

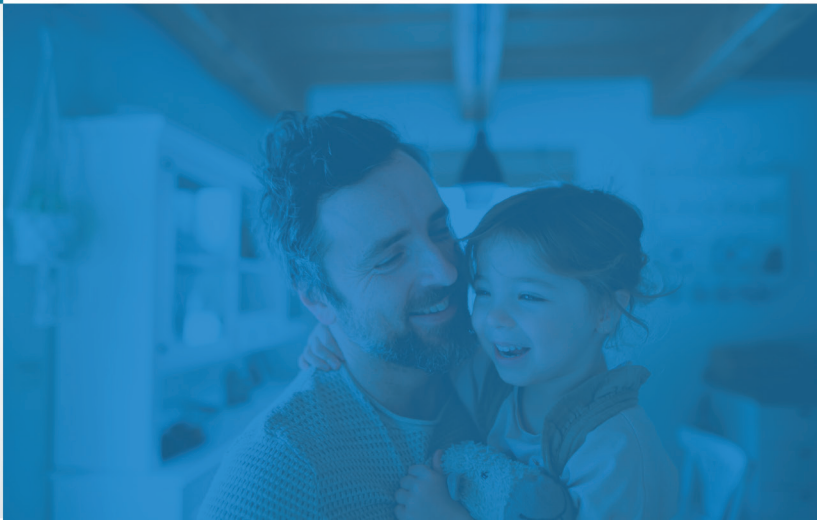


BENEFITS

➤ GUIDE



2025



LETTER FROM DR. COLLIER

ARcare appreciates you, the employee, for your commitment to our patients and your fellow co-workers for living the mission each and every day. As a non-profit Federally Qualified Health Center (FQHC), we strive to provide care to every person, regardless of their plight in life. We are unable to fulfill our mission without you, and for that we are thankful.

Our goal is to provide a rich benefit package that utilizes our partnership with third-party vendors as well as in-house services to ensure our employees and their families are taken care of physically and emotionally. We encourage you to reach out to our benefits team with any questions or concerns you have related to our offerings.

The benefits team is prepared to answer your questions on an individual and confidential basis. We will make every effort to provide you with a prompt response to minimize your workday interruption. If you have an immediate need for a benefits consultation or need enrollment support, please email our team at jennifer.miller@arcare.net or call 870.347.3381.



Steven Collier, President & CEO



TABLE OF CONTENTS

Benefit Eligibility	4
Dependent Eligibility	5
Employer Paid Benefits	6
Benefit Premiums	6
Health Insurance	7
Health Savings Account	9
Dental Insurance	10
Vision Insurance	12
Life Insurance	13
Retirement 401k Plan	14
Long Term Disability	15
Employee Assistance Program	15
Supplemental Benefits	16
Additional Benefits	17

BENEFIT ELIGIBILITY

Employees are eligible for Health, Dental, Vision, and USAble coverage on the 1st day of the month following one full calendar month of employment.

In general, the benefits listed herein are offered to:

➤ **Full-time employees who are regularly scheduled to work 40 hours per week.**

➤ **90% Time Employees:**

90%-time employees who are regularly scheduled to work at least 36 hours per week but less than 40 hours per week are eligible with the following limitations:

- No form of adjustment will be made for holidays that fall on an employee's day off – monetarily or otherwise.
- Leave time accrues at the rate of 100% of the full-time accrual for 90%-time employees.

Note: Annual leave and sick leave do not accrue if an employee's work and/or paid leave time covers less than 80% of the pay period.

➤ **80% Time Employees:**

80%-time employees who are regularly scheduled to work at least 32 hours per week but less than 36 hours per week are eligible to participate in all benefits, with the following limitations:

- No form of adjustment will be made for holidays that fall on an employee's day off monetarily or otherwise.
- Dental, life, AD&D, long-term disability, and vision insurance costs will be divided on a pro-rated basis for 80%-time employees. ARcare will pay 80% of the cost of the listed benefits and the 80%-time employee is responsible for paying 20% of the cost of these benefits. Health Insurance (only) shall be on the same basis as for full-time employees.
- Leave time accrues at the rate of 80% of the full-time accrual for 80%-time employees.

Note: Annual leave and sick leave do not accrue if an employee's work and/or paid leave time covers less than 80% of the pay period.

➤ **Part Time Employees**

Part-time employees who are regularly scheduled to work less than 32 hours per week do not accrue leave time, do not receive holiday pay, and are limited to the following benefits: Part-time employees are eligible to participate in the retirement plan. For Health Insurance (only), and in accordance with such eligibility calculation guidelines as contained in the ARcare Group Health Plan plan document, variable hour part-time employees who average working 30 or more hours per week (for applicable 12-month measurement periods) shall be eligible for health insurance on the same basis as full-time employees.

PRN Employees are only eligible to participate in the company-sponsored retirement plan.



DEPENDENT ELIGIBILITY

Dependent Eligibility and Verification:

ARcare reserves the right to periodically request documentation to verify the continued eligibility status of enrolled dependents.

Eligible dependents include:

- Your legal spouse. This does not include common-law marriages or domestic partnerships.
- Your legal children until the age of 26.
- An eligible dependent child of any age who is incapable of supporting herself or himself due to physical or mental ability. This disability must be medically certified by the child's doctor and re-certified annually.

In order to fully complete the enrollment process, you will be required to present documents verifying your dependents' eligibility. This documentation must be provided within the first 30 days of your date of hire or benefits eligibility date. If the requested documents are not provided, your dependents will be dis-enrolled and you may be responsible for any company-paid premium due to the enrollment of ineligible dependents.

List of Documents:

Birth Certificate
Marriage Certificate
Adoption Certificate

EMPLOYER PAID BENEFITS

Premiums are 100% employer paid for full-time employees, if you are only insuring yourself. Adding a spouse and/or dependents will cause deductions to your payroll.

- Health Insurance
- Dental Insurance
- Vision Insurance
- Life Insurance
- Long Term Disability
- Health Savings Account

BENEFIT PREMIUMS

The rates below are the amounts deducted from payroll, depending on the plan, based on those covered and their eligibility. This price will be deducted twice monthly from payroll and will be noted on each pay statement, which can be accessed in UKG.

Health Insurance

Employee Only	Employee + Child/Children	Employee + Spouse	Employee + Family
COMPANY PAID	\$125.83	\$195.04	\$382.14

Vision Insurance

Employee Only	Employee + Child/Children	Employee + Spouse	Employee + Family
COMPANY PAID	\$4.72	\$4.26	\$9.16

Dental Insurance (Basic)

Employee Only	Employee + Family
COMPANY PAID	\$23.08

Dental Insurance (Buy-Up)

Employee Only	Employee + Family
\$3.50	\$34.16

To maintain affordable health insurance premiums, ARcare runs an annual program named 'A Healthier You,' aimed at encouraging employees to schedule their annual wellness visits. Active employee engagement in this initiative is of paramount importance in sustaining our competitive insurance rates.

HEALTH INSURANCE



**BlueAdvantage
Administrators of Arkansas**
An Independent Licensee of the Blue Cross and Blue Shield Association

Individual Deductible:

A deductible is a dollar amount you pay for healthcare services before the health plan begins to pay. Every policy has an individual or family deductible. If you are the only person on your policy, then you will pay for healthcare cost covered by your plan until you meet your individual deductible.

In-Network Deductible	\$1,650
Out-of-Network Deductible	\$3,650

Family Deductible:

Each family member on your plan will combine covered medical cost to meet the total family deductible. When your family's covered medical costs meet this dollar amount, your health plan will begin to pay a portion of your medical expenses (also called coinsurance).

In-Network Family Deductible	\$3,300
Out-of-Network Family Deductible	\$7,300

Annual Limit on Cost Sharing:

Annual Limit on Cost Sharing is the claims amount you must pay in a calendar year before you're no longer expected to pay deductible or coinsurance for the remainder of the year.

INDIVIDUAL

In-Network ALOC	\$3,650
Out-of-Network ALOC	Unlimited

FAMILY

In-Network ALOC	\$7,300
Out-of-Network ALOC	Unlimited

For 2025, a high deductible health plan (HDHP) must have a deductible of at least \$1,650 for self-only coverage, up from \$1,600 in 2024, or \$3,300 for family coverage, up from \$3,200, as the IRS recently announced. The ARcare Group Health Plan adheres to the lowest HDHP deductibles as allowed by the IRS.



Health Insurance Premium is EMPLOYER PAID, for full-time employees, if you are insuring yourself only. Adding a spouse & dependents will cause deductions from your payroll.

New Applicants: A waiting period of one full calendar month applies.

HEALTH INSURANCE



**BlueAdvantage
Administrators of Arkansas**
An Independent Licensee of the Blue Cross and Blue Shield Association

Coinsurance:

Coinsurance is a percentage of all remaining eligible medical expenses that is your responsibility to pay after your deductible has been satisfied.

The following chart breaks down your coinsurance responsibilities.

SERVICE TYPE	YOUR COST In-Network	YOUR COST Out-of-Network
Professional Services		
Primary Care Physician visit	20%	40%
Specialty Physician visit	20%	40%
Adult Wellness	0%**	20%
Children's Preventative Health Services - Immunizations 100%	0%**	20%
Professional fees for inpatient surgical & medical devices	20%	40%
Professional fees for outpatient surgical & medical devices	20%	40%
Hospital and Other Medical Facility Services		
Hospital Visit (inpatient)	20%	40%
Hospital Visit (outpatient - includes surgery, diagnostics, and therapeutic care)	20%	40%
Emergency Room Visit (non-emergencies are not covered)	20%	20%
Maternity & Obstetrics	20%	40%
Other Services		
Durable Medical Equipment	20%	40%
Diabetic Supplies	20%	40%
Mental Health	20%	40%
Therapeutic Services - Physical & Occupational*, Chiropractic*, Speech*	20%	40%
Pharmacy Services		
ARcare, KentuckyCare, Infinity Pharmacies	5%	non-covered
Retail Pharmacy	20%	non-covered
Eligible Generic Preventative Medicine	0%	non-covered

Retail Pharmacy Coinsurance for covered prescriptions filled at ARcare, KentuckyCare, and Infinity pharmacies will be 95% covered by the plan (after In-Network Deductible is met); member coinsurance share will be 5%. Certain eligible generic "preventative" prescriptions will be covered at 100%, not subject to deductible, when filled at ARcare, KentuckyCare, and Infinity pharmacies. Please refer to the listing of eligible drugs.

*Visit limitations and prior approval may apply to some service types. Please check "Summary of Benefits & Coverage."

**Deductible does not apply in network.

HEALTH SAVINGS ACCOUNT



If you enroll in the Health Insurance group plan ARcare offers, a Health Savings Account is available for the employee to enroll, if the employee qualifies. If you opt-out of the ARcare Health Insurance Plan, you can't contribute to an HSA Account. ARcare contributes \$10 twice monthly. Employees can contribute up to the IRS limit per year.

You can use your Health Savings Account (HSA) to pay for a wide range of IRS-qualified medical expenses for yourself, your spouse or tax dependents. An IRS-qualified medical expense is defined as an expense that pays for healthcare services, equipment, or medications. Funds used to pay for IRS-qualified medical expenses are always tax-free. HSA funds can be used to reimburse yourself for past medical expenses if the expense was incurred after your HSA was established.

The IRS has raised the HSA contribution limits for 2025. For those that are self-only coverage under a high deductible plan, the maximum annual contribution amount is \$4,300. For those that are with family coverage under a high deductible plan, the maximum annual contribution amount is \$8,550. Family coverage is defined as one eligible individual and at least one other individual. (Participants aged 55 and older may contribute an additional "catch-up" contribution up to \$1,000 per participant).

*If an employee has secondary insurance with a cheaper deductible or Medicare, they will not qualify for an HSA account per IRS guidelines.

EXAMPLES OF I.R.S.-QUALIFIED MEDICAL EXPENSES

- Acupuncture
- Substance Use & Addiction Therapy
- Ambulance Services
- Annual Physical Exam
- Artificial Limb or Prosthetics
- Birth Control Pills (by prescription)
- Chiropractor
- Childbirth/Delivery
- Convalescent Home (for medical treatment only)
- Crutches
- Doctor's Fees
- Dental Treatments
(including x-rays, braces, dentures, fillings, oral surgery)
- Dermatologist
- Diagnostic Services
- Disabled Dependent Care
- Fertility Enhancement (including in-vitro fertilization)
- Guide or Service Animal
- Gynecologist
- Hearing Aids & Batteries
- Hospital Bills
- Insurance Premiums
- Laboratory Fees
- Lactation Expenses
- Lodging (away from home for outpatient care)
- Nursing Home
- Nursing Services
- Obstetrician
- Osteopath
- Oxygen
- Pregnancy Test Kits
- Podiatrist
- Prescription Drugs & Medicines (over-the-counter drugs are not IRS-qualified medical expenses unless prescribed by a doctor)
- Prenatal & Postnatal Care Treatments
- Psychiatrist
- Psychologist
- Smoking Cessation Programs
- Special Education Tutoring
- Surgery
- Hearing or Vision Impaired Equipment
- Therapy or Counseling
- Medical Transportation Expenses
- Transplants
- Vaccines
- Vasectomy
- Vision Care (including eyeglasses, contact lenses, LASIK surgery)
- Weight Loss Programs (for a specific disease diagnosed by a physician - obesity, hypertension, heart disease)
- Wheelchairs
- X-rays



DENTAL INSURANCE



DELTA DENTAL - BASIC

Deductible: Applies to Basic Restorative Services and Major Restorative Services per benefit period.

INDIVIDUAL

In-Network Deductible - Premier & PPO	\$50
Out-of-Network Deductible	\$50

FAMILY

In-Network Deductible - Premier & PPO	\$150
Out-of-Network Deductible	\$150

Annual & Lifetime Maximum Payment: The annual maximum amount applies to Diagnostic and Preventative Services, Basic Restorative Services and Major Restorative Services per benefit period.

Annual Maximum Dental Plan Payment	\$1,000
Lifetime Orthodontic Maximum Benefit	\$1,000

Dental Insurance (Basic Plan) Premium is EMPLOYER PAID, for full-time employees, if you are insuring yourself only. Adding a spouse & dependents will cause deductions from your payroll.

New Applicants: A waiting period of one full calendar month applies.

COVERAGES & MAXIMUM PLAN ALLOWANCES (MPA)

➤ Coverage A - Diagnostic & Preventative Services

- Premier In Network: 100% MPA
- PPO In Network: 100% MPA
- Out-Of-Network: 90% MPA

➤ Coverage B - Basic Restorative Services

- Premier In Network: 80% MPA
- PPO In Network: 80% MPA
- Out-Of-Network: 72% MPA

➤ Coverage C - Major Restorative Services

- Premier In Network: 50% MPA
- PPO In Network: 50% MPA
- Out-Of-Network: 45% MPA

➤ Child Orthodontic Services - Children to age 19

- Premier In Network: 50% MPA
- PPO In Network: 50% MPA
- Out-Of-Network: 45% MPA

CARRY-OVER BENEFIT

- Carry-over benefit: \$250
- Claims threshold: \$499
- Carry-over benefit maximum: \$1,000

DENTAL INSURANCE



DELTA DENTAL - BUY-UP

Deductible: Applies to Basic Restorative Services and Major Restorative Services per benefit period.

INDIVIDUAL

In-Network Deductible - Premier & PPO	\$50
Out-of-Network Deductible	\$50

FAMILY

In-Network Deductible - Premier & PPO	\$150
Out-of-Network Deductible	\$150

Annual & Lifetime Maximum Payment: The annual maximum amount applies to Diagnostic and Preventative Services, Basic Restorative Services and Major Restorative Services per benefit period.

Annual Maximum Dental Plan Payment	\$2,000
Lifetime Orthodontic Maximum Benefit	\$2,000

COVERAGES & MAXIMUM PLAN ALLOWANCES (MPA)

➤ Coverage A - Diagnostic & Preventative Services

- Premier In Network: 100% MPA
- PPO In Network: 100% MPA
- Out-Of-Network: 90% MPA

➤ Coverage B - Basic Restorative Services

- Premier In Network: 80% MPA
- PPO In Network: 80% MPA
- Out-Of-Network: 72% MPA

➤ Coverage C - Major Restorative Services

- Premier In Network: 50% MPA
- PPO In Network: 50% MPA
- Out-Of-Network: 45% MPA

➤ Child Orthodontic Services - Children to age 19

- Premier In Network: 50% MPA
- PPO In Network: 50% MPA
- Out-Of-Network: 45% MPA

CARRY-OVER BENEFIT

- Carry-over benefit: \$500
- Claims threshold: \$999
- Carry-over benefit maximum: \$2,000



VISION INSURANCE



Vision Insurance Premium is EMPLOYER PAID, for full-time employees, if you are insuring yourself only. Adding a spouse & dependents will cause deductions from your payroll.

New Applicants: A waiting period of one full calendar month applies

Services Frequency:

Exam: Once every 12 mos. | Frames: Once every 24 mos. | Contacts: Once every 12 mos.

VISION CARE SERVICES

Exams

	YOUR COST In-Network	YOUR COST Out-of-Network
Exams with Dilation as Necessary	\$10 Copay	Up to \$35
Standard Contact Lens: Fit & Follow-up	Up to \$40	N/A
Premium Contact Lens: Fit & Follow-up	10% Off Retail	N/A
Frames	\$140 Allowance, 20% off balance over \$140	Up to \$56

Standard Plastic Lenses/Options & Contact Lenses

Single Vision	\$10 Copay	Up to \$25
Bifocal	\$10 Copay	Up to \$40
Trifocal	\$10 Copay	Up to \$60
Standard Progressive	\$10 Copay	Up to \$85
Premium Progressive	\$10, 80% of charge less \$120 Allowance	Up to \$85
Tint (solid & gradient)	20% off Retail	N/A
UV Treatment	20% off Retail	N/A
Standard Plastic Scratch Coating	20% off Retail	N/A
Standard Polycarbonate	\$0	Up to \$28
Standard Anti-Reflective Coating	20% off Retail	N/A
Other Add-Ons and Services	20% off Retail	N/A
Conventional	\$155 Allowance, 15% off balance over \$155	Up to \$109
Disposables	\$155 Allowance, balance over \$155	Up to \$109
Medically Necessary	\$0 Copay, Paid in Full	Up to \$200

VALUE ADDED FEATURES

In addition to the health benefits your EyeMed program offers, members also enjoy additional value-added features.

Eye Care Supplies: Receive 20% off retail price for eye care supplies like cleaning cloths & solutions purchased at network providers (not valid on doctor's services or contact lenses).

Laser Vision Correction: Save 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.

Replacement Contact Lens Purchases: Call 1-800-508-1399 to order replacement contact lenses for shipment to your home at less than retail price. There will be a \$2.95 administration fee for this service.

LIFE INSURANCE



TERM LIFE

ACCIDENTAL DEATH & DISMEMBERMENT

Amount of Coverage:

Pays a benefit of \$50,000 without evidence of insurability.

Benefits reduce, based on your age, to 50% at age 65 and terminate at age 70.

Reductions occur at the Policy Anniversary.

Group Term Life:

Group Term Life insurance is designed to provide benefits to your designated beneficiary for loss of life.

Accidental Death & Dismemberment:

Accidental Death & Dismemberment (AD&D) is payable if within 365 days of a covered accident, you suffer loss of life or dismemberment. AD&D provides protection for losses occurring on or off the job.

Life Insurance Premium is EMPLOYER PAID, for full-time employees, if you are insuring yourself only. Adding a spouse & dependents will cause deductions from your payroll.

Group Term Life and AD&D also includes the following:

- Accelerated Benefit
- Extended Life Insurance Benefit (Waiver of Premium)
- Coma Benefit
- Exposure & Disappearance Benefit
- Repatriation Benefit
- Safety Equipment Benefit
- Total Loss of Use Benefit
- Travel Assistance
- Dignity Planner



RETIREMENT 401(k) PLAN



ARcare is pleased to offer a 401k Retirement Plan to all employees. Participation is optional. Employees may participate by enrolling online. Pre-tax deferrals to the retirement plan are made by payroll deduction. Retirement accounts are held at Nationwide.

Employee Contribution:

Employee participation is voluntary. Employees are eligible to contribute upon employment and online enrollment.

2025 Contribution Limit: \$23,500.

2025 Catch-up Contribution for age 50 or over: \$7,500.

A Higher Catch-up Contribution applies for those who are 60, 61, 62, or 63 in 2025: \$11,250.

Contributions must be stated as a percentage of gross wages. Contributions cannot exceed the dollar limits set by the IRS. ARcare remits the employees' withheld contribution for deposit to each participant's account.

Employer Contribution:

After 12 months of employment, if you save for retirement, ARcare contributes 200% of your contribution of up to 4%. ARcare's maximum contribution is 8% of your salary.

ARcare Employees are fully vested in the plan from the time they start contributing.

Distributions:

Retirement funds may be withdrawn upon termination of employment and/or at age 65.

- Hardship Withdrawals: Allowed by the plan
- In-Service Withdrawals: Allowed by the plan for rollover contributions held in the account (at any age) and for all funds at age 65
- Loans: Not allowed by the plan

QUESTIONS?

Please contact ARcare's Retirement Plan Sponsor, Dana Duncan with questions.
Dana Duncan: 870-347-3318 | dana.duncan@arcare.net

To speak with a broker, please contact Eric Eidson or Nancy Lewis at Arvest Bank.

Eric Eidson: 479.271.3080 | eeidson@arvest.com

Nancy Lewis: 501.431.3395 | nlewis1@arvest.com

LONG TERM DISABILITY



Long Term Disability Premium
is EMPLOYER PAID, for
full-time employees.

A waiting period of one full calendar month is applicable. If approved, Long Term Disability may begin on the 181st day in the first 360 days of disability. The date you become disabled is the start day.

COVERAGE

Maximum: 60% of Predisability Earnings (monthly salary)
with a maximum of \$15,000 per month.

Minimum: \$100 per month

Maximum Benefit Period is determined by your age when the disability begins, as follows:

61 or younger - to Social Security Normal Retirement Age*

62 - 3 years, 6 months*

63 - 3 years*

64 - 2 years, 6 months*

65 - 2 years

66 - 1 year, 9 months

67 - 1 year, 6 months

68 - 1 year, 3 months

69 or older - 1 year

*Time period provided or to Social Security Normal Retirement Age, which ever occurs first.

NORTHWESTERN MUTUAL & HEALTH ADVOCATE EMPLOYEE ASSISTANCE PROGRAM

For employees, asking for help can feel hard or scary, especially during uncertain times. The Northwestern Mutual Life Insurance Company has partnered with Health Advocate to provide an Employee Assistance Program which includes WorkLife Services. This service is included with Group Long Term Disability plans.

Services Offered:

- Multiple Access Points
- Clinical Services
- Case Management
- Clinical Referrals
- WorkLife Services
- Online & Mobile Resources
- Management Consultation Services
- Utilization Reports
- Communication Materials
- Critical Incident Stress Management
- Disruptive Event Management
- Additional On-Site Services

With EAP, personal assistance is immediate, confidential, and available when you need it.

Contact EAP: 888.893.6585 (TTY services: 711)

Available 24 hours a day, 365 days a year. ➤ healthadvocate.com/NM3

SUPPLEMENTAL BENEFITS

Contact your representative for a quote on supplemental benefit plans.

LICOA

- **Accident Plan**
 - Covers you 24/7, on and off the job
 - Covers major & minor accidents
 - Annual wellness exam benefit and accidental death insurance included
- **Hospital Indemnity Plan**
 - Benefits for initial hospitalization, nightly stay, ICU, and outpatient/inpatient Surgery
 - Can help with deductible and out-of-pocket cost
 - Guaranteed issue (no medical questions asked)
- **Cancer Protection Plan**
 - Benefits for treatments, diagnostics, second opinion, surgery, travel, hotel, and wellness
- **Critical Illness Plan**
 - Guaranteed issue (no medical questions asked)
 - Lump sum benefits for heart attack, stroke, major organ transplant, and kidney failure
 - Annual wellness exam benefit
- **Whole Life Insurance**
 - Guaranteed issue
 - Premium stays the same
 - Can be payroll deducted for children and grandchildren

USAbLe

- **Group Term Life Insurance**
 - Guaranteed issue first year of employment
 - Additional medical questions to answer after first year of employment
 - Up to \$150,000 for employees and up to \$30,000 for spouse
 - \$1.65 gives every child a \$10,000 benefit until age 26
- **Short Term Disability**
 - Insurance on your paycheck
 - Benefit up to 70% of your income
 - No waiting periods for accidents; seven-day waiting period for sickness
 - Pays on top of any employer-paid time off
- **Accidental Death & Dismemberment**

OPEN ENROLLMENT

Health, Dental, Vision: November of each year for January effective date

Supplementals: July of each year for September effective date

ADDITIONAL BENEFITS

Employee Clinic Benefit

Employees enrolled in ARcare's Health Plan enjoy the benefit of receiving a range of free services at ARcare, KentuckyCare, and MississippiCare clinics, encompassing provider consultations, lab work, x-rays, and more.

Infinity Care, ARcare, And KentuckyCare Pharmacies

ARcare employees have the added benefit to receive medications at a lower cost than traditional retail pharmacies, while also having them shipped to their homes. Using Infinity Care Solutions, ARcare Pharmacies, and KentuckyCare Pharmacies for generic drugs, preferred brand drugs, non-preferred brand drugs, or specialty drugs, employees will only pay a 5% coinsurance rather than the 20% they would pay at outside retail pharmacies. Infinity Care Solutions is a member of the ARcare Health Network. See "Retail Pharmacy" on page 8 for all information.

Foundation Donation

Giving back to your community has never been easier! If you are interested in donating to the ARcare Foundation, donation payments can be deducted from payroll at a price & frequency the employee chooses.





Corporate Headquarters

117 S 2nd Street, Augusta, AR

P 870.347.2534 | F 870.347.2882