

# A GUIDE TO YOUR EMPLOYEE BENEFITS



## **OUACHITA**

BEHAVIORAL HEALTH  
& WELLNESS



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## ABOUT THIS GUIDE

The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy. It does not contain all of the details that are included in your Summary Plan Descriptions (as required by ERISA) found in your other benefit materials. If there is ever a question about one of these plans or policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

Note: The benefits highlighted and described in this guide may be changed at any time and do not represent a contractual obligation, either implied or expressed, on the part of Ouachita Behavioral Health and Wellness.



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**BE AWARE: If you fail to make your new hire benefit elections by the deadline given, you will not have the opportunity to enroll until Open Enrollment, unless you experience a qualifying life event**

## YOUR HEALTH IS IMPORTANT

Welcome to Ouachita Behavioral Health and Wellness (OBH). Your health and the health of your family are important to OBH – this is the reason we offer comprehensive health care coverage with ancillary benefit options to eligible employees and their families.

This guide describes OBH’s Employee Benefits Package. Please read through all of your materials very carefully. You have resources available for any questions related to your plans as you enroll and throughout the year. Take advantage of those resources to be sure you receive the full benefits you need and all that is available to you. The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year.

## ELIGIBILITY

All full-time OBH employees working at least 30 hours per week are eligible for benefits. Your benefits are effective the first of the month following 60 days of employment with OBH. Eligible dependents include:

- Your legal spouse
- Your natural, adopted, or step children (age restrictions apply)
- A child for whom legal guardianship has been awarded to the covered employee or employee’s spouse
- A permanently disabled dependent



# MEDICAL & PRESCRIPTION

## MEDICAL PLAN

OBH employees have the choice between two medical plans offered through Arkansas BlueCross.

Benefits	PPO Plan In-Network	HDHP Plan In-Network
Deductible <ul style="list-style-type: none"> <li>➤ Individual</li> <li>➤ Family</li> </ul>	\$2,000 \$4,000	\$2,000 \$4,000
Preventive Care	Plan pays 100%	Plan pays 100%
Primary Care Physicians Office Visit	\$30 copay	Plan pays 100% after deductible
Specialist Office Visit	\$50 copay	Plan pays 100% after deductible
Urgent Care	\$50 copay	Plan pays 100% after deductible
Diagnostic Lab & X-rays <ul style="list-style-type: none"> <li>➤ Office Setting</li> <li>➤ Facility Setting</li> </ul>	Plan pays 100% Plan pays 80% after deductible	Plan pays 100% after deductible Plan pays 100% after deductible
Emergency Room	Plan pays 80% after deductible	Plan pays 100% after deductible
In-Patient Hospitalization/Surgery	Plan pays 80% after deductible	Plan pays 100% after deductible
Out-Patient Hospitalization/Surgery	Plan pays 80% after deductible	Plan pays 100% after deductible
Maternity and Obstetrics	Plan pays 80% after deductible	Plan pays 100% after deductible
Maximum Out-of-Pocket (includes deductible) <ul style="list-style-type: none"> <li>➤ Individual</li> <li>➤ Family</li> </ul>	\$4,000 \$8,000	\$2,000 \$4,000

## PRESCRIPTIONS

When you enroll in a Arkansas BlueCross plan, you are automatically enrolled in prescription drug coverage. Prescription drug coverage is one of the most valuable, but also one of the most expensive benefits offered. Always discuss lower cost alternatives with your physician and check the ABCBS website for the drug list for each tier.

Pharmacy	PPO Plan	HDHP
Tier 1 Drugs (Generic)	\$10 copay	Plan pays 100% after deductible
Tier 2 Drugs (Preferred)	\$40 copay	Plan pays 100% after deductible
Tier 3 Drugs (Non-Preferred)	\$60 copay	Plan pays 100% after deductible
Tier 4 Drugs (Specialty)	\$120 copay	Plan pays 100% after deductible

Benefits	PPO Plan Out-of-Network	HDHP Plan Out-of-Network
Deductible <ul style="list-style-type: none"> <li>➤ Individual</li> <li>➤ Family</li> </ul>	\$6,000 \$12,000	\$4,000 \$8,000
Preventive Care	Plan pays 60% after deductible	Plan pays 80% after deductible
Primary Care Physicians Office Visit	Plan pays 60% after deductible	Plan pays 80% after deductible
Specialist Office Visit	Plan pays 60% after deductible	Plan pays 80% after deductible
Urgent Care	Plan pays 60% after deductible	Plan pays 60% after deductible
Diagnostic Lab & X-rays <ul style="list-style-type: none"> <li>➤ Office Setting</li> <li>➤ Facility Setting</li> </ul>	Plan pays 60% after deductible Plan pays 60% after deductible	Plan pays 80% after deductible Plan pays 80% after deductible
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Out-Patient Hospitalization/Surgery	Plan pays 60% after deductible	Plan pays 80% after deductible
Maternity and Obstetrics	Plan pays 60% after deductible	Plan pays 80% after deductible
Maximum Out-of-Pocket (includes deductible) <ul style="list-style-type: none"> <li>➤ Individual</li> <li>➤ Family</li> </ul>	\$12,000 \$24,000	\$8,000 \$16,000

## MEDICAL RATES

Per Deduction	PPO Plan	HDHP Plan
Employee Only	\$98.95	\$50.97
Employee + Spouse	\$289.73	\$212.94
Employee + Child(ren)	\$226.13	\$158.95
Family	\$445.53	\$345.23

### PREVENTIVE CARE

Your routine preventive care is always covered at 100%. A complete list of covered preventive care services can be found on Arkansas BlueCross's website. Please discuss these preventive care services with your physician to insure proper filing of your claim.

# DENTAL & VISION

## DENTAL

Dental coverage is offered through Delta Dental and the company pays a portion of the cost for coverage. Regular dental cleanings and check-ups are extremely important to your overall health and you are encouraged to take advantage of your preventive dental benefits. Our plan provides for two cleanings per calendar year. You may seek care from any dentist, but by choosing in-network providers, you may lower your out-of-pocket costs. To find an in-network dentist, go to [www.deltadentalar.com](http://www.deltadentalar.com) or call toll-free (800) 462-5410.

In-Network Services*	Dental Plan
Deductible	\$50 Individual
Annual Maximum Benefit	\$2,250 Per person
Preventive Exams, Cleanings, X-Rays, Space Maintainers, Fluoride	Plan pays 100% deductible waived
Basic services Fillings, Simple Extractions, Repair of Dentures	Plan pays 80% after deductible
Major services Oral Surgery, Endodontics, Periodontics, Crowns, Bridges, Dentures, Inlays, Denture Rebase or Reline	Plan pays 50% after deductible
Orthodontia (up to age 26)	Plan pays 50%, \$2,500 lifetime max

\*Out-of-network coverage available with higher deductibles, coinsurance, and out-of-pocket costs.

## VISION

Vision coverage is offered through Arkansas BlueCross. Your routine vision exams, eyeglasses or contact lenses are available through Arkansas BlueCross' network of vision care providers. In addition to the benefits outlined below, you have access to discounts on lens options and Laser Vision Correction. To find an in-network provider, go to [www.arkansasbluecross.com](http://www.arkansasbluecross.com) or call toll-free (800) 238-8379.

In-Network Services*	Vision Plan
Eye Exams (Once Per Calendar Year)	\$10 copay
Frames (Once Every Two Years)	Plan pays 100% up to \$125, 20% off balance
Lenses (Once Per Calendar Year) » Single Vision, Bifocal, and Trifocal	\$25 copay
Contact Lenses (Once Per Calendar Year - In Lieu Of Frames/Lenses) » Conventional » Medically Necessary (Pre-Authorization Required)	\$100 Allowance Plan pays 100%

\*Out-of-network coverage available with higher deductibles, coinsurance, and out-of-pocket costs.

### DENTAL RATES

	Deduction
Employee Only	\$6.50
Employee + Spouse	\$19.00
Employee + Child(ren)	\$16.50
Family	\$29.00

### VISION RATES

	Deduction
Employee Only	\$3.87
Employee + Spouse	\$7.15
Employee + Child(ren)	\$7.73
Family	\$11.01

## VIRTUAL HEALTH

### Care. Anytime. Anywhere.

You need healthcare 24/7 — not just when it's convenient. Beginning July 1, 2019, you'll have access to medical help on your smartphone or computer when you can't see your primary care doctor in person. It's called virtual health, and it means expert medical care — and even medicine — is always at your fingertips.

#### Easy to sign up, simple to use

Virtual health is user-friendly. Simply go to [MyVirtualHealth.com](http://MyVirtualHealth.com) and follow the instructions.

*(Note: You must be registered for My Blueprint, our member portal, to sign up for virtual health. You can do both at [MyVirtualHealth.com](http://MyVirtualHealth.com).)*

#### Virtual health (powered by MDLIVE):

- Allows covered employees and their dependents to see a physician after hours or away from home
- Boasts an average wait time of less than 10 minutes
- Features 24/7/365 availability of state-licensed, board-certified physicians (including pediatricians)

Virtual health visits are treated the same as a visit with a primary care physician. Normal copayments, coinsurance and deductibles apply. You simply pay online at the time of service.



#### When do I use virtual health?

Virtual health is intended for nonemergency conditions such as:

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

Visit the nearest ER if you have a broken bone, excessive bleeding, dangerously high fever, a bad burn, symptoms of heart attack or stroke, etc.

**Questions? Learn more about virtual health at [MyVirtualHealth.com](http://MyVirtualHealth.com) and sign up today, so you'll be ready when you have a need! With virtual health, you can begin to enjoy healthcare on your own terms. Anytime. Anywhere.**

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# DISABILITY

## SHORT-TERM DISABILITY

Whether you are totally disabled and unable to work due to an accident or illness, OBH provides short-term disability benefits and pays a portion of the cost of coverage. These benefits will provide for a percentage of your salary once you satisfy the waiting period. Coverage is provided through Mutual of Omaha.

Short Term Disability	
Accident or Illness Waiting Period	21 days
Maternity Benefit	Covered
Percentage of Salary Replaced	60%
Maximum Benefit	\$1,000 per week
Benefit Payable	To end of disability or 10 weeks, whichever is first

## LONG-TERM DISABILITY

The company provides full-time employees the option of electing long-term benefits. In the event you become disabled from non-work-related injury or sickness, disability income benefits are provided as a source of income. Total disability is defined as the inability to perform each of the main duties of your own occupation, due to injury or sickness. The "own" occupation definition applies to the maximum benefit period of your disability.

Long Term Disability	
Accident or Illness Waiting Period	90 days
Mental & Nervous Maximum	2 year limit
Drug & Alcohol Maximum	2 year limit
Percentage of Salary Replaced	60%
Maximum Benefit	\$10,000 per month
Benefit Payable	To end of disability or normal Social Security retirement age, whichever is first

Rates are per \$100 of coverage. For example, if you're a 42 year old employee earning \$40,000 a year. Your monthly earnings would be \$3,333.33. Since it's per \$100 of coverage, you would divide \$3,333.33 by 100 to get 33.33 and multiply it by the rate below in the coordinating age bracket, \$1.14. That amount is your monthly premium (\$38) and your semi-monthly deduction would be \$19.00.

Age	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-99
\$100	\$0.29	\$0.41	\$0.53	\$0.81	\$0.98	\$1.14	\$1.53	\$2.15	\$2.48	\$2.60	\$2.73	\$2.87

# LIFE INSURANCE

## BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

OBH provides each full-time employee with one times their basic annual earnings in group basic life and AD&D insurance and pays for the full cost of coverage.

## SUPPLEMENTAL LIFE INSURANCE

Employees may choose to purchase group life insurance benefits at an additional cost through Mutual of Omaha. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. See rate table for increments and premium amounts below.

Employee voluntary life amounts must be made in \$10,000 increments. In addition, guaranteed issue amounts are only available when an employee is first eligible for coverage. If an employee wants to increase coverage on themselves or a dependent after the initial eligibility period, they must be approved by underwriting.

For both basic and voluntary life, once you are 65 years of age the payout of policy is reduced to 65% of elected amount and at age 70, it is reduced to 50% of benefit amount. Guarantee issue amounts and maximum coverage may vary for employees over age 70.

	Employee Coverage	Spouse Coverage	Child(ren) Coverage
Voluntary Life Amounts	Increments of \$10,000	Increments of \$5,000	\$10,000
Guaranteed Issue Employee Under Age 60**	\$100,000 for EE, \$25,000 for spouse- At age 65 and over the insured employee's amount reduces according to the ADEA		
Maximum	Five times salary to \$100,000	Up to employee elected amount up to \$25,000	\$10,000

\*\*The guaranteed issue amount is the highest amount of coverage that you or your dependents may elect without completing an Evidence of Insurability (EOI) form. This form may also be required if you increase your elected amount in the future. If you elect an amount of coverage above the guaranteed issue limit, or elect to increase your benefit amount at a future date, the benefit amount over the guaranteed issue level will not go into effect until your EOI has been reviewed and approved and payroll deductions have begun.

Rates are per \$10,000 of coverage. Spouse rates are based on the employee's age.

AGE	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$10,000	\$0.35	\$0.42	\$0.50	\$0.55	\$0.66	\$0.94	\$1.43	\$2.25	\$3.40	\$6.45	\$10.62	\$19.96

Multiply the rate in your corresponding age band by the amount of coverage desired. For example, a 36 year old that wants \$50,000 of coverage would multiply \$0.49 by 5 units to determine their payroll deduction.

Age	Life/AD&D Volume	Units	Rate/10,000	Payroll deduction
36	\$50,000	5	\$0.55	\$2.75



# FLEXIBLE SPENDING ACCOUNT

A Cafeteria Plan offers certain income tax savings which are permitted under Section 125 of the Internal Revenue Service Code, as amended. This is often referred to as a "125 Cafeteria Plan". This plan allows insurance premium deductions or certain contributions for specific benefit deductions described in this booklet to be paid with before-tax rather than after-tax dollars. The premium and contributions are deducted before federal, state, or local income and Social Security taxes are calculated. Employees may realize both an increase in take-home pay and a lower tax liability at year end by enrolling in the Plan. The IRS requires that when pre-tax deductions are selected by an employee, they must be continued through for the entire calendar year. The Plan is administered by PrimePay.

## Medical Reimbursement Account/Flexible Spending Account

The Cafeteria Plan also allows employees to set aside money on a tax-free basis and to use the money to pay themselves back on a tax-free basis for the eligible medical expenses they incur over the course of the year. This provision of the Cafeteria Plan is known as the "flexible spending account".

Employees can choose to have up to \$2,750 per year deducted from their paycheck for qualifying health care expenses by utilizing this benefit. Here is what that means: As medical bills (those not reimbursed under the medical, dental or vision plans) are incurred, employees may pay using the debit card or submit a form requesting payment from their flexible spending account. If the total elected amount deducted from the employee's paycheck over the year is not spent, employees will only be able to roll over \$500 of the balance to following year. Employees are cautioned to plan carefully what they choose to contribute to their plan.

### Eligible expenses include, but are not limited to the following:

- Braces/Orthodontic fees
- Contact Lenses
- Co-Payments, Deductibles, or Coinsurance
- Dental Exams/Dentures
- Eye Surgery (cataracts, LASIK, etc.)
- Glasses (lenses and frames)
- Hearing devices
- Immunizations
- Insulin
- Laboratory fees
- Mammograms & Pap
- Obstetrical Expenses
- Oral surgery
- Orthopedic devices
- Prescription Drugs
- Smoking-cessation
- Yearly
- Well Baby Care

## Dependent/Child Care Reimbursement Plan

Employees can choose to have up to \$5,000 per household per year deducted from their paycheck for dependent care expenses for children under the age of 14 or adult day care if the adult is a legal dependent of the employee.