

Southeast Arkansas College - Summary of Benefits

| BENEFIT | ELIGIBILITY | COST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------------------|----------------|------------------------|-------------------------------|-------------------|-----------------|----------------|------------------|-------------------|------------------|------------------------|------------------|-------------------|------------------|----------------|---------------------|-------------------|-----------------|------------------------|-----------------|-------------------|---------------------|--|---|-------------------------------|-----------------|---------------------|---------------|------------------------|----------|--------------------------------------|----------|-------------------|---------------------|--------------------|--------------|-----------------------|----------|----------|---------|-------------------|----------|----------|---------|-------------|----------------|----------------|--------------|------------------------|----------|----------|---------|-------------------|----------|----------|----------|-----------------------|----------|----------|----------|-------------------|----------|----------|----------|
| <p>HEALTH INSURANCE</p> <p>ARBenefits Employee Benefits Division 501 Woodlane St., Suite 500 Little Rock, AR 72201</p> <p>(877) 815-1017 (Toll Free)</p> <p>To print temporary card you will need your ID number go to: www.ARBenefits.org</p> <p>Group Name Southeast Arkansas Tech College Group Number 691</p> | <p>FULLTIME EMPLOYEES</p> <p>Effective the 1st day of the month following hire date. October 1 through 31 - Open Enrollment</p> <table border="0"> <tr> <td>Deductible</td> <td>Premium</td> <td>Classic</td> <td>Basic</td> </tr> <tr> <td>Individual</td> <td>\$ 500</td> <td>\$2,500</td> <td>\$ 6,450</td> </tr> <tr> <td>Family</td> <td>\$ 1,000</td> <td>\$5,000</td> <td>\$12,900</td> </tr> </table> <p>Annual Out-of-Pocket Maximums</p> <table border="0"> <tr> <td></td> <td>Premium</td> <td>Classic</td> <td>Basic</td> </tr> <tr> <td>Individual</td> <td>\$3,000</td> <td>\$ 6,450</td> <td>\$ 6,450</td> </tr> <tr> <td>Family</td> <td>\$6,000</td> <td>\$12,900</td> <td>\$12,900</td> </tr> </table> | Deductible | Premium | Classic | Basic | Individual | \$ 500 | \$2,500 | \$ 6,450 | Family | \$ 1,000 | \$5,000 | \$12,900 | | Premium | Classic | Basic | Individual | \$3,000 | \$ 6,450 | \$ 6,450 | Family | \$6,000 | \$12,900 | \$12,900 | <p align="center">12 Month – 24 pay periods</p> <table border="0"> <tr> <td>Plan</td> <td>Premium</td> <td>Classic</td> <td>Basic</td> </tr> <tr> <td>Employee Only Coverage</td> <td>\$ 53.96</td> <td>\$ 23.94</td> <td>\$ 0.00</td> </tr> <tr> <td>Employee & Spouse</td> <td>\$195.23</td> <td>\$125.16</td> <td>\$68.23</td> </tr> <tr> <td>Employee & Child(ren)</td> <td>\$108.17</td> <td>\$ 56.37</td> <td>\$14.50</td> </tr> <tr> <td>Employee & Family</td> <td>\$249.44</td> <td>\$157.59</td> <td>\$82.73</td> </tr> </table> <p align="center">9 Month – 18 pay periods</p> <table border="0"> <tr> <td>Plan</td> <td>Premium</td> <td>Classic</td> <td>Basic</td> </tr> <tr> <td>Employee Only Coverage</td> <td>\$ 71.95</td> <td>\$ 31.92</td> <td>\$ 0.00</td> </tr> <tr> <td>Employee & Spouse</td> <td>\$260.31</td> <td>\$166.88</td> <td>\$ 90.97</td> </tr> <tr> <td>Employee & Child(ren)</td> <td>\$144.23</td> <td>\$ 75.16</td> <td>\$ 19.33</td> </tr> <tr> <td>Employee & Family</td> <td>\$332.59</td> <td>\$210.12</td> <td>\$110.31</td> </tr> </table> <p align="center">\$75.00 per month premium boost for not complying with Wellness Requirements</p> | Plan | Premium | Classic | Basic | Employee Only Coverage | \$ 53.96 | \$ 23.94 | \$ 0.00 | Employee & Spouse | \$195.23 | \$125.16 | \$68.23 | Employee & Child(ren) | \$108.17 | \$ 56.37 | \$14.50 | Employee & Family | \$249.44 | \$157.59 | \$82.73 | Plan | Premium | Classic | Basic | Employee Only Coverage | \$ 71.95 | \$ 31.92 | \$ 0.00 | Employee & Spouse | \$260.31 | \$166.88 | \$ 90.97 | Employee & Child(ren) | \$144.23 | \$ 75.16 | \$ 19.33 | Employee & Family | \$332.59 | \$210.12 | \$110.31 |
| Deductible | Premium | Classic | Basic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual | \$ 500 | \$2,500 | \$ 6,450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family | \$ 1,000 | \$5,000 | \$12,900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Premium | Classic | Basic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual | \$3,000 | \$ 6,450 | \$ 6,450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family | \$6,000 | \$12,900 | \$12,900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plan | Premium | Classic | Basic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Only Coverage | \$ 53.96 | \$ 23.94 | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee & Spouse | \$195.23 | \$125.16 | \$68.23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee & Child(ren) | \$108.17 | \$ 56.37 | \$14.50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee & Family | \$249.44 | \$157.59 | \$82.73 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plan | Premium | Classic | Basic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Only Coverage | \$ 71.95 | \$ 31.92 | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee & Spouse | \$260.31 | \$166.88 | \$ 90.97 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee & Child(ren) | \$144.23 | \$ 75.16 | \$ 19.33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee & Family | \$332.59 | \$210.12 | \$110.31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>PRESCRIPTION DRUG PLAN</p> <p>Premium Plan – Preferred</p> <table border="0"> <tr> <td>Generic Tier I</td> <td>\$ 15</td> </tr> <tr> <td>Preferred Tier II</td> <td>\$ 40</td> </tr> <tr> <td>Non-Preferred Tier III</td> <td>\$ 80</td> </tr> <tr> <td>Specialty Tier IV</td> <td>\$100</td> </tr> </table> <p>RX Out-of-Pocket Max \$3,100/\$6,200</p> <p>Classic Plan – Preferred</p> <table border="0"> <tr> <td>Generic Tier I</td> <td>20% Co-Insurance</td> </tr> <tr> <td>Preferred Tier II</td> <td>20% Co-Insurance</td> </tr> <tr> <td>Non-Preferred Tier III</td> <td>20% CO-Insurance</td> </tr> <tr> <td>Specialty Tier IV</td> <td>20% CO-Insurance</td> </tr> </table> <p>Basic Plan – Preferred</p> <table border="0"> <tr> <td>Generic Tier I</td> <td>0% Co-Insurance</td> </tr> <tr> <td>Preferred Tier II</td> <td>0% Co-Insurance</td> </tr> <tr> <td>Non-Preferred Tier III</td> <td>0% Co-Insurance</td> </tr> <tr> <td>Specialty Tier IV</td> <td>0% CO-Insurance</td> </tr> </table> | Generic Tier I | \$ 15 | Preferred Tier II | \$ 40 | Non-Preferred Tier III | \$ 80 | Specialty Tier IV | \$100 | Generic Tier I | 20% Co-Insurance | Preferred Tier II | 20% Co-Insurance | Non-Preferred Tier III | 20% CO-Insurance | Specialty Tier IV | 20% CO-Insurance | Generic Tier I | 0% Co-Insurance | Preferred Tier II | 0% Co-Insurance | Non-Preferred Tier III | 0% Co-Insurance | Specialty Tier IV | 0% CO-Insurance | <p>FULLTIME EMPLOYEES With AR Health Insurance</p> <p>Pharmacy Mail Order Program</p> <p>Allows you to obtain a 93 day supply of certain medications at one time for three (3) months co-payment. The Mail Order Program is limited to medications that are required on a long term or maintenance basis. Contact ARBenefits for information regarding prescriptions that can be filled through the Mail Order Program.</p> <p>You may use the mail order option by calling the PBM's mail order provider at 1-800-881-1966.</p> | <p align="center">Preferred Drug List (PDL) updated as needed www.ARBenefits.org</p> <p>Go to Publications and Forms at the bottom left corner of the screen.</p> <p align="center">BRAND GENERIC PROGRAM</p> <p>Example:</p> <table border="0"> <tr> <td>Generic Drug Cost</td> <td>\$30</td> </tr> <tr> <td>Member Copay</td> <td>-\$10</td> </tr> <tr> <td>Plan Cost</td> <td>\$20</td> </tr> </table> <table border="0"> <tr> <td>Non-Preferred Brand Drug Cost</td> <td>\$150</td> </tr> <tr> <td>Plan Cost</td> <td>-\$ 20</td> </tr> <tr> <td>Member Cost</td> <td>\$130</td> </tr> </table> | Generic Drug Cost | \$30 | Member Copay | -\$10 | Plan Cost | \$20 | Non-Preferred Brand Drug Cost | \$150 | Plan Cost | -\$ 20 | Member Cost | \$130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Generic Tier I | \$ 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred Tier II | \$ 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Preferred Tier III | \$ 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specialty Tier IV | \$100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Generic Tier I | 20% Co-Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred Tier II | 20% Co-Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Preferred Tier III | 20% CO-Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specialty Tier IV | 20% CO-Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Generic Tier I | 0% Co-Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred Tier II | 0% Co-Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Preferred Tier III | 0% Co-Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specialty Tier IV | 0% CO-Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Generic Drug Cost | \$30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Member Copay | -\$10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plan Cost | \$20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Preferred Brand Drug Cost | \$150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plan Cost | -\$ 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Member Cost | \$130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>DENTAL INSURANCE</p> <p>MetLife Dental www.sebco.org 800-942-0854 Questions Inside Pulaski County 501-378-0187 Outside Pulaski County 800-950-8139</p> <p>Delta Dental ARBenefits Dental H&H Employee Benefits Specialist 501 Woodlane St., Suite 500 Little Rock, AR 72201 800-462-5410 Questions www.ARBenefits.org</p> | <p>FULLTIME EMPLOYEES</p> <p>One (1) month's premium in cash must be collected in advance before coverage becomes effective. This may be done by payroll deduction or by check/money order accompanying your enrollment application.</p> <p>MetLife Dental Group Name Arkansas State Employee Association Group Number – 122131</p> <p>Delta Dental Client Name – State of Arkansas Client ID - 3571</p> | <p align="center">Dental</p> <p align="center">SEMI-MONTHLY PAYMENTS – 12 MO</p> <table border="0"> <tr> <td>Met-Life Dental</td> <td>Silver</td> <td>Gold</td> </tr> <tr> <td>Out-of-Pocket Max Paid</td> <td>\$ 2,000</td> <td>\$ 5,000</td> </tr> <tr> <td>Employee Only</td> <td>\$ 13.05</td> <td>\$ 19.55</td> </tr> <tr> <td>Employee +1</td> <td>\$ 25.45</td> <td></td> </tr> <tr> <td>Employee & Spouse</td> <td></td> <td>\$ 38.96</td> </tr> <tr> <td>Employee & Children</td> <td></td> <td>\$ 38.05</td> </tr> <tr> <td>Employee & Family</td> <td>\$ 44.85</td> <td>\$ 63.20</td> </tr> </table> <table border="0"> <tr> <td>Delta Dental</td> <td>Base</td> <td>Premier</td> </tr> <tr> <td>Out-of-Pocket Max Paid</td> <td>\$ 1,000</td> <td>\$ 2,000</td> </tr> <tr> <td>Employee Only</td> <td>\$ 10.30</td> <td>\$ 14.77</td> </tr> <tr> <td>Employee & Spouse</td> <td>\$ 20.53</td> <td>\$ 29.43</td> </tr> <tr> <td>Employee & Children</td> <td>\$ 20.06</td> <td>\$ 28.74</td> </tr> <tr> <td>Employee & Family</td> <td>\$ 33.24</td> <td>\$ 47.63</td> </tr> </table> <p>To determine the semi-monthly premium payment for 9 month contracts multiply the premium above by 24 and divide by 9. (Example: \$13.05 premium X 24 / 9 = \$34.80)</p> | Met-Life Dental | Silver | Gold | Out-of-Pocket Max Paid | \$ 2,000 | \$ 5,000 | Employee Only | \$ 13.05 | \$ 19.55 | Employee +1 | \$ 25.45 | | Employee & Spouse | | \$ 38.96 | Employee & Children | | \$ 38.05 | Employee & Family | \$ 44.85 | \$ 63.20 | Delta Dental | Base | Premier | Out-of-Pocket Max Paid | \$ 1,000 | \$ 2,000 | Employee Only | \$ 10.30 | \$ 14.77 | Employee & Spouse | \$ 20.53 | \$ 29.43 | Employee & Children | \$ 20.06 | \$ 28.74 | Employee & Family | \$ 33.24 | \$ 47.63 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Met-Life Dental | Silver | Gold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Out-of-Pocket Max Paid | \$ 2,000 | \$ 5,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Only | \$ 13.05 | \$ 19.55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee +1 | \$ 25.45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee & Spouse | | \$ 38.96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee & Children | | \$ 38.05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee & Family | \$ 44.85 | \$ 63.20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delta Dental | Base | Premier | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Out-of-Pocket Max Paid | \$ 1,000 | \$ 2,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Only | \$ 10.30 | \$ 14.77 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee & Spouse | \$ 20.53 | \$ 29.43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee & Children | \$ 20.06 | \$ 28.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee & Family | \$ 33.24 | \$ 47.63 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Southeast Arkansas College - Summary of Benefits

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|--|--|--|---------------------|--------------|-------------|--------|---------|---------|------------|---------|---------|--------|----------|---------|---------------------|--------------|-------------|----------|---------|---------|-------------------|---------|---------|
| <p>VISION INSURANCE</p> <p><u>VSP VOLUNTARY VISION PLAN</u> ASEA Members who participate in the VSP Vision Plan within 60 days from their "Hire Date" will automatically receive a \$15,000 Group Term Life Benefit through Leaders Life Insurance Company. If they sign up for the VSP vision plan after 60 days of their hire date, they will receive a \$15,000 Accidental Death & Dismemberment certificate of coverage, also Guaranteed Issue regardless of health status. Contact: www.vsp.com www.sebco.org 800-877-7195</p> <p><u>HUMANA VISIONCARE PLAN</u> Questions contact: Comp Benefits' Member Services Dept. 1-800-865-3686 M-F 8:00am-6pm EST</p> <p>http://portal.arbenefits.org/Benefits/2016HumanaStateofArkansasBooklet.pdf</p> | <p style="text-align: center;">FULLTIME EMPLOYEES</p> <p>One (1) month's premium in cash must be collected in advance before coverage becomes effective. This may be done by payroll deduction or by check/money order accompanying your enrollment application.</p> <p style="text-align: center;">Materials may be submitted to:</p> <p style="text-align: center;">SEBCO P.O. BOX 1817 LITTLE ROCK, AR 72203 FAX: (501) 378-0113</p> <p>VSP Client ID: 30036830 0001 0001</p> <p style="text-align: center;"><u>HUMANA VISIONCARE PLAN</u> Group Name State of Arkansas - SEARK Group Number VS6731</p> | <p style="text-align: center;"><u>VSP Vision/Group Term Life</u></p> <table border="0"> <tr> <td>Semi-Monthly</td> <td>12 MO</td> <td>9 MO</td> </tr> <tr> <td>Member</td> <td>\$ 5.95</td> <td>\$ 7.93</td> </tr> <tr> <td>Member + 1</td> <td>\$ 8.85</td> <td>\$11.80</td> </tr> <tr> <td>Family</td> <td>\$ 14.95</td> <td>\$19.93</td> </tr> </table> <p>Co-payment for each member at the time of service. Exam \$15.00 Lenses and/or frames \$25.00</p> <p><u>Life Insurance</u> Employee Only \$15,000 Group Term Life Benefit Employee + 1 Plan Member \$15,000 Term Life Benefit + \$7,500 Spouse or Child Benefit (AD&D if "late enrollee") Family Plan Members \$15,000 Term Life Benefit + \$7,500 Spouse Benefit + \$5,000 Child Benefit (AD&D if "late enrollee")</p> <p style="text-align: center;"><u>HUMANA VISIONCARE PLAN</u></p> <table border="0"> <tr> <td>Semi-Monthly</td> <td>12 MO</td> <td>9 MO</td> </tr> <tr> <td>Employee</td> <td>\$ 4.12</td> <td>\$ 5.49</td> </tr> <tr> <td>Employee + Family</td> <td>\$10.71</td> <td>\$14.28</td> </tr> </table> <p>Co-payment for each member at the time of service. Exam \$10.00 Lenses and/or frames \$15.00</p> | Semi-Monthly | 12 MO | 9 MO | Member | \$ 5.95 | \$ 7.93 | Member + 1 | \$ 8.85 | \$11.80 | Family | \$ 14.95 | \$19.93 | Semi-Monthly | 12 MO | 9 MO | Employee | \$ 4.12 | \$ 5.49 | Employee + Family | \$10.71 | \$14.28 |
| Semi-Monthly | 12 MO | 9 MO | | | | | | | | | | | | | | | | | | | | | |
| Member | \$ 5.95 | \$ 7.93 | | | | | | | | | | | | | | | | | | | | | |
| Member + 1 | \$ 8.85 | \$11.80 | | | | | | | | | | | | | | | | | | | | | |
| Family | \$ 14.95 | \$19.93 | | | | | | | | | | | | | | | | | | | | | |
| Semi-Monthly | 12 MO | 9 MO | | | | | | | | | | | | | | | | | | | | | |
| Employee | \$ 4.12 | \$ 5.49 | | | | | | | | | | | | | | | | | | | | | |
| Employee + Family | \$10.71 | \$14.28 | | | | | | | | | | | | | | | | | | | | | |
| <p>LIFE INSURANCE</p> <p style="text-align: center;">Minnesota Life Insurance Company 1-888-826-2734</p> <p>VSP (comes with VSP Vision only)</p> <p style="text-align: center;">VOLUNTARY LIFE INSURANCE</p> | <p style="text-align: center;">FULLTIME EMPLOYEES</p> <p>Effective the 1st day of the month following hire date. Group Name Southeast Arkansas Tech College Group Number 691</p> <p style="text-align: center;">Colonial Life Minnesota Life</p> | <p>Basic Group Term Life - \$10,000 100% Paid by Southeast Arkansas College</p> <p>Basic Group Term Life - \$15,000 Within 60 days or Accidental after 60 days</p> <p style="color: red;">Rates are determined based on age, medical history, and other factors set by insurer.</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>CAFETERIA PLAN</p> <p style="text-align: center;">WageWorks Questions: Customer Care 1-877-685-0655 HSA regops cip@bny mellon.com</p> | <p style="text-align: center;">FULLTIME EMPLOYEES</p> <p>Newly hired are eligible within 31 days from hire date.</p> <p>Health Savings Account (HSA), Flexible Spending Account (FSA) for anticipated, eligible medical service, medical supplies and dependent care expenses not normally covered by insurance.</p> <p style="color: red; text-align: center;">To participate in HSA you must be enrolled in the Basic or Classic plans</p> | <p>Flexible Spending Account: Minimum Annual Deposit: None Maximum Annual Deposit: \$2,600</p> <p style="color: red;">Health Savings Account: IRS limits for 2017 are \$3,400 per year if you have Employee Only coverage, or \$6,750 for Family coverage.</p> <p style="color: red;">Aged 55 or older can make "catch-up" contributions of up to \$1,000 per year above those limits.</p> | | | | | | | | | | | | | | | | | | | | | |

Southeast Arkansas College - Summary of Benefits

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|---|---|---|---------------------|--------------|-------------|----------|----------|---------|-------------------|---------|---------|
| <p style="text-align: center;">RETIREMENT PLANS</p> <p>Arkansas Public Employees Retirement System (APERS) 501-682-7800 800-682-7377 www.apers.org/faqRetirementBenefitOptions.php Agency Number 00425</p> <p>AR Teachers Retirement System (ATRS) 501-682-1517 800-666-2877 www.artss.gov Select 857Members tab, FAQ, General Questions Employer ID: 1_197</p> <p>TIAA-CREF 403(b) plan 800-842-2252 Plan #385623 Customer #0127902</p> <p style="text-align: center;">VALIC James Rouse (501)772-0046 www.valic.com</p> | <p style="text-align: center;">FULLTIME EMPLOYEES</p> <p>REQUIRED TO ENROLL/PARTICIPATE IN ONE OF THE FOUR "CONTRIBUTORY" SEARK PLAN.</p> <p>Enrollment <u>required</u> in the first 30 days of employment.</p> | <p style="text-align: center;">APERS</p> <p>Employee contributes 5% and SEARK contributes 14.50% Employee vested in 5 years</p> <p style="text-align: center;">ATRS</p> <p>Employee contributes 6% and SEARK contributes 14% Employee vested in 5 years</p> <p style="text-align: center;">TIAA-CREF</p> <p>Employee contributes 6% and SEARK contributes 10% Employee vested in 1 year</p> <p style="text-align: center;">VALIC</p> <p>Employee contributes 6% and SEARK contributes 10% Employee vested in 1 year</p> | | | | | | | | | |
| <p style="text-align: center;">OTHER BENEFITS</p> | | | | | | | | | | | |
| <p>FACULTY LEAVE</p> | <p>FULLTIME FACULTY</p> | <p>Fulltime Faculty accrue eight (8) hours of sick leave monthly. With prior approval from their supervisor, one sick day may be used for personal use during the fall term and one during the spring term.</p> | | | | | | | | | |
| <p>ANNUAL LEAVE</p> | <p>FULLTIME 12-MONTH EMPLOYEES</p> | <p>Accrued monthly, based on years of Fulltime – Arkansas State employment:</p> <p style="text-align: center;">0-3 years = 8 hours 4-5 years = 10 hours 6-12 years = 12 hours 13-20 years = 14 hours Over 20 years = 15 hours</p> | | | | | | | | | |
| <p>SICK LEAVE</p> | <p>FULLTIME 12-MONTH EMPLOYEES</p> | <p>Fulltime 12-month employees accrue eight (8) hours of sick leave monthly.</p> | | | | | | | | | |
| <p>CHILDREN'S EDUCATIONAL LEAVE</p> | <p>FULLTIME EMPLOYEES</p> | <p>A maximum of 8 hours paid Children's Educational Leave (preK-12th) per calendar year may be used. Educational Activity means any school-sponsored activity.</p> | | | | | | | | | |
| <p>COURT AND JURY LEAVE</p> | <p>ALL EMPLOYEES</p> | <p>No deduction shall be made from the salary of an employee for compensation the employee receives for appearing at jury duty in any court in this state when the reasons for such appearances are not personal to the employee.</p> | | | | | | | | | |
| <p>CREDIT UNION</p> | <p>FULLTIME EMPLOYEES</p> | <p style="text-align: center;">Arkansas Federal Credit Union</p> | | | | | | | | | |
| <p>FAMILY MEDICAL LEAVE ACT</p> | <p>FULLTIME EMPLOYEES</p> | | | | | | | | | | |
| <p>GUIDANCE RESOURCES www.guidanceresources.com/groWeb 1-877-247-4621</p> | <p style="text-align: center;">ALL EMPLOYEES and Anyone Living in their household.</p> <p>The Employee Assistance Program provides confidential short-term individual counseling for employees as well as their family members who experience some form of personal distress.</p> | <p style="text-align: center;">No Cost</p> | | | | | | | | | |
| <p>JRMC REDUCED MEMBERSHIP</p> | <p>FULLTIME EMPLOYEES</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">Semi-Monthly</td> <td style="text-align: center;">12 MO</td> <td style="text-align: center;">9 MO</td> </tr> <tr> <td>Employee</td> <td style="text-align: center;">\$ 20.00</td> <td style="text-align: center;">\$26.67</td> </tr> <tr> <td>Employee + Family</td> <td style="text-align: center;">\$25.00</td> <td style="text-align: center;">\$33.33</td> </tr> </table> | Semi-Monthly | 12 MO | 9 MO | Employee | \$ 20.00 | \$26.67 | Employee + Family | \$25.00 | \$33.33 |
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| Employee + Family | \$25.00 | \$33.33 | | | | | | | | | |

Southeast Arkansas College - Summary of Benefits

| <p>ACCIDENT INSURANCE CANCER INSURANCE CRITICAL CARE INSURANCE HOSPITAL INDEMNITY LONG TERM DISABILITY SHORT TERM DISABILITY</p> | <p>All Products Offered by H & H Employee Benefits Specialists</p> <p>For company and coverage information go to: www.handhebs.com</p> <p>For Enrollment Contact 888-532-4320</p> | <p>Rates are determined based on age, medical history, and other factors set by insurer.</p> | | | | | | | | | | | | | | | |
|--|---|--|-------|------------------|------|---------------------------|-----------------|------|-------------------------|---------------|------|------------|----------------|------|----------------------------------|--|--|
| <p>MATERNITY LEAVE</p> | <p>FULLTIME FACULTY & EMPLOYEES</p> | <p>FMLA Rules Apply.</p> | | | | | | | | | | | | | | | |
| <p>MILITARY LEAVE</p> | <p>Military leave may only be used by active members of the US Armed Forces which include: United States Marine Corp, United States Army, United States Navy, United States Air Force, Arkansas National Guard, and all reserve branches of the armed forces.</p> <p>A regular, full-time employee who is drafted or called to active duty in the Armed Forces of the United States or who volunteers for military service, shall be placed on extended military leave without pay.</p> | <p>All accrued, unused annual leave at the time of military leave will be reinstated at the time the employee returns to state employment unless the employee requested and received a lump-sum payment for the accrued, unused annual leave when placed on the extended military leave.</p> | | | | | | | | | | | | | | | |
| <p>PAID HOLIDAYS</p> | <p>Fulltime 12-Month Employees Receive Eleven (10) Paid State Holidays and one day for their birthday.</p> <p><u>Accrued Annual Leave & Employee's Birthday</u> may be used to supplement the Christmas Break.</p> | <p style="text-align: center;">State Holidays</p> <p>New Year's Day – January 1st Martin Luther King Jr./Lee 3rd Monday in January Washington's BD /Gatson Bates – observed at Spring Break Memorial Day – Last Monday in May Independence Day – July 4th Labor Day – 1st Monday in September Veteran's Day – observed Wednesday before Thanksgiving Thanksgiving Day - 4th Thursday in November Friday after Thanksgiving – when declared by the Governor Christmas Eve – December 24th Christmas Day – December 25th</p> | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Business Services</th> <th style="text-align: left;">Ext.</th> <th style="text-align: left;">Title</th> </tr> </thead> <tbody> <tr> <td>Tonesha Lawrence</td> <td>5959</td> <td>Human Resource Specialist</td> </tr> <tr> <td>Kristi Campbell</td> <td>3113</td> <td>Human Resource Director</td> </tr> <tr> <td>Steve Ballard</td> <td>5910</td> <td>Controller</td> </tr> <tr> <td>Debbie Wallace</td> <td>5996</td> <td>Vice President of Fiscal Affairs</td> </tr> </tbody> </table> | Business Services | Ext. | Title | Tonesha Lawrence | 5959 | Human Resource Specialist | Kristi Campbell | 3113 | Human Resource Director | Steve Ballard | 5910 | Controller | Debbie Wallace | 5996 | Vice President of Fiscal Affairs | | |
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| Debbie Wallace | 5996 | Vice President of Fiscal Affairs | | | | | | | | | | | | | | | |

Open Enrollment varies based on the benefit, but usually falls between **October 1st and October 31st** each year. If you do not enroll in your first 31 days of full-time employment you will be required to prove insurability and may be denied coverage.