Participation in the basic life plan is mandatory with health insurance plan enrollment. Supplemental life insurance rates have also changed, please see Life Insurance section on page 13.
- ◆ NMHCRx will continue as the Pharmacy Benefit Manager. Co-payments will remain the same: \$10 Generic, \$25 Preferred/Formulary, and \$50 Non-Preferred/Non-Formulary with the exception of the High Deductible PPO plan (HD PPO). The HD PPO plan will not have co-pays for prescription coverage but members will pay the negotiated discounted rates for their prescriptions and receive credit towards meeting their HD PPO plan deductible for all prescription expenses during the plan year. Co-insurance would apply to prescription expenses once the HD PPO deductible has been met.
- ◆ The deductible and out of pocket maximum for the Point of Service (POS) and High Deductible PPO (HD PPO) will be calculated on a Plan year basis (October 1, 2005 to September 30, 2006). The Blue Cross Blue Shield PPO deductible and out of pocket maximums will be calculated on a calendar year basis.

Health Risk Assessment Program

In an effort to identify public school employee health plan members who are at risk for disease, illness and injury, the Board has approved a Health Risk Assessment (HRA) questionnaire to be made available to all public school health plan members. The assessment has questions about exercise habits, tobacco use, alcohol consumption, weight, and seat belt use – nationally standardized questions that assess risk for disease or increased need for medical care. Information about how to complete the assessment will be provided to all active school employees who are members of the Public School Employee's health plan. The assessment will be available for completion online at www.ARBenefits.org or by using an automatic telephonic response system. The deadline for responses is August 31st to allow adequate time for payroll adjustments prior to discount effective date.

Completion of the assessment is completely voluntary, but there is a financial benefit for participation. For each covered employee or covered spouse that responds, their health premium will be reduced by \$10 month, for a total of \$120 reduction in premium per plan year. If both employee and spouse are covered under the Plan and each completes the assessment, the premium will be reduced by \$20 a month for a \$240 savings per plan year. If just one employee or spouse participates, or if just the employee is covered under the Plan, the reduction will be \$10 a month. (See rate sheets in this guide). Retirees are not eligible for this program, as the discount has already been factored into their premiums.

The survey can be found online at www.ARBenefits.org or it can be accessed by calling the interactive voice response system at 1-866-456-3950.

Retiree Plan Year Changed

The State and Public School Employees Life and Health Insurance Board (the Board) has made a change to the Public School Employees Retiree health insurance plan year effective date. The new plan year beginning date is January 1, 2006 with an open enrollment period during the month of October. The Board made the change to coincide with the recent Medicare Part D prescription drug coverage that will become available to retirees age 65 and over on January 1, 2006. This plan year date change applies to both Non-Medicare Retirees and Medicare Primary Retirees.

The Employee Benefits Division has been directed by their Board to request bids from vendors that can administer a Medigap type benefit for retirees over age 65. This information, as well as the 2006 rates for the retirees, will be provided in the retiree Guide to Enrollment to be published and mailed before the October 1st-31st open enrollment period. Active Public School employees who retiree between now and December 31, 2005, will use the same retiree insurance rates that are now in place (and included in this manual). Rates for current retirees will remain in effect until December 31, 2005 and are included in this manual.

New! Retirees can continue their life insurance in retirement regardless of whether they enroll in COBRA, a Medigap policy, remain on the state sponsored health plan or have no insurance. Retirees cannot enroll in life insurance upon retirement; they must have had life insurance as an active employee. Premium payments for retiree life insurance must be paid directly to US Able Life insurance company or deducted from retirement check, not paid to the Employee Benefits Division.

Who Can Help Me?

Carrier Contact Information

Health Insurance Carriers

Arkansas Blue Cross & Blue Shield (offers PPO Plan)

P. O. Box 2181
Little Rock, AR 72203
Toll Free (800) 482-8416
E-mail customerservicePSE@arkbluecross.com
Web site address: www.ArkansasBlueCross.com

Health Advantage (offers HMO and POS plans)

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

NovaSys Health (offers HMO, POS, PPO and HD PPO plans)

P. O. Box 25230
Little Rock, Arkansas 72221
Local Office (501) 975-4853
Toll Free (888) 870-8103
E-mail customerservice@novasyshealth.com
Web site address www.novasyshealth.com

QualChoice/QCA (offers HMO and POS plans)

10825 Financial Centre Parkway, Suite 400
Little Rock, AR 72211
Toll Free (800) 782-5246
Local Office (501) 228-7111
E-mail Select "Contact Us" button on website
Web site address www.qcark.com

Prescription Coverage

NMHC Rx (National Medical Health Card Rx)

320 Executive Court, Suite 201
Little Rock, AR 72205
Toll Free (800) 880-1188
Web site Address www.nmhcrx.com
Click on "contact us" and then go to "Member Services" to send an e-mail message.

NMHC Mail (Mail Order Pharmacy)

PO Box 407096
Ft. Lauderdale, FL 33340-7096
Toll Free (800) 881-1966
Web site address www.nmhcmal.com

Health Savings Account

DataPath (DPAS - Data Path Administration Services)

1601 West Park Drive, Suite 9

Little Rock, AR 72204

Local Office (501) 687-6954
Toll Free (877) 685-0655
E-mail PSE@idpas.com
Web site address www.idpas.com

Life Insurance

USABLE Life

320 West Capitol, Suite 700

P.O. Box 1650

Little Rock, AR 72203

Toll Free Customer Service (800) 370-5854
Toll Free Life Claims (800) 648-0271
Local Office (501) 375-7200
Web site address www.usablelife.com

Behavioral Health, Mental Health & Substance Abuse

Corphealth / STAR EAP

1701 Centerview Dr., Suite 101

Little Rock, AR 72211

Toll Free 1-866-378-1645
E-mail customerservice@corphealth.com
Websiteaddress www.corphealth.com/members/memberslogin.htm

General Benefit Information & Assistance

Employee Benefits Division (EBD)

(Mailing address)

P.O. Box 15610

Little Rock, AR 72231-5610

(Physical address)

1515 West 7th, Suite 300

Little Rock, AR 72201

Phone Numbers

Toll Free (877) 815-1017
Local Office (501) 682-9656

Online

Public web-site address www.arkansas.gov/dfa/ebd
ARBenefits system web site address www.ARBenefits.org
General e-mail address AskEBD@dfa.state.ar.us

What Are My Choices?

Plan Overview

The information provided below summarizes the differences in plan designs. Note: there are no pre-existing condition limitations when enrolling or changing plans. Also see the section, *What Does Each Plan Cover*, for details.

1. Health Maintenance Organization (HMO) offered by:

- * Health Advantage
- * NovaSys Health
- * QualChoice of Arkansas

Participants must select an in-network Primary Care Physician (PCP) to oversee all care. Out-of-network physician visits or services are not covered without prior approval.

2. Point of Service (POS) offered by:

- * Health Advantage
- * NovaSys Health
- * QualChoice of Arkansas

The POS plan has the same benefit structure as the HMO plan when in-network and PCP services are rendered. Unlike the HMO plan, the POS plan allows you to seek out-of-network physician visits and hospital visits without prior approval. Out of network services are subject to deductibles and 40% co-insurance similar to the PPO plan.

3. Preferred Provider Organization (PPO) offered by:

- * Arkansas Blue Cross Blue Shield
- * NovaSys Health

The PPO plan offers the greatest number of in-network physicians and hospitals but deductibles apply before any benefits are paid.

4. High Deductible Preferred Provider Organization (HD PPO) offered by:

- * NovaSys Health

The HD PPO plan offers a wide variety of in-network physicians and hospitals, but a high deductible does apply before any benefits are paid. Pharmacy claims are paid by member and applied toward the plan deductible. The HD PPO plan is the **ONLY** plan that makes members eligible for the optional Health Savings Account benefit offered by DataPath Administrative Services (for more information, visit www.ArkansasHSA.com).

Please refer to the Summary Plan Descriptions, available from EBD by mail or online at www.ARBenefits.org, for more details. Also, please refer to carrier websites or customer service centers for the most current provider information.

Health Savings Accounts ... Why Pay for Insurance You Don't Need?

Would you like to spend less of your paycheck on insurance and gain more control over how and when you spend your health care dollars? If you answered yes, a Health Savings Account (HSA) may be for you.

An HSA is a personal savings account that is an optional component of the HD PPO offered by NovaSys Health. The HD PPO has the lowest monthly premiums of any of the available plans. Plus, you can make contributions to the HSA, earn interest, and make withdrawals from the HSA, all TAX-FREE.

In order to take advantage of the HSA, you must be a member of the NovaSys Health HD PPO. This insurance plan has a \$1,500 deductible for single coverage and a \$3,000 deductible for family coverage, and unlike other plans, pharmacy costs apply toward the plan deductible. In addition, the lower monthly premiums allow you the extra money to put into your health savings account.

The Benefits of a Health Savings Account

- **Reduced Insurance Premiums** – The rates for the HD PPO are the least expensive of any plan offered this year. Reducing your monthly premiums can provide you with a fantastic opportunity to save money and build up your HSA balance.
- **No “Use-it or Lose-it” Rule** – Any unused account balance in your HSA rolls over to be available in coming years.
- **Long-Term Savings** – Because your HSA funds can roll over from year to year, you can let your account grow and earn interest tax-free.
- **Portability** – You own your account, so when you retire or change jobs, your HSA goes with you.
- **More Take Home Pay** – Contributions are deducted on a pre-tax basis, decreasing your payroll tax and increasing your paycheck.
- **Additional Health Coverage** – You get more than just major medical insurance. You can also use your HSA to pay for expenses not usually covered by health plans, including dental, vision, long-term care insurance, prescription medication, and much more.
- **Easy Access** – The funds in your HSA can be withdrawn at any time and for any reason. Distributions for a qualified medical expense are tax-free; other distributions are subject to income and a 10% excise tax.
- **Catch up Contributions** – Individuals who are 55 or older can make an additional annual contribution of \$500.
- **For more Health Savings Accounts benefits, please visit www.ArkansasHSA.com.**

Is an HSA Right for You?

If your insurance last year was a “cost” instead of a “benefit,” then an HSA may be the solution you’ve been looking for. It is important to remember that low deductible plans have copays that don’t apply to the deductible. The HD PPO is different. With no copays, there are no hidden costs and you benefit from substantial savings through lower premiums.

How to Sign Up for an HSA

1. Enroll in the HD PPO offered by NovaSys Health. This is the ONLY plan that makes you eligible for the HSA.
2. Determine your contribution amount for pre-tax payroll deduction. You can contribute up to the maximum allowed by law, which is based on the deductible amount for the tier you select. If you elect Employee Only coverage, you can contribute up to \$1,500 a year; if you elect Employee & Spouse, Employee & Child(ren), or Employee & Family coverage, you can contribute up to \$3,000 a year.
3. Fill out a Salary Reduction Agreement (available from your district’s School Business Official). You may also make post-tax contributions to your account at any time.
4. Look for your Account Enrollment Form to be sent to your home address.
5. Complete the Account Enrollment Form and return it to DataPath Administrative Services (DPAS), your HSA Administrator.

Other Items to Consider:

- In order to participate in an HSA, you must be covered by a qualified high deductible health plan (NovaSys HD PPO is a qualified health plan), not have other non-qualified health coverage, and not be receiving Medicare benefits. For further clarification of HSA eligibility, go to www.ArkansasHSA.com or e-mail the HSA administrator at PSE@idpas.com.
- An HSA is an individual savings account just like any other savings account so certain bank fees apply, including a \$10 set-up fee and a \$2 monthly fee.
- Active Employees can have their HSA contributions processed as a Pre-Tax deduction from their paycheck, saving them Federal, State, and other payroll taxes. DPAS is the ONLY approved HSA provider for your public school employee group.
- As you or your family members incur medical expenses, simply withdraw the money from your account. This can be done electronically through the Internet (www.ArkansasHSA.com) or by submitting a paper form to DPAS.

For more information about Health Savings Accounts, please visit www.ArkansasHSA.com.

NOTE: Another type of medical spending account, a Medical Flexible Spending Account (MFSA), is available through most districts’ cafeteria plan administrator. However, participation in both a Health Savings Account (described in the section above) and a Medical Flexible Spending Account is limited. Please contact DataPath Administrative Services, your cafeteria plan administrator, or your district’s business office for details.

What Does Each Plan Cover?

Summary of Most Frequently Used Services

Important Note: The only out-of-network services covered under the pure HMO plans are emergency services and insurance company authorized referrals. The Point of Service (POS) out-of-network reimbursement of the health plan to the provider is 60% of the health plan's approved charges, not of the provider or facility's billed charges. For a more detailed explanation of what each plan covers and what is excluded, please refer to that plan's Summary Plan Description booklet, available from EBD.

PLAN HIGHLIGHT	PPO PLAN		HMO & POS PLAN		HD PPO	
	IN NETWORK	OUT-OF-NETWORK	IN NETWORK	POS OUT-OF-NETWORK**	IN NETWORK	OUT-OF-NETWORK
Deductible (first dollar out-of-pocket per plan year)	\$500 per person \$1,000*** per family	\$1,500 per person \$3,000*** per family	\$0	\$500 per person \$1,000*** per family	\$1,500 per person \$3,000 per family	\$1,500 per person \$3,000 per family
Coinsurance/Copayment	20% after deductible	40% after deductible	Per office visit: \$25 PCP \$35 Specialist	40% after deductible of maximum allowable amount	20% after deductible	40% after deductible
Out-of-Pocket Limit (after deductible co-pays)	\$3,000 per person \$6,000*** per family	\$8,000 per person \$16,000*** per family	\$1,500 per person \$3,000*** per family	\$5,000 per person \$10,000*** per family	\$2,500 per person \$5,000 per family	\$5,000 per person \$10,000 per family
Physician Services	20% Coinsurance	40% Coinsurance	Per office visit: \$25 PCP \$35 Specialist	40% Coinsurance of maximum allowable	20% Coinsurance	40% Coinsurance
Inpatient	20% Coinsurance	40% Coinsurance	\$500 co-pay (max 3 per plan year) & 20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Outpatient Services	20% Coinsurance	40% Coinsurance	20% Coinsurance after \$100 co-pay for Outpatient Surgical facility	40% Coinsurance of maximum allowable	20% Coinsurance	40% Coinsurance
Diagnostic Testing (Lab and X-Ray)	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Ambulance \$1,000 annual limit	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Inpatient Hospital	20% Coinsurance	40% Coinsurance	\$500 Co-pay + 20% coinsurance per admission with maximum 3 co-pays per member per year	40% Coinsurance of maximum allowable amount	20% Coinsurance	40% Coinsurance
Preventative Care	First dollar coverage with no deductible or co-pay	No first dollar coverage, subject to deductible and co-insurance	First dollar coverage with no deductible or co-pay	No first dollar coverage, subject to deductible and co-insurance	First dollar coverage with no deductible or co-pay	No first dollar coverage, subject to deductible and co-insurance

***Out-of-Network benefits apply when you do not visit your PCP or follow the Plan's referral procedures when visiting a specialist or hospital.

PLAN HIGHLIGHT 2005-2006	PPO PLAN		HMO & POS PLAN		HD PPO	
	IN NETWORK	OUT-OF NETWORK	IN NETWORK	POS OUT-OF NETWORK**	IN NETWORK	OUT-OF NETWORK
Home Infusion IV drugs and solutions	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Emergency Care	20% Coinsurance	20% Coinsurance <i>True emergency care is always paid as if in-network.</i>	\$100 copay + 20% coinsurance, co-pay waived if admitted to same hospital	\$100 co-pay + 20% coinsurance, co-pay waived if admitted to same hospital	20% Coinsurance	20% Coinsurance <i>True emergency care is always paid as if in-network.</i>
Transplants	Must be approved by Plan, then 20% coinsurance	Must be approved by Plan, then 40% coinsurance	Must be approved by Plan, then \$500 co-pay per admission + 20% coinsurance	Not Covered	Must be approved by Plan, then 20% Coinsurance	Not covered out of network
* Travel and lodging allowance up to \$10,000 outside service area.						
Durable Medical Equipment Annual Maximum \$10,000	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
DME Repairs	Must be approved by plan	Must be approved by plan	Must be approved by Plan	Must be approved by Plan	Must be approved by Plan	Must be approved by Plan
Physical, Occupational and Speech Therapy, Chiropractic Services and Cardiac Rehabilitation	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
(Limited to 60 combined visits per member per year)						
Allergies	20% Coinsurance	40% Coinsurance	20% Coinsurance for injections \$25 Co-pay PCP \$35 Co-pay Specialist	40% Coinsurance	20% Coinsurance	40% Coinsurance
Home Health Nursing Visits 120 Annual Visits	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Maximum Benefits	No Maximum	\$1,000,000	No Maximum	\$1,000,000	No Maximum	\$1,000,000
Ostomy Supplies (3 month supply)	10% Coinsurance	40% Coinsurance	10% Coinsurance	40% Coinsurance	10% Coinsurance	40% Coinsurance
Prosthetic	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
\$15,000 annual limit						
Pharmacy Benefit through NMHC Rx	\$5.00 Co-pay Prilosec OTC \$10.00 Co-pay Generic \$25.00 Co-pay Preferred Drugs \$50.00 Non-preferred Non-covered drugs 100% member responsibility					
Prescriptions will count toward the deductibles on the HD PPO plan with the HSA option, therefore, participants in the HD PPO will pay full price for prescriptions until deductible is met						

***Out-of-Network benefits apply when you do not visit your PCP or follow the Plan's referral procedures when visiting a specialist or hospital.

PLAN HIGHLIGHT 2004-2005	PPO PLAN		HMO & POS PLAN		HD PPO	
	IN NETWORK	OUT-OF-NETWORK	IN NETWORK	POS OUT-OF-NETWORK**	IN NETWORK	OUT-OF-NETWORK
Maternity Benefits	Physician: 20% Coinsurance Hospital: 20% Coinsurance	Physician: 40% Coinsurance Hospital: 40% Coinsurance	Physician: 20% Coinsurance, co-pay for initial office visit Hospital: \$500 co-pay per admission + 20% coinsurance; subject to the inpatient yearly maximums	Physician: 40% Coinsurance Hospital: 40% Coinsurance	Physician: 20% Coinsurance Hospital: 20% Coinsurance	Physician: 40% Coinsurance Hospital: 40% Coinsurance
Mental Health, Behavioral Health & Substance Abuse Care						
Employee Assistance Program (EAP) Star	Up to eight (8) EAP sessions per episode with no copayment. Must call Arkansas Help Line at 1-866-378-1645	Not Covered	Up to eight (8) EAP sessions per episode with no copayment. Must call Arkansas Help Line at 1-866-378-1645	Not Covered	Up to eight (8) EAP sessions per episode with no copayment. Must call Arkansas Help Line at 1-866-378-1645	Not Covered
Initial Behavioral Health Benefit	Must call Arkansas Help Line at 1-866-378-1645	Not Covered	Must call Arkansas Help Line at 1-866-378-1645	Not Covered	Must call Arkansas Help Line at 1-866-378-1645	Not Covered
Deductible	Subject to Plan deductible	Subject to Plan deductible	Subject to Plan deductible	Subject to Plan deductible	Subject to Plan deductible	Subject to Plan deductible
Copayment for Traditional Out-Patient Services	\$35 co-pay / office visit	\$35 co-pay + 25% coinsurance	\$35 co-pay / office visit	\$35 co-pay + 25% coinsurance	20% Coinsurance	40% Coinsurance
Out-of-Pocket Maximum (After copays and deductibles)	\$1,500 Individual \$3,000 Family	\$1,875 Individual \$3,750 Family	\$1,500 Individual \$3,000 Family	\$1,875 Individual \$3,750 Family	\$1,500 Individual \$3,000 Family	\$1,875 Individual \$3,750 Family
Out-Patient Services (Partial hospital/day treatment)	\$100 Co-pay + 20% Coinsurance	\$125 Co-pay first visits + 45% Coinsurance	\$100 Co-pay + 20% Coinsurance	\$125 Co-pay first visits + 45% Coinsurance	20% Coinsurance	40% Coinsurance
Out-Patient Services (Intensive Outpatient)	\$100 Co-pay + 20% Coinsurance	\$125 Co-pay first visits + 45% Coinsurance	\$100 Co-pay + 20% Coinsurance	\$125 Co-pay first visits + 45% Coinsurance	20% Coinsurance	40% Coinsurance
Residential Treatment	20% Coinsurance	45% Coinsurance	20% Coinsurance	45% Coinsurance	20% Coinsurance	40% Coinsurance
In-Patient Services	\$500 Co-pay + 20% co-insurance per admission	\$625 Co-pay + 45% co-insurance per admission	\$500 Co-pay + 20% co-insurance per admission	\$625 Co-pay + 45% co-insurance per admission	20% Coinsurance	40% Coinsurance

***Out-of-Network benefits apply when you do not visit your PCP or follow the Plan's referral procedures when visiting a specialist or hospital.

What Else Comes With Those Plans?

Preventative Care Benefit and Life Insurance

All of the health plans (HMO, POS, PPO and HD PPO) have a preventative health care benefit which includes NO COST annual examinations for adults and covered dependent children. These services are not subject to a co-payment or deductible if obtained from an in-network provider. NOTE: Some benefits are limited. Please refer to the Summary Plan Description available from EBD, or contact your carrier for complete details.

Examples of services covered under this benefit are: annual wellness examination, routine gynecological examination, well child care, prostate specific antigen testing, colorectal cancer screening, colonoscopy, immunizations, cholesterol and HDL screening, some cancer screenings, and screening mammograms.

Please see complete list of covered services and additional details in the Summary Plan Description (SPD) booklets available from the Employee Benefits Division and online at www.ARBenefits.org.

The following criteria must be met to take advantage of this benefit:

1. Use in-network physicians and facilities– review your health plan’s provider directory for an up-to-date list of participating providers
2. Get the preventative services from the following types of physicians only:
 - Primary Care Physician (PCP)
 - o General Practitioner
 - o Family Practitioner
 - o Pediatrician (for children)
 - o Internal Medicine Physician
 - Obstetrician/Gynecologist (Ob/Gyn)
3. Preventative services must be claimed separately from non-preventative services in order to be paid with no co-payment or co-insurance. Do not combine your annual wellness visit with services that are not preventative or screening in nature.

Use of these services and the associated cost to the health plan will not count against any deductible or annual out-of-pocket limit.

Basic Life Insurance Benefits

Active Public School employees who participate in any of the health plans sponsored by the State and Public School Employee Life and Health Insurance Board will be automatically enrolled in \$5,000 of Basic Group Term Life and Accidental Death and Dismemberment (AD&D) coverage with US Able Life.

NEW RATE! Effective October 1, 2005, Public School Employees will pay only \$0.56 a month for \$5,000 basic life and AD&D insurance (the previous rate was \$0.65 a month). Basic life insurance participation is mandatory with health insurance plan participation.

Supplemental and Dependent Life Insurance

In addition to the Basic Group Term Life and AD&D, you are eligible to participate in US Able's Supplemental Life and AD&D program. This program allows you to obtain up to \$70,000 in Supplemental Life benefits. (Benefit amounts are based on your annual salary). You may also elect \$2,500 of coverage on each of your eligible dependents.

To determine the amount of Supplemental Life for which you qualify, or for more details regarding your Group Term Life insurance, contact your district's business office.

Supplemental and Dependent life insurance can be purchased as follows (these premiums have also reduced effective October 1, 2005):

Supplemental Life/AD&D		
Annual Earnings	Insurance Amount	Monthly Premium
\$10,000 or less	\$20,000	\$ 4.60
\$10,001 - \$15,000	\$30,000	\$ 6.90
\$15,001 - \$20,000	\$40,000	\$9.20
\$20,001 - \$25,000	\$50,000	\$11.50
\$25,001 - \$30,000	\$60,000	\$13.80
\$30,001 and above	\$70,000	\$16.10

Dependent Life	
Coverage Amount	Monthly Premium
\$2,500	\$0.48

Enrollment

New employees will have 30 days from their hire date to enroll in the Supplemental Life program without evidence of insurability. If you are currently insured by the Public School Employee group health plan, but have not elected the Supplemental Life, you may apply by providing evidence of insurability. Please contact your district office to obtain a Supplemental Life application.

Public School Health Plan Options & Rates for Active Employees

Effective October 1, 2005 - September 30, 2006, Self-Insured Health Plan

	Health Insurance						Basic Life Premium <small>See page 13 for details</small>
	Total Monthly Premium	School Contribution	State Contribution	Total Monthly Employee Cost	**HRA Completion Employee (or Spouse)	**HRA Completion Employee and Spouse	
Employee Only							
BCBS PPO	\$371.08	(\$131.00)	(\$52.76)	\$187.32	\$177.32		\$0.56
NovaSys PPO	\$361.00	(\$131.00)	(\$52.76)	\$177.24	\$167.24		\$0.56
Health Advantage POS	\$312.76	(\$131.00)	(\$52.76)	\$129.00	\$119.00		\$0.56
NovaSys POS	\$303.28	(\$131.00)	(\$52.76)	\$119.52	\$109.52		\$0.56
QualChoice POS	\$324.28	(\$131.00)	(\$52.76)	\$140.52	\$130.52		\$0.56
Health Advantage HMO	\$303.38	(\$131.00)	(\$52.76)	\$119.62	\$109.62		\$0.56
NovaSys HMO	\$293.42	(\$131.00)	(\$52.76)	\$109.66	\$99.66		\$0.56
QualChoice HMO	\$306.22	(\$131.00)	(\$52.76)	\$122.46	\$112.46		\$0.56
*NovaSys HD PPO	\$257.58	(\$131.00)	(\$52.76)	\$73.82	\$63.82		\$0.56
Employee & Spouse							
BCBS PPO	\$997.54	(\$131.00)	(\$93.80)	\$772.74	\$762.74	\$752.74	\$0.56
NovaSys PPO	\$987.46	(\$131.00)	(\$93.80)	\$762.66	\$752.66	\$742.66	\$0.56
Health Advantage POS	\$834.78	(\$131.00)	(\$93.80)	\$609.98	\$599.98	\$589.98	\$0.56
NovaSys POS	\$825.30	(\$131.00)	(\$93.80)	\$600.50	\$590.50	\$580.50	\$0.56
QualChoice POS	\$866.88	(\$131.00)	(\$93.80)	\$642.08	\$632.08	\$622.08	\$0.56
Health Advantage HMO	\$808.66	(\$131.00)	(\$93.80)	\$583.86	\$573.86	\$563.86	\$0.56
NovaSys HMO	\$798.70	(\$131.00)	(\$93.80)	\$573.90	\$563.90	\$553.90	\$0.56
QualChoice HMO	\$816.50	(\$131.00)	(\$93.80)	\$591.70	\$581.70	\$571.70	\$0.56
*NovaSys HD PPO	\$669.38	(\$131.00)	(\$93.80)	\$444.58	\$434.58	\$424.58	\$0.56
Employee & Child(ren)							
BCBS PPO	\$647.26	(\$131.00)	(\$71.86)	\$444.40	\$434.40		\$0.56
NovaSys PPO	\$637.20	(\$131.00)	(\$71.86)	\$434.34	\$424.34		\$0.56
Health Advantage POS	\$542.24	(\$131.00)	(\$71.86)	\$339.38	\$329.38		\$0.56
NovaSys POS	\$532.78	(\$131.00)	(\$71.86)	\$329.92	\$319.92		\$0.56
QualChoice POS	\$563.02	(\$131.00)	(\$71.86)	\$360.16	\$350.16		\$0.56
Health Advantage HMO	\$525.42	(\$131.00)	(\$71.86)	\$322.56	\$312.56		\$0.56
NovaSys HMO	\$515.44	(\$131.00)	(\$71.86)	\$312.58	\$302.58		\$0.56
QualChoice HMO	\$530.44	(\$131.00)	(\$71.86)	\$327.58	\$317.58		\$0.56
*NovaSys HD PPO	\$437.70	(\$131.00)	(\$71.86)	\$234.84	\$224.84		\$0.56
Employee & Family							
BCBS PPO	\$1,006.74	(\$131.00)	(\$97.14)	\$778.60	\$768.60	\$758.60	\$0.56
NovaSys PPO	\$996.66	(\$131.00)	(\$97.14)	\$768.52	\$758.52	\$748.52	\$0.56
Health Advantage POS	\$843.42	(\$131.00)	(\$97.14)	\$615.28	\$605.28	\$595.28	\$0.56
NovaSys POS	\$833.94	(\$131.00)	(\$97.14)	\$605.80	\$595.80	\$585.80	\$0.56
QualChoice POS	\$875.66	(\$131.00)	(\$97.14)	\$647.52	\$637.52	\$627.52	\$0.56
Health Advantage HMO	\$817.22	(\$131.00)	(\$97.14)	\$589.08	\$579.08	\$569.08	\$0.56
NovaSys HMO	\$807.26	(\$131.00)	(\$97.14)	\$579.12	\$569.12	\$559.12	\$0.56
QualChoice HMO	\$825.08	(\$131.00)	(\$97.14)	\$596.94	\$586.94	\$576.94	\$0.56
*NovaSys HD PPO	\$676.26	(\$131.00)	(\$97.14)	\$448.12	\$438.12	\$428.12	\$0.56

* High Deductible PPO plan **no longer** requires a mandatory \$20 monthly Health Savings Account Contribution.

** Health Risk Assessment

Public School Health Plan Options & Rates for Retirees not Medicare Primary

Effective October 1, 2004 - December 31, 2005, Self-Insured Health Plan

See Page 3 for details

	Total Monthly Premium	School Contribution	Total Monthly Retiree Cost	HSA Mandatory Minimum Monthly Account Contribution	HSA PPO TOTAL Minimum Monthly Retiree Cost
Retiree Only					
BCBS PPO	\$561.27	(\$80.29)	\$480.98		
NovaSys PPO	\$560.77	(\$80.29)	\$480.48		
Health Advantage POS	\$497.37	(\$80.29)	\$417.08		
NovaSys POS	\$496.87	(\$80.29)	\$416.58		
QualChoice POS	\$546.79	(\$80.29)	\$466.50		
Health Advantage HMO	\$488.75	(\$80.29)	\$408.46		
NovaSys HMO	\$488.23	(\$80.29)	\$407.94		
QualChoice HMO	\$514.63	(\$80.29)	\$434.34		
*Novasys HSA PPO	\$448.83	(\$80.29)	\$368.54	\$20.00	\$388.54
Retiree & Spouse					
BCBS PPO	\$1,069.49	(\$80.29)	\$989.20		
NovaSys PPO	\$1,068.99	(\$80.29)	\$988.70		
Health Advantage POS	\$946.89	(\$80.29)	\$866.60		
NovaSys POS	\$946.39	(\$80.29)	\$866.10		
QualChoice POS	\$1,041.69	(\$80.29)	\$961.40		
Health Advantage HMO	\$930.35	(\$80.29)	\$850.06		
NovaSys HMO	\$929.85	(\$80.29)	\$849.56		
QualChoice HMO	\$979.99	(\$80.29)	\$899.70		
*Novasys HSA PPO	\$848.27	(\$80.29)	\$767.98	\$20.00	\$787.98
Retiree & Child(ren)					
BCBS PPO	\$810.23	(\$80.29)	\$729.94		
NovaSys PPO	\$809.71	(\$80.29)	\$729.42		
Health Advantage POS	\$716.97	(\$80.29)	\$636.68		
NovaSys POS	\$716.47	(\$80.29)	\$636.18		
QualChoice POS	\$789.09	(\$80.29)	\$708.80		
Health Advantage HMO	\$704.39	(\$80.29)	\$624.10		
NovaSys HMO	\$703.87	(\$80.29)	\$623.58		
QualChoice HMO	\$742.15	(\$80.29)	\$661.86		
*Novasys HSA PPO	\$644.43	(\$80.29)	\$564.14	\$20.00	\$584.14
Retiree & Family					
BCBS PPO	\$1,224.11	(\$80.29)	\$1,143.82		
NovaSys PPO	\$1,223.59	(\$80.29)	\$1,143.30		
Health Advantage POS	\$1,079.95	(\$80.29)	\$999.66		
NovaSys POS	\$1,079.45	(\$80.29)	\$999.16		
QualChoice POS	\$1,191.43	(\$80.29)	\$1,111.14		
Health Advantage HMO	\$1,060.49	(\$80.29)	\$980.20		
NovaSys HMO	\$1,059.99	(\$80.29)	\$979.70		
QualChoice HMO	\$1,118.87	(\$80.29)	\$1,038.58		
*Novasys HSA PPO	\$969.41	(\$80.29)	\$889.12	\$20.00	\$909.12
Retiree & Medicare Spouse					
BCBS PPO	\$953.69	(\$80.29)	\$873.40		
NovaSys PPO	\$953.17	(\$80.29)	\$872.88		
Health Advantage POS	\$847.59	(\$80.29)	\$767.30		
NovaSys POS	\$847.09	(\$80.29)	\$766.80		
QualChoice POS	\$929.63	(\$80.29)	\$849.34		
Health Advantage HMO	\$833.29	(\$80.29)	\$753.00		
NovaSys HMO	\$832.77	(\$80.29)	\$752.48		
QualChoice HMO	\$876.23	(\$80.29)	\$795.94		
Retiree & Medicare Spouse & Children					
BCBS PPO	\$988.47	(\$80.29)	\$908.18		
NovaSys PPO	\$987.97	(\$80.29)	\$907.68		
Health Advantage POS	\$877.93	(\$80.29)	\$797.64		
NovaSys POS	\$877.41	(\$80.29)	\$797.12		
QualChoice POS	\$963.41	(\$80.29)	\$883.12		
Health Advantage HMO	\$863.01	(\$80.29)	\$782.72		
NovaSys HMO	\$862.51	(\$80.29)	\$782.22		
QualChoice HMO	\$907.77	(\$80.29)	\$827.48		

* Participation in the "HSA PPO (High Deductible)" plan and the Health Savings Account (HSA) will be tied to the retiree rates until December 31, 2005. A minimum mandatory member contribution of \$20.00 per month to the HSA is required for participation in the NovaSys HSA High Deductible PPO plan. The Health Savings Account must adhere to federal guidelines. See far right column for total minimum monthly cost.

Public School Health Plan Options & Rates for Retirees Medicare Primary

Effective October 1, 2004 - December 31, 2005, Self-Insured Health Plan

See Page 3 for details

	Total Monthly Premium	School Contribution	Total Monthly Retiree Cost
Retiree Medicare Only			
BCBS PPO	\$464.63	(\$80.29)	\$384.34
NovaSys PPO	\$464.11	(\$80.29)	\$383.82
Health Advantage POS	\$414.51	(\$80.29)	\$334.22
NovaSys POS	\$414.01	(\$80.29)	\$333.72
QualChoice POS	\$453.25	(\$80.29)	\$372.96
Health Advantage HMO	\$407.73	(\$80.29)	\$327.44
NovaSys HMO	\$407.23	(\$80.29)	\$326.94
QualChoice HMO	\$428.03	(\$80.29)	\$347.74
Retiree Medicare & Spouse			
BCBS PPO	\$953.69	(\$80.29)	\$873.40
NovaSys PPO	\$953.17	(\$80.29)	\$872.88
Health Advantage POS	\$847.59	(\$80.29)	\$767.30
NovaSys POS	\$847.09	(\$80.29)	\$766.80
QualChoice POS	\$929.63	(\$80.29)	\$849.34
Health Advantage HMO	\$833.29	(\$80.29)	\$753.00
NovaSys HMO	\$832.77	(\$80.29)	\$752.48
QualChoice HMO	\$876.23	(\$80.29)	\$795.94
Retiree Medicare & Child(ren)			
BCBS PPO	\$645.33	(\$80.29)	\$565.04
NovaSys PPO	\$644.83	(\$80.29)	\$564.54
Health Advantage POS	\$575.61	(\$80.29)	\$495.32
NovaSys POS	\$575.09	(\$80.29)	\$494.80
QualChoice POS	\$629.53	(\$80.29)	\$549.24
Health Advantage HMO	\$566.19	(\$80.29)	\$485.90
NovaSys HMO	\$565.69	(\$80.29)	\$485.40
QualChoice HMO	\$594.43	(\$80.29)	\$514.14
Retiree Medicare & Spouse & Child(ren)			
BCBS PPO	\$988.47	(\$80.29)	\$908.18
NovaSys PPO	\$987.97	(\$80.29)	\$907.68
Health Advantage POS	\$877.93	(\$80.29)	\$797.64
NovaSys POS	\$877.41	(\$80.29)	\$797.12
QualChoice POS	\$963.41	(\$80.29)	\$883.12
Health Advantage HMO	\$863.01	(\$80.29)	\$782.72
NovaSys HMO	\$862.51	(\$80.29)	\$782.22
QualChoice HMO	\$907.77	(\$80.29)	\$827.48
Retiree Medicare & Spouse Medicare			
BCBS PPO	\$844.67	(\$80.29)	\$764.38
NovaSys PPO	\$844.15	(\$80.29)	\$763.86
Health Advantage POS	\$754.15	(\$80.29)	\$673.86
NovaSys POS	\$753.65	(\$80.29)	\$673.36
QualChoice POS	\$824.15	(\$80.29)	\$743.86
Health Advantage HMO	\$741.91	(\$80.29)	\$661.62
NovaSys HMO	\$741.41	(\$80.29)	\$661.12
QualChoice HMO	\$778.57	(\$80.29)	\$698.28
Retiree Medicare & Spouse Medicare & Child(ren)			
BCBS PPO	\$883.93	(\$80.29)	\$803.64
NovaSys PPO	\$883.43	(\$80.29)	\$803.14
Health Advantage POS	\$788.31	(\$80.29)	\$708.02
NovaSys POS	\$787.79	(\$80.29)	\$707.50
QualChoice POS	\$862.27	(\$80.29)	\$781.98
Health Advantage HMO	\$775.41	(\$80.29)	\$695.12
NovaSys HMO	\$774.91	(\$80.29)	\$694.62
QualChoice HMO	\$814.13	(\$80.29)	\$733.84

Note: IRS Federal law states that Medicare eligible persons are not eligible for a Health Savings Account (HSA) and under our plan, they are not eligible for the NovaSys HSA PPO plan. Participation in the "HSA PPO (High Deductible)" plan and the Health Savings Account (HSA) will be tied to the retiree rates until December 31, 2005.

Public School Health Plan Options & Rates for COBRA

Effective October 1, 2005 - September 30, 2006, Self-Insured Health Plan

	Total Monthly Employee Cost	**HRA Completion Employee (or Spouse)	**HRA Completion Employee and Spouse
Employee Only			
BCBS PPO	\$378.31	\$368.31	
NovaSys PPO	\$368.03	\$358.03	
Health Advantage POS	\$318.83	\$308.83	
NovaSys POS	\$309.15	\$299.15	
QualChoice POS	\$330.57	\$320.57	
Health Advantage HMO	\$309.25	\$299.25	
NovaSys HMO	\$299.09	\$289.09	
QualChoice HMO	\$312.15	\$302.15	
*NovaSys HD PPO	\$262.53	\$252.53	
Employee & Spouse			
BCBS PPO	\$1,017.09	\$1,007.09	\$997.09
NovaSys PPO	\$1,006.83	\$996.83	\$986.83
Health Advantage POS	\$851.09	\$841.09	\$831.09
NovaSys POS	\$841.41	\$831.41	\$821.41
QualChoice POS	\$883.83	\$873.83	\$863.83
Health Advantage HMO	\$824.43	\$814.43	\$804.43
NovaSys HMO	\$814.27	\$804.27	\$794.27
QualChoice HMO	\$832.43	\$822.43	\$812.43
*NovaSys HD PPO	\$682.37	\$672.37	\$662.37
Employee & Child(ren)			
BCBS PPO	\$660.01	\$650.01	
NovaSys PPO	\$649.75	\$639.75	
Health Advantage POS	\$552.89	\$542.89	
NovaSys POS	\$543.25	\$533.25	
QualChoice POS	\$574.09	\$564.09	
Health Advantage HMO	\$535.73	\$525.73	
NovaSys HMO	\$525.55	\$515.55	
QualChoice HMO	\$540.85	\$530.85	
*NovaSys HD PPO	\$446.27	\$436.27	
Employee & Family			
BCBS PPO	\$1,026.47	\$1,016.47	\$1,006.47
NovaSys PPO	\$1,016.19	\$1,006.19	\$996.19
Health Advantage POS	\$859.89	\$849.89	\$839.89
NovaSys POS	\$850.23	\$840.23	\$830.23
QualChoice POS	\$892.77	\$882.77	\$872.77
Health Advantage HMO	\$833.17	\$823.17	\$813.17
NovaSys HMO	\$823.01	\$813.01	\$803.01
QualChoice HMO	\$841.19	\$831.19	\$821.19
*NovaSys HD PPO	\$689.39	\$679.39	\$669.39

* High Deductible PPO plan **no longer** requires a mandatory \$20 monthly Health Savings Account Contribution.

** Health Risk Assessment

How Do I Enroll?

Enrollment Options

Manual Enrollment

Contact your school's administrative office to get the appropriate form. Fill out by hand, sign and turn in. Your school's administrative staff will work with EBD and take care of the rest.

Online Benefits Enrollment

EBD has implemented a health insurance self service module through a system called "ARBenefits." This will be the preferred and recommended method of enrolling or making a change to your Plan during this open enrollment period. Completing this task online is the most efficient way.

Go to www.ARBenefits.org to complete online enrollment. If you are new to ARBenefits online, you will need to complete the online registration by clicking on the New User link. A User ID and password will be assigned to you after you have entered all the necessary information and accepted the terms and conditions. Once those are received you will have immediate access to complete your enrollment or change for the Oct. 1, 2005 – Sept. 30, 2006 plan year. You **must** print a copy of your enrollment confirmation or changes and take it to your school's administrative office. This allows them to approve your request and make the appropriate updates in the payroll system.

Other features available for you at ARBenefits:

- Search for Primary Care Physicians (PCPs) in your plan's network.
- Update your PCP selection without contacting EBD or the health carrier.
- Print Benefit Confirmation sheets so that you have a hard copy of your current benefit selections.
- Access to up-to-date information about your health benefits such as announcements, forms and publications.

But I Have A Question!

Frequently Asked Questions and Answers

If I'm an active employee not currently participating in the Health Insurance Program, may I enroll now?

Yes. If you want health insurance coverage this next plan year, you must enroll during this enrollment period. Unless you or your dependents qualify under the following federal laws, you cannot enroll during the remainder of the school year:

- You or your eligible dependents have lost other health insurance coverage through no action of your own.
- You have acquired a new eligible dependent through marriage, birth, adoption or placement for adoption.

NOTE: Voluntary termination from another plan does not qualify you to enroll in this plan outside of the open enrollment period.

Do I have to complete a new enrollment form this year?

No, not if you want to retain your current health insurance plan selection.

What if I want to change my health insurance plan?

Submit your completed enrollment form online, or to your school's business office. Your district should provide you with the forms as well as the due date, which will be sometime in August. New PCP referrals must be obtained when changing from one insurance carrier to another.

If I change to a new plan during enrollment, will I be subject to pre-existing condition limitations?

No. Therefore, it is not necessary to show proof of prior health insurance coverage upon application or change.

Are the network providers in my current plan remaining the same?

There are frequent changes in every network; therefore, please check the provider directories. For the latest network information call the health insurance companies or visit their web sites.

Do I have to select the same PCP for my entire family?

No. Each member of your family may select a different primary care physician (PCP). Female plan members under Health Advantage, QualChoice or NovaSys plans can seek obstetrical or gynecological care without a PCP referral if the provider is in that company's network.

What is the difference between an HMO and the POS plan?

An HMO offers no out-of-network benefits except in cases of dire emergency or special insurance company pre-authorized out-of-network referrals. An HMO requires a member to obtain a referral from their Primary Care Physician. If referrals are not obtained from the Primary Care Physician the claim will be denied. POS plans offer an HMO benefit when an insured stays in network with a PCP referral, but also offers reduced benefits when the insured seeks specialty services without a referral.

The POS benefit is generally designed for people that want the flexibility to access health care both in-network (with PCP referral) and out-of-network without obtaining a referral from the Primary Care Physician. The POS benefit allows you to go out-of-network, just remember that 60% of maximum allowable payment is not 60% of billed charges. The POS benefit can be used for members who reside out of state also, because you can

use providers that are not in the network. The HMO is not designed for members who live out of state, as there are no benefits outside the network. Most networks are only statewide. There are a few exceptions to that rule if you reside in a border city such as Texarkana, West Memphis, etc. Please contact your specific HMO carrier to determine if networks are available to you in the border cities.

What is a PPO and how does a PPO differ from an HMO and POS?

A PPO is most like an Indemnity Plan. In a PPO Plan, a member has a separate deductible and a separate coinsurance for both in and out of network services. If the member stays in the statewide PPO network it is likely that the plan will pay a higher reimbursement than if the member accesses care outside the PPO network.

What is the difference between the PPO and the HD (high deductible) PPO plans?

The deductibles are different and the HD PPO plan allows voluntary participation in a separate Health Savings Account (HSA). For the HD PPO, the prescription benefits and mental / behavioral health benefits are subject to the whole plan's deductible before benefits are paid. See "What Does Each Plan Cover?" section beginning on page 9.

Are my child's immunizations covered?

State mandated immunizations are a covered benefit for children up to age 18. Some adult immunizations are a covered benefit including the flu immunization. See "Preventative Care Benefit" information on page 12 in this booklet.

How can my children who are in college IN-STATE access my POS or HMO Plan?

Routine non-emergency medical services are paid according to "in" and "out-of-network" rules. A network provider located in the college town qualifies as "in-network," just

like a hometown in-network physician. We recommend your child select a PCP in their college town. Emergency services, regardless of the provider used, are paid "in-network." Charges incurred at a school infirmary are not covered.

My child will be attending college out of state. How will he/she be covered?

Call your health insurance carrier to inquire if a guest membership is available for out-of-state students. If not, they can recommend the plan that will work the best for your child's situation and location.

If my PCP pulls out of my carrier's network after the enrollment period, may I change plans?

Plan changes mid-year are rarely allowed. Only in cases of documented lack of access to providers will a mid-year enrollment be permitted. For example, in the event a county loses all of its network providers in a particular plan, a "special" re-enrollment would permit all plan participants in that county to select another plan. The decision to allow a special enrollment comes from the Employee Benefits Division (EBD).

For other questions or concerns, please refer to page 4, "Who Can Help Me?" Contact the companies listed there, or the Employee Benefits Division, for assistance.

EBD

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and Administration

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