

The logo features the letters 'AR' in a bold, white, sans-serif font, set against a blue silhouette of the state of Arkansas. The letters are positioned to the left of the word 'BENEFITS', which is written in a large, bold, grey, sans-serif font.

AR BENEFITS

Benefits Administration Manual

Health Insurance Representatives for Arkansas State Employees



Employee Benefits Division
Department of Shared Administrative Services

Updated: 08.01.2025

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Contacts

Providers

Benefit	Website	Phone Number
EBD Office	https://sas.arkansas.gov/employee-benefits Ask.EBD@arkansas.gov	877-815-1017 501-682-9656
New Directions Behavioral Health (EAP)	www.ndbh.com Company Code: ARBenefits	877-300-9103
Health Advantage	www.healthadvantage-hmo.com	800-482-8416 501-378-2364
FSA/HSA	www.connectyourcare.com/ARbenefits	833-229-4431
Colonial Life Insurance	www.coloniallife.com	855-868-6009
Arkansas Diamond Plan	https://my.voya.com	501-301-9900 866-271-3327
ARSEBA	www.arseba.com	888-224-5233 501-224-5234

SAS Employee Benefits Division Office

SAS Employee Benefits Division

501 Woodlane St, Ste 501
Little Rock, AR 72201

Mailing Address

PO Box 15610
Little Rock, AR 72231

Office Hours

Monday thru Friday: 8:00 am – 4:30 pm

Call Center Hours

Monday thru Friday: 8:00 am – 4:00 pm

Social Media

www.my.ARBenefits.org

<https://sas.arkansas.gov/>

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Introduction

The Benefits Administration Manual (BAM) is designed to assist you with your everyday responsibilities as a Health Insurance Representative (HIR). To best serve our members, it is important that you have knowledge of the Plans that ARBenefits offers, the requirements to be eligible for coverage, the forms needed when making changes to the Plan, as well as administrative procedures. While this guide is designed to be a reference for you, all Plan information can be found at <https://sas.arkansas.gov/employee-benefits>, and in our Summary Plan Document (SPD).

As a Health Insurance Representative, you are expected to distribute Plan information to the employees in your group and keep them up to date with any changes. You are also expected to keep up with your invoices received from EBD and remit payment to the Plan on time.

The steps in this guide will focus on the following information:

- Employee Eligibility
- Enrollment and Required Documents
- Using the ARBenefits Portal and the Secure Task System
- Administrative Procedures
- Accounting Tips

Should you need assistance, you can contact Department of Shared Administrative Services (SAS) Employee Benefits Division (EBD) at 877-815-1017 (press 1, then 2) by e-mail at Ask.EBD@arkansas.gov or by using the Secure Task System which will be covered later in this guide.

NOTE: This is a living document that can change at any time during the year. You will be informed by an "EBD Alert" if changes are made to this manual and where you can find the most up-to-date version.

Getting Setup as an HIR

What does this mean to you? Essentially, you are responsible for distributing information regarding the ARBenefits plan. In addition, you will be the designated [Authorized Representative](#) who can discuss billing with EBD. We will not speak about any items regarding Members with anyone who is not the Authorized HIR. For Non-AASIS HIRs, if you have not completed all of the following, EBD will not be able to discuss billing or invoice items either.

How do you get started?

You must notify EBD you are the new HIR at your division. You can request another HIR in your division to submit in a [Task](#) to EBD_Security. If you are the only HIR in your division, you can call EBD 1-877-815-1017 or you can send an email to Ask.EBD@arkansas.gov. *Remember do not send confidential information via email.*

- After submitting the Task, you need to complete and return to EBD_Security.
 - [HIR Agreement](#),
 - and the [General Confidentiality Agreement](#).

These forms are located on <https://www.transform.ar.gov/employee-benefits/arkansas-state-employees/> and scroll to the *Division Insurance Representative Resources and Forms* section at the bottom of the page or you can click the hyperlinks above.

- When the signed forms are received and the Task has been submitted with your contact information, you will receive an email regarding Health Insurance Portability and Accountability Act (HIPAA) information and a training link. You must make a passing score of 80% on the HIPAA quiz before you can continue.
- Upon passing HIPAA training with ≥80%, you will receive an invite to attend HIR training. This training will go over topics covered in this manual such as Eligibility, Benefits information, the HIR portal, Accounting, and more.
 - HIR videos are also available on the website. These are accessible anytime as training aids or refreshers.

There are several resources made available to you, including the *Benefits Administration Manual (BAM)*, *Summary Planning Description (SPD)*, <https://rep.arbenefits.org>, and training videos. In addition, we are always happy to assist you. Please call EBD at 877-815-1017 or send a Task to receive additional assistance.

Terminating an HIR

For HIRs that are leaving, send a Task to EBD_Security with your termination date. If you know who your replacement will be, please include with their contact information so we can reach out to them to start their setup process.

Setting Up a New Hire Employee as a Member

A newly hired employee has **60 days** from their hire date to elect coverage in the ARBenefits Plan. New hires can use paper forms or the online portal www.my.ARBenefits.org to elect coverage.

Coverage for new hires will be effective the first of the month following the date of hire and the date the *Enrollment Form* is received by EBD.

- *Example: Hire Date is 05-15-2023 and EBD received their "Enrollment Form" on 05-20-2023 their benefits enrollment effective date will be 06-01-2023.*
- *Example: Hire Date is 05-15-2023 and EBD received their "Enrollment Form" on 06-01-2023 their benefits enrollment effective date will be 07-01-2023.*

When the enrollment is complete with all their [necessary documentation](#) provided, the ARBenefits system will update their new Plan, and they will be eligible the first day of the month after they enrolled.

If a current employee becomes eligible for coverage, they have 60 days from the date they gained eligibility to join the Plan.

AASIS New Hires

All new hires must be entered into AASIS before they enroll regardless of if they decide to have coverage or not with ARBenefits. The following information must be entered into AASIS for the employee to load into ARBenefits (EBD's system).

- First and Last Name
- Date of Birth (DOB)
- Gender
- Full Address (including city, state, and zip code)
- Employee's Hire Date

Note: If an employee updates their address on their Member portal, you will receive a Task. Once you receive the Task, you must update the address in AASIS.

You can verify the employee is in ARBenefits by conducting a [Membership search](#) and entering Employee/Member specific criteria into ARBenefits on the Membership Management page of the system.

- Once the Employee is entered into AASIS, they will be entered into the ARBenefits system as ASENHALTH (stands for ASE No Health) with their Effective Date (which is the date their coverage will be effective post their Hire Date; example: the employee hire date is 04-01. Their effective date will be 05-01).
- If the employee does not wish to enroll, they need to submit an *Enrollment Form* and select the "Decline Coverage" box.

- They will need to fill out a *Decline Form* each year following, that they do not want to join the Plan, and keep it in their personnel file.

Note: Updates/changes to data in AASIS will appear in ARBenefits the day after you have made changes.

After you have determined they are eligible to join, they will need to enroll online through www.my.ARBenefits.org portal.

When the enrollment is complete with all their [necessary documentation](#) provided, the ARBenefits system will update their new Plan, and they will be eligible the first day of the month after they enrolled.

The Employee will be eligible for benefits the first of the month following the “Hire Date” entered in AASIS. The Employee has 60 days from the date they gained eligibility to complete their *Enrollment Form* and submit to EBD for coverage.

Verifying HSA or FSA Enrollment Setup Information

Agency Rep HSA/FSA Enrollment Report Batch Job

Every Friday at 1:00p the *Agency Rep HSA/FSA Enrollment Report* is generated in ARBenefits. The new weekly report and historical week reports are available in ARBenefits. This report reflects the new HSA or FSA participants who have enrolled either by form or electronically.

It is important for HIRs to review this report to ensure new employees are setup properly for regarding their HSA or FSA payroll deductions. If edits or corrections are needed, the HIR can update in AASIS.

The reports are generated for each Agency and the HIR can only see the Agencies they are associated.

To access this report, go to ARBenefits/*Job* tab on the top toolbar/*Job List* from the drop-down menu/click on click on *Agency Rep HSA/FSA Enrollment Report* in the list of reports.

Click on the weekly report you need to verify from the list.

Status	Scheduled	Last Status Change	Status Message
COMPLETE	06/10/2022 01:00 PM	06/10/2022 01:04 PM	Agency Rep HSA/FSA Enrollment Report Batch Job scheduled on 06/10/2022 at 01:00 has completed on 06/10/2022 at 01:04

Messages (0)

Input Files (0)

Output Files (11)

Output Files

- Files
- 053-FSA_Enrollment Report_2022-06-10.xlsx
- 053-HSA_Enrollment Report_2022-06-10.xlsx
- 080-HSA_Enrollment Report_2022-06-10.xlsx
- 485-HSA_Enrollment Report_2022-06-10.xlsx
- 500-FSA_Enrollment Report_2022-06-10.xlsx
- 610-HSA_Enrollment Report_2022-06-10.xlsx
- 630-HSA_Enrollment Report_2022-06-10.xlsx
- 645-FSA_Enrollment Report_2022-06-10.xlsx
- 710-FSA_Enrollment Report_2022-06-10.xlsx
- 930-HSA_Enrollment Report_2022-06-10.xlsx
- 955-FSA_Enrollment Report_2022-06-10.xlsx

The Excel spreadsheet shows: *Employee Name, SSN, Personnel Number, Start Date* and *Elected Amount* listed by week to verify the information is correct or address if there are errors.

	A	B	C	D	E	F	G	H
1	First Name	Last Name	SSN	Personnel Number	Product Type	Start Date	Election Amount	
2	JANE	DOE	XXX-XX-XXXX	XXXXXXXX	HEALTH_FSA	2022-07-01	700.00	
3								
4								

Eligibility

Eligible Employees

All State Employees who qualify under one of the classes below:

1. Regular Full-Time Employees of a participating agency, institution, commission, or constitutional office who are: in a budgeted position or a position recognized by the General Assembly; and not seasonal or temporary; and working 1,000 or more hours each year.
2. A member of the General Assembly.
3. An elected Constitutional Officer.
4. An Appointed or elected member of a Board or Commission on a full-time, salaried basis.
5. An extra help employee who:
 - a. Was assured of coverage under the Plan by their agency;
 - b. Whose agency has agreed to pay the State match for their coverage;
 - c. Is a non-eligible state employee as defined under the law; and,
 - d. Is willing to be responsible for all costs for participating in the Plan (unless the agency has chosen to pay all or part of the cost).

Employee Eligibility (AASIS Agencies Only)

When you determine if an employee is eligible or ineligible for Health Insurance, you need to make sure to make the proper update in AASIS.

- If you have an employee that becomes eligible for coverage, you need to make sure the Insurance Eligible field is marked as “ALLB” for yes.
- If an employee is not eligible for coverage, that field should show a “NOBN” for no.

For EBD to process an employee's enrollment for coverage, that field must show “ALLB” in AASIS.

Eligible Dependents

1. If your dependent is your spouse, he or she may join the Plan as long as they are your current legal spouse who is not eligible for an employer sponsored benefit Plan. Former spouses with court orders requiring coverage are NOT ELIGIBLE to join the Plan. Spouses eligible for coverage through their employer are not eligible for coverage under the ARBenefits Plan.
2. If your dependent is a child, they may join the Plan as long as they can answer yes to the following questions:
 - a. Is he or she your child, adopted child, stepchild, or do you have legal guardianship for him or her?
 - b. Is he or she under age 26?
 - c. Is he or she a Qualified Medical Child Support Order (QMCSO) dependent under age 26 and do you have a judgement, decree, or order issued under state law?
 - d. Is he or she a qualified disabled dependent and have they been medically certified as Totally Disabled due to mental or physical incapacity?

NOTE: There is required supporting documentation when adding dependents. [Click here.](#)

Enrollment or Making Changes to The Plan

Open Enrollment

Open Enrollment is an annual period each year where active employees can enroll or make changes to their Plan without the need of a qualifying event (QE). EBD determines each year when the annual Open Enrollment will take place. Changes elected during Open Enrollment will be effective January 1 of the following year.

During Open Enrollment, employees can submit forms through fax or mail to EBD, or they can elect changes using the ARBenefits Online Member Portal at my.ARBenefits.org.

Retirees do not have an Open Enrollment period to add dependents to their Plan. Non-Medicare Retirees can change Plan level (Premium, Classic or Basic) during Open Enrollment. They need to submit a *Retiree Election Form* to EBD or via fax, mail, or upload to the my.ARBenefits.org portal. Medicare Primary Retirees cannot change Plan levels.

- Retirees making changes due to a qualifying event have a **30-day** window to submit their change and documentation to EBD.

VERY IMPORTANT! All dates on forms must be the correct: Hire Date, Termination Date, etc. Back dating forms to ensure people get coverage or are removed from coverage by a certain time is falsifying records and can have a great impact to the Employee and you. Do not do this.

New Hire/Newly Eligible

A newly hired employee has 60 days from their hire date to elect coverage in the ARBenefits Plan. New hires can use paper forms or the online system to elect coverage.

- Coverage for new hires will be effective the first of the month following the date of hire, the date on the Election Form, **and** the date the forms are received by EBD.
- If a current employee becomes eligible for coverage, they have 60 days from the date they gained eligibility to join the Plan.

Qualifying Event

Certain life changing events are considered [qualifying events \(QE\)](#) that allow employees to make changes to their Plan. Active employees have 60 days from the date of the event to elect changes to their Plan. Documentation of the qualifying event is required along with the Change or Enrollment Form.

Coverage changes due to a qualifying event will be effective the first of the month following the event, the date on the Election Form, and the date received by EBD. One exception is the addition of a newborn to the Plan. **The effective date for a newborn will be the first of the month in which they are born.**

*Note: **ASE (State Only):** No changes in coverage are allowed at the time of transfer from one state agency to another. Steps should be taken to eliminate a lapse of coverage due to a simple transfer.*

Types of Enrollment Documents

When a new employee, or a current employee who has become eligible for coverage is ready to enroll in the ARBenefits Plan or add/drop a dependent from the current Plan they can follow the steps below.

Enrollment Form

The ARBenefits Active Election Form should be used for new hires, Open Enrollment changes, and for employees who are enrolling onto the Plan due to a qualifying event.

Change Form

The Change Form should be used for qualifying events only when the employee is looking to add or drop a dependent from coverage. The Change Form can also be used if the employee is cancelling their coverage due to a qualifying event.

Retirement Packet

Employees who are retiring and are eligible for ARBenefits Retirement Insurance should use the Retirement Packet to enroll into their Plan of choice. The Retirement Packet should be submitted to EBD no earlier than **30 days** prior to the employee's retirement date.

Supporting Documentation

When adding dependents to their Plan, employees will need to submit the following supporting documentation along with the Enrollment/Change Form, or the application will be mailed back to the employee, and you will receive an e-mail notice detailing what was missing.

EBD considers turning in forms and necessary supporting documentation prior to deadlines to be the responsibility of the employee. However, if you ask your employees to turn their forms into you, you are agreeing to take on the responsibility to submit them to EBD in a timely manner and meet the required guidelines.

Note: Any information received by the Plan from Federal sources will be considered documentary evidence for enrollment changes.

Qualifying Events

Certain life changing events are considered [qualifying events \(QEs\)](#) that allow employees or retirees to make changes to their Plan. **Active Employees** have **60 days** from the date of the event to make changes to their Plan while **Retirees** have **30 days** from the event date.

Below is a listing of the most common qualifying events. This is not a complete list, and based on documents provided by the employee, it is EBD's decision whether a valid qualifying event has occurred to allow the requested change.

Please note, unless the qualifying event results in the employee enrolling onto the Plan as a new member, qualifying events do not allow for a change in Plan level between the Premium, Classic or Basic Plans.

Event	Action Allowed
Marriage	<ul style="list-style-type: none"> Enroll legal spouse and dependents within 60 days of marriage date. Employee can drop coverage if they have gained other group coverage through their spouse.
Birth	<ul style="list-style-type: none"> Enroll newborn within 60 days of the date of birth.
Adoption/ Guardianship	<ul style="list-style-type: none"> Enroll new finalized legal adoption/guardianship.
Loss of Group Coverage	<ul style="list-style-type: none"> Employee can enroll within 60 days of the loss of other group coverage. Employee can add spouse and/or dependents that have lost other group coverage.
Gain of Other Group Coverage	<ul style="list-style-type: none"> Employee can drop coverage if they have gained other group coverage Spouses that gain group coverage through an employer must be removed from the Plan. Employee must drop coverage of dependents that gain other group coverage.
Divorce	<ul style="list-style-type: none"> Divorce is a qualifying event for an employee to drop a spouse if decreed by the Judge.
Turning 26	<ul style="list-style-type: none"> Dependents covered by employees on the Plan will automatically term off the employee's Plan at the end of the month in which they turn 26 years old. Employees who lose other group coverage (parent's coverage) when they turn 26 years old can enroll onto the Plan.
Loss of Medicaid/CHIP	<ul style="list-style-type: none"> Allows the affected party to join the Plan if they are 19 years old or younger. <i>*If over 19 years old loss of Medicaid in NOT a Qualifying Event.</i>
Gain of Medicaid/CHIP	<ul style="list-style-type: none"> Allows the employee to drop coverage for the affected party if they are 19 years old or younger. <i>*If over 19 years old gain of Medicaid in NOT a Qualifying Event.</i>
Gain of Medicare	<ul style="list-style-type: none"> Employees who gain Medicare Parts A & B coverage can elect to drop their Plan coverage. <ul style="list-style-type: none"> The gain of Medicare Part D does not constitute group health coverage when Parts A & B are already in effect.

Table of Qualifying Events and Supporting Documents Needed

Open Enrollment or Qualifying Event Action	Required Documentation (ARBenefits Forms can be found on my.ARBenefits.org)
Adding a Spouse – due to marriage or due to their loss of coverage	<ul style="list-style-type: none"> • <i>ARBenefits Change Form</i>, • Marriage license, • <i>ARBenefits Spousal Affidavit</i>, and • <i>Certificate of Credible Coverage (COCC)</i> from the healthcare issuer, military discharge paperwork, or letter from the government entities such as Medicaid, etc. <ul style="list-style-type: none"> ○ Must contain the dates of coverage and the names of the affected parties.
Adding a Newborn	<ul style="list-style-type: none"> • <i>ARBenefits Change Form</i>, and • Copy of the birth certificate <ul style="list-style-type: none"> ○ If the birth certificate is unavailable, a hospital announcement is acceptable if the newborn is under six months of age.
Adding a Dependent Child	<ul style="list-style-type: none"> • <i>ARBenefits Change Form</i>, • Copy of their birth certificate or a receipt from appropriate state Vital Records department, • Marriage license, if adding a stepchild, and <ul style="list-style-type: none"> ○ Adoption/Finalized Legal Guardianship paperwork signed by a judge, if applicable. <p>If adding a Dependent due to loss of other group coverage:</p> <ul style="list-style-type: none"> • Same as above, and • <i>Certificate of Credible Coverage (COCC)</i> from the healthcare issuer, military discharge paperwork, or letter from the government entities such as Medicaid, etc. <ul style="list-style-type: none"> ○ Must contain the dates of coverage and the names of the affected parties.
Removing Dependent/Spouse	<ul style="list-style-type: none"> • <i>ARBenefits Change Form</i>, and • Proof of gain of group coverage. <ul style="list-style-type: none"> ○ Proof must contain the dates of coverage and the names of the affected parties.
Removing the Spouse Due to Spouse Gaining Employer Group Coverage	<ul style="list-style-type: none"> • Updated <i>ARBenefits Spousal Affidavit</i>, and • <i>ARBenefits Change Form</i>
Gain of Other Group Coverage	<ul style="list-style-type: none"> • <i>ARBenefits Change Form</i>, and • Proof of gain of group coverage. <ul style="list-style-type: none"> ○ Proof must contain the dates of coverage, and the names of the affected parties.
Employee Loss of Other Group Coverage	<ul style="list-style-type: none"> • <i>ARBenefits Enrollment Form</i>, and • <i>Certificate of Credible Coverage (COCC)</i> from the healthcare issuer, military discharge paperwork, or letter from the government entities such as Medicaid, etc. <ul style="list-style-type: none"> ○ Must contain the dates of coverage and the names of the affected parties.
Divorce – Removing a Spouse	<ul style="list-style-type: none"> • <i>ARBenefits Change Form</i>, and • <i>Judge-signed divorce decree</i> (in its entirety).
Death of a Covered Person	<ul style="list-style-type: none"> • <i>ARBenefits Change Form</i>, and • <i>Death Certificate</i>

Coverage Continuation During Retirement

Retirees who meet the eligibility requirements for coverage as defined in the Eligibility Section of the [ARBenefits Summary Plan Description](#) have the following enrollment options:

ANY Questions, please contact Post Employment with Employee Benefits Division.

Retirement Health Enrollment Options

Option 1

If a Retiree meets the following eligibility requirements at the time of termination of active employment, they are eligible to enroll onto the Retirement Health Plan if they are:

- **A fully vested member of one of the participating retirement systems.**
 - Arkansas Public Employees' Retirement System (APERS), including members of the legislative division and the contract personnel of the Arkansas National Guard; or,
 - Arkansas Teacher Retirement System (ATRS); or,
 - Arkansas State Highway Employees' Retirement System; or,
 - Arkansas Judicial Retirement System; or,
 - Alternative Retirement Plan.
- **Enrolled on the active health Plan their last day of employment.**
 - Elects to continue insurance coverage within 30 days of the qualifying event.
 - *If a Retiree does not elect, decline or meet the Arkansas Legislative Code eligibility requirements for Retirement Health Insurance during their 30-day election period, it is not an option to return to Active Employment as a rehired Retiree to re-establish eligibility. Eligibility is determined at the initial time they elect to become an active retiree and begin drawing their retirement annuity.*
- **Eligible to begin drawing their annuity.**
 - The Plan Administrator may require documentation that the retired employee is drawing on the annuity. Members of the General Assembly and State Elected Constitutional Offices must have 10 years vested service in one of the listed retirement systems, and drawing an annuity, to be eligible to enroll in the Retirement Plan.
- **The Retiree makes the appropriate contribution required to continue the coverage from the date that employment ends or the date enrolled in the Plan.**

Option 2

If a Retiree meets the above eligibility requirements but is not eligible to draw their annuity at termination of employment, they will have a qualifying event to enroll at a later date once they began drawing their retirement annuity. Often this applies to employees who have the service but at the time of termination do not meet the age requirements.

The Retiree under Option 2 has 30 days from the time they begin drawing their annuity to enroll in the Retirement Health Plan. No documentation is required for the time between termination of employment and their qualifying to draw their annuity of other employer group health coverage.

Option 3

If a Retiree meets all the eligibility requirements listed in Option 1, but currently have employer group health coverage under their Spouse, or new employment, they can delay their enrollment onto the Retirement Health Plan. Once they experience a qualifying event of involuntary loss of employer group health coverage, they have 30 days to enroll onto the Retirement Health Plan. They will need to provide documentation of uninterrupted group health coverage from their last day of employment up to their qualifying event. The employee may have a need during this time to enroll on COBRA for a short period to avoid any break in service.

The Plan Administrator may require documentation that the retired employee is drawing on the annuity. Members of the General Assembly and State Elected Constitutional Officers must have **ten (10)** years vested service in one of the listed retirement systems, and drawing an annuity, to be eligible to enroll in the Retiree Health Insurance Plan.

Reciprocity Service

Vesting Schedule:

- Employment service prior to July 1, 1997, requires **10** years of fully vested service.
- Employment service after July 1, 1997, requires **five** years of fully vested service.

An employee fully vested as a state employee AND fully vested as a public-division employee (a participating employee under both APERS and ATRS and drawing a retirement annuity from each) may choose to enroll in either the ASE or PSE retiree health Plan. **Verification by EBD is required.**

Effective July 1, 1997 – Vesting for retirement changed from a **10**-year vesting to **five** years. Service prior to July 1, 1997 is still held to the **10**-year vesting.

An employee, who is not fully vested under both systems, will enroll in the Retiree Health Plan with the most vested years.

Retirement Packet

For the employees that are thinking about retirement, or are going to retire, you should provide them with an ARBenefits Retirement Packet. The Packet is available at www.transform.ar.gov/employee-benefits/retirees scroll down to the “Retiree Forms and Resources” section. Once you open the packet, on the last page of this manual, provides the employee with the necessary forms if they wish to enroll into ARBenefits Retiree Insurance and/or continue any Colonial Life coverage.

EBD will not accept any Retirement Packets submitted earlier than 30 days prior to the employee's retirement date. The Employee will also need to submit supporting documentation for any spouse and/or dependent that they will be continuing coverage on during retirement if not on file already with EBD (Spousal Affidavit Form, marriage license, birth certificate).

Non-Medicare Retiree

Employees who are under the age of 65 and do not have a covered spouse 65 or older at the time of retirement, will be on the Non-Medicare Retiree Plan. When they elect Retiree Coverage, they can select the Plan level (Premium, Classic or Basic) they wish. During the annual Open Enrollment period for active employees, Non- Medicare Retirees can change their Plan level between the three choices.

Medicare MAPD or Primary

Employees who retire and are Medicare eligible (65+), or have a covered spouse who is Medicare eligible, will have the option to select ARBenefits Group Medicare Advantage Plan (MAPD) with United Healthcare (UHC) as the benefits provider or ARBenefits Medicare Primary Plan with Health Advantage (HA) as the benefits provider.

When the employee retires, it is required for them to have Medicare Parts A & B set up for when they retire. The ARBenefits Medicare Premium Plan for Retirees will coordinate as if Medicare Part A and Part B are both in force at the time of service.

Active Employees Who Are Medicare Eligible

Active employees who become Medicare eligible and are still working, are not required to sign up for Medicare Part B while actively employed. The employee and any spouse and/or dependent are covered as any other active employee with ARBenefits as their primary payer. Active employees can sign up for Medicare Part B when they become eligible, and Medicare would pay secondary for that employee.

Retirees Who Return to Work

A Medicare Retiree who goes back to work as an Active Employee as a State or Public-Division Employee, and is eligible for benefits, **MUST** come off the Retirement Health Insurance and enroll onto the Active Plan. Once the employee terminates employment again, the employee has the option to re-enroll in the Retirement Health Plan within 30 days of the loss of benefits. If an employee chooses not to enroll in the Retirement Health Plan at the second time of termination and obtains health insurance outside of the State and Public-Division Health Plan, the employee will not have a qualifying event to enroll a second time in the Retirement Health Insurance.

A Non-Medicare retiree that goes back to work as an Active State or Public-Division Employee and is eligible for benefits they **MAY** come off the Retirement Health Insurance and enroll in the active Plan. Once the employee terminates employment again, the employee has the option to re-enroll in the retirement health Plan within 30 days of the loss of benefits. If an employee chooses not to enroll in the retirement health Plan at the second time of termination and obtains health insurance outside of the State and Public-Division Health Plan, the employee will not have a qualifying event to enroll a second time in the Retirement Health Insurance.

If a retiree does not elect, decline, or meet the Arkansas Legislative Code eligibility requirements for Retirement Health Insurance during their thirty-day election period, it is not an option to return to Active Employment as a rehired retiree to re-establish eligibility. Eligibility is determined at the initial time you elect to become an active retiree and begin drawing your retirement annuity.

Enrollment Procedures for Retirees

Employees are to notify EBD within **30 days** of termination by submitting a *Retiree Election Form* and a *Spousal Affidavit* if they are continuing coverage for a Spouse from the active health Plan coverage.

Coverage will be effective the first of the month following the date on the *Retiree Election Form*. The [Retiree Election Form](https://my.ARBenefits.org) can be accessed online at my.ARBenefits.org and scroll down the page to the Retiree Forms and Resources section. The employee needs to check the box for either **MAPD** on the form for ARBenefits Group MAPD Plan with UHC **or** **Premium** on the form for ARBenefits Medicare Primary with HA.

Adding a spouse or Dependents at the initial enrollment onto the retirement health Plan.

- At initial enrollment in retirement health insurance coverage, Retirees may only continue coverage on the Spouse/Dependents that are currently covered on the active Plan at the time of enrollment in the retirement Plan.
- Retirees may add newly acquired Dependents, i.e., newborn Children, adopted Children, or a new Spouse within 30 days of the event with supporting documentation.
 - If retiree health coverage is canceled on a dependent child, the decision is **final**, and the dependent is no longer eligible for coverage under the Plan.
- A Spouse cannot be on the retirement health Plan as a Dependent if they are currently employed and have health insurance available through their employer. Retirees may bring them onto their Plan if they experience a qualifying event of loss of employer group coverage, but the Retiree must apply within 30 days of the event by completing and submitting to EBD the following items:
 - *Retiree Election Form*,
 - *Spousal Affidavit*,
 - Copy of their marriage license, and
 - Proof of continued group health coverage up until their qualifying event and submitting to EBD.
 - *Certificate of Credible Coverage (COCC)* from the healthcare issuer, military discharge paperwork, or letter from the government entities such as Medicaid, etc.
 - Must contain the dates of coverage and the names of the affected parties.
- If retiree health coverage is cancelled on a Spouse other than leaving for continued employer coverage, the decision is **final**, and the spouse is no longer eligible for coverage under the Plan.
- Retirees DO NOT have an open enrollment to add Dependents to their Plan, but Non-Medicare Retirees have the option to change Plans.
- If a Retiree has a Spouse on their Plan that is also a retired Member of a state or public-division retirement system, they can make a one-time option and split off on separate plans, or they can move from separate Plans to an Employee/Spouse Plan.
 - This is a one-time option, and the member cannot return to the former Plan except for death of the policy holder.
 - This one-time option is only available during Open Enrollment.
- At Open Enrollment, a Retiree who is fully vested under both the State and Public-

Division retirement systems can make a one-time option and change to the other retirement system. The vesting requirement does not include reciprocity service.

Terminating Retirement Health Plan Coverage

Once the one-time option to enroll in the retirement health insurance Plan has been exercised, and request that the coverage be terminated, the decision is **final**, and you will no longer be eligible to participate in the Plan.

The only exception to this rule is if the Retiree cancels to go back as an Active Employee with a state or public-division agency and are eligible for active benefits. They can re-enroll in the Plan once they terminate the active employment again. This exception does not apply if they cancel retiree coverage to go back to active employment that is not affiliated with the state or public-division agency.

Death of A Retiree

- If a Retiree dies and has covered Dependents on the ARBenefits Plan at the time of death, the Dependents have the right to continue coverage under the Plan.
 - Dependent children may be covered until they reach the [maximum age](#) limit for a Dependent Child.
 - A surviving Spouse may continue coverage under the Plan provided the payments are made timely.
 - If a surviving Spouse or Dependent that was covered under the Plan declines to enroll or cancels coverage after electing coverage, then the surviving Spouse/Dependent has no further privileges under the Plan.
 - Surviving Dependents cannot add other Dependents to the Plan.
- A surviving Spouse/Dependent Packet will be set to the Dependent(s) once EBD has received notification of the death of the Retiree.
 - EBD requires a copy of the Death Certificate.
 - Surviving Dependents will have **30 days** from the date of the letter to submit an *Election Form* to EBD for enrollment.
- If a Spouse or Dependent is not eligible to draw a survivor annuity from the Retiree, premiums must be setup to be bank-drafted monthly.

NOTE: If the Spouse and/or Dependents do not enroll in the Retirement Health Plan or COBRA with their respective enrollment periods, all privileges under the Plan are terminated.

ARBenefits HIR Portal

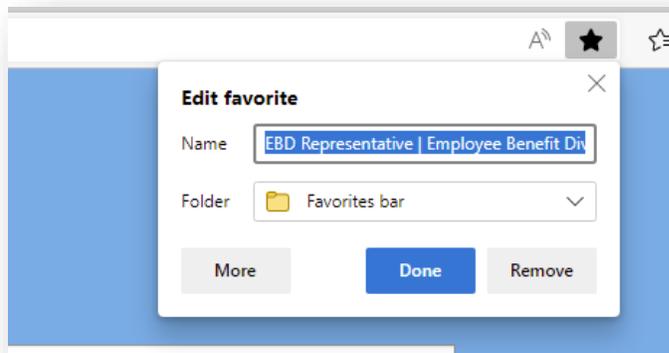
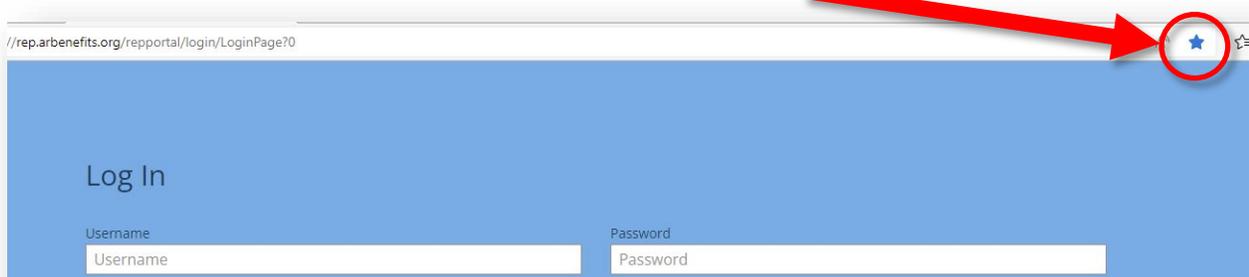
The portal allows you to access member information for your employees, send communication to EBD using a securetask system, access to reports, etc. You will see the home screen below when you log in to the Rep Portal.

IMPORTANT – the ARBenefits system gives you access to member Personal Health Information (PHI). Unauthorized accessor transmission of member PHI will not be tolerated and is subject to penalties under HIPAA.

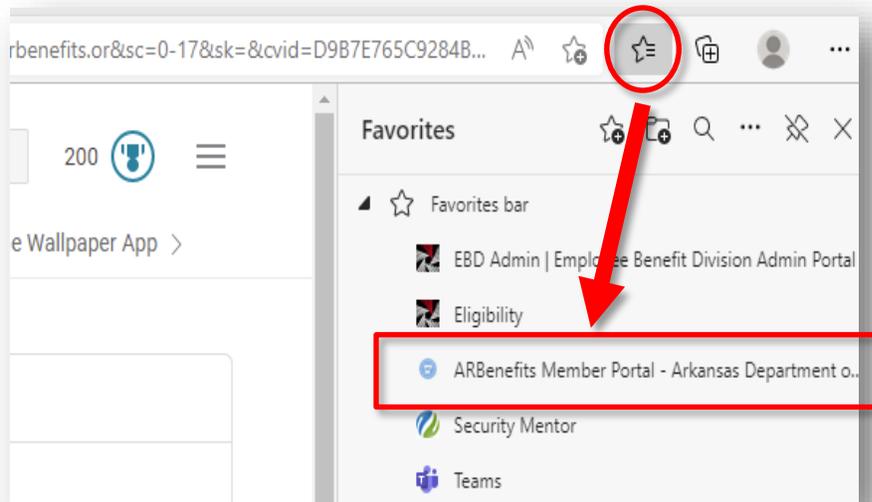
DO NOT provide your login and password to others.

Health Insurance Representatives (HIRs) have access to login to the portal at <https://rep.arbenefits.org>.

You can save this URL as a shortcut to your toolbar for your Internet Browser for easier access the next time you need to login by clicking on the star next to the URL bar.



- This will open a box to Add the URL to your Favorites List.
- You can edit the Name of the URL if you would like. Sometimes, you might want to change the name to something easier to remember.
- Click, Done. Now it is saved to your Favorites.

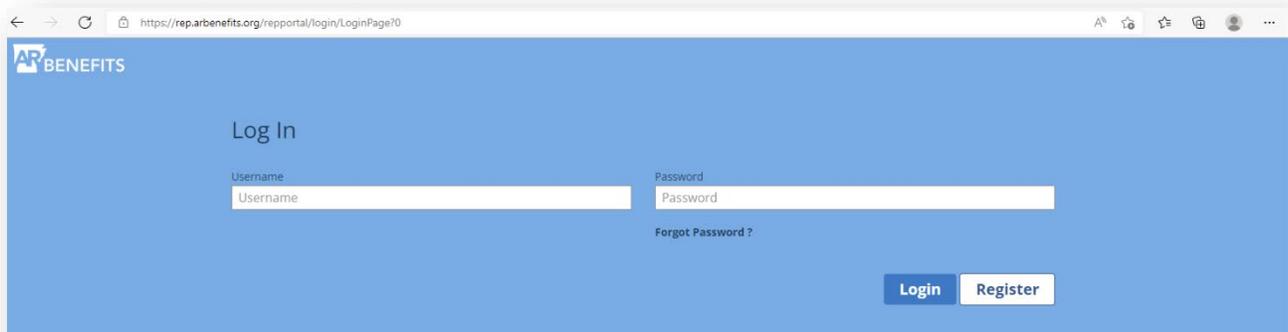


To access your saved URL:

- Some Browsers will automatically add to your Tool Bar at the top of your Browser home screen. If it did you can click that shortcut to open the website/portal.
- Or you can click on the 2nd star icon to access the Favorites list.
- Click on the link name in the Favorite list that you are looking for and that webpage (or in this case) portal will open.

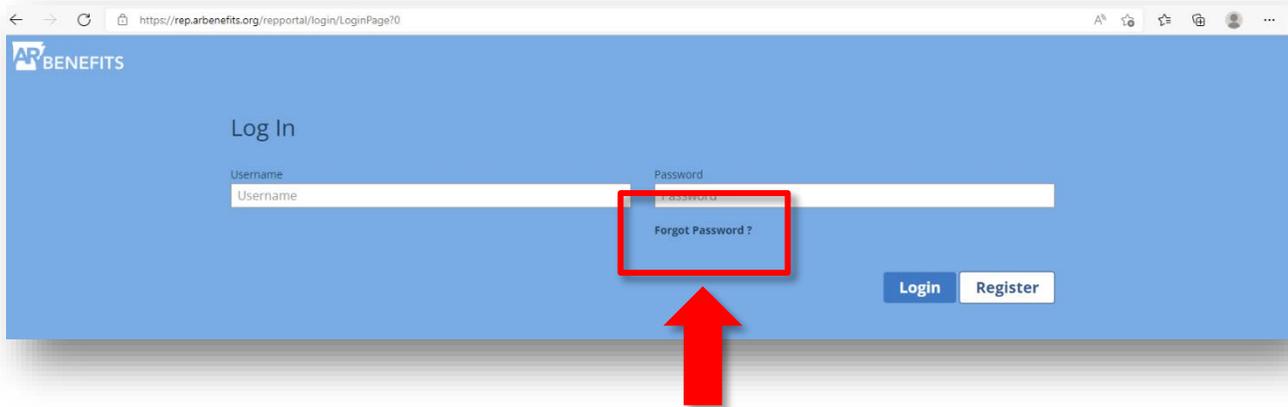
To log in to **Error! Hyperlink reference not valid.**, you will need:

- Your ARBenefits issued username – It will start with a letter followed by 5 numbers.
- Your ARBenefits issued temporary password (first time log in, prompts to change password).



Locked Out or Forgot Password?

If you get locked out of your ARBenefits portal account, you can unlock your own account.



- On the **Error! Hyperlink reference not valid**.screen, click [Forgot Password?](#)
- Forgot Password box will open.



- When the Forgot Password opens, enter your User ID, then click on "Continue."

Forgot Password

Please enter the following information

First Name

Last Name

What was your High School Mascot?

Click the box below and answer questions to proceed

I'm not a robot  reCAPTCHA
Privacy - Terms

Submit [Cancel and return to Login](#)

- Next, enter your first name, last name, and the answer to your security question.
- Click "Submit."

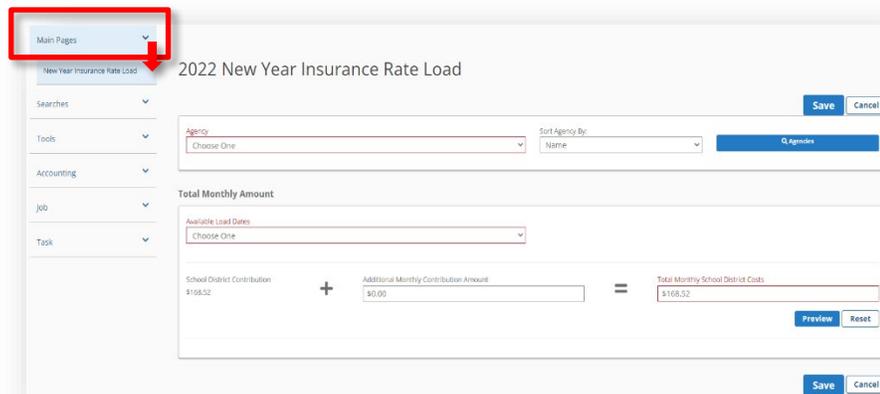


A temporary password will be emailed to the email address we have on file for you.

Information You Can Access in the Portal

New Year Insurance Rate Load

Allows you to input the additional amount your Division pays towards the health insurance premium.



2022 New Year Insurance Rate Load

Agency: Sort Agency By: **Q Agencies**

Total Monthly Amount

Available Load Dates:

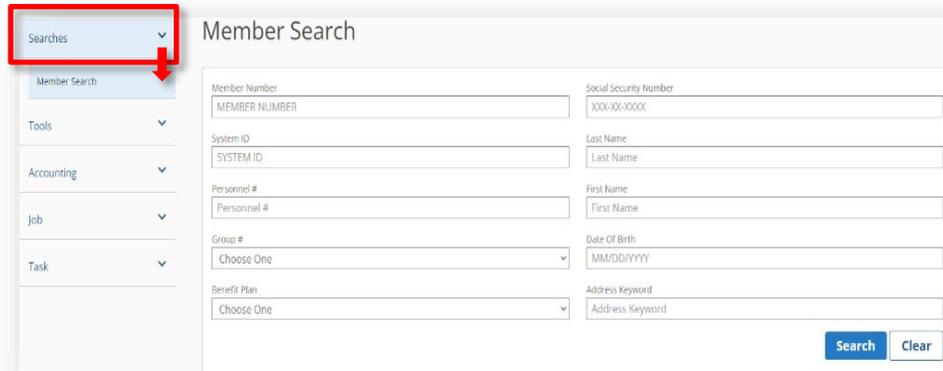
School District Contribution	+	Additional Monthly Contribution Amount	=	Total Monthly School District Costs
\$168.52		<input type="text" value="90.00"/>		\$168.52

Preview **Reset**

Save **Cancel**

Membership Management

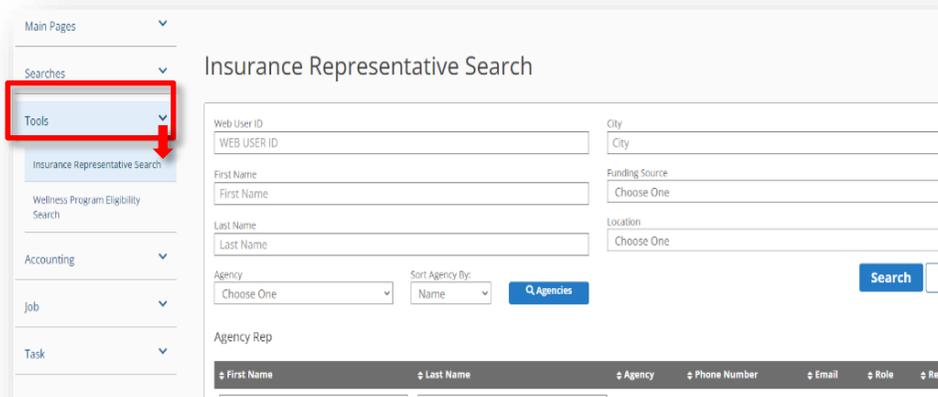
Allows to you access the benefit information for your employees. If requested by the employee, you can order replacement ID cards for them, or even print out a temporary one, etc.



The screenshot shows the 'Member Search' interface. On the left sidebar, the 'Searches' menu is highlighted with a red box and a red arrow pointing to the 'Member Search' option. The main content area contains a search form with the following fields: Member Number (MEMBER NUMBER), Social Security Number (XXX-XX-XXXX), System ID (SYSTEM ID), Last Name, Personnel #, First Name, Group # (Choose One), Date Of Birth (MM/DD/YYYY), Benefit Plan (Choose One), and Address Keyword. There are 'Search' and 'Clear' buttons at the bottom right.

Health Insurance Representative Search

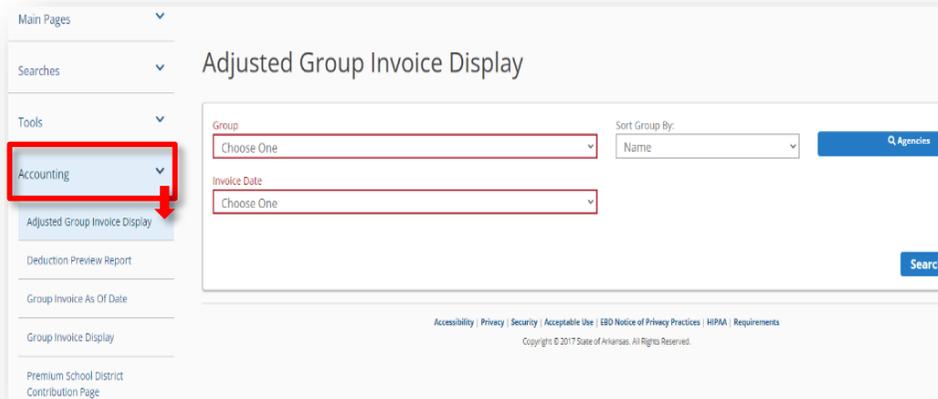
Allows you to search for the contact information of HIR's at any division or agency



The screenshot shows the 'Insurance Representative Search' interface. On the left sidebar, the 'Tools' menu is highlighted with a red box and a red arrow pointing to the 'Insurance Representative Search' option. The main content area contains a search form with the following fields: Web User ID (WEB USER ID), City, First Name, Last Name, Agency (Choose One), Sort Agency By (Name), Funding Source (Choose One), and Location (Choose One). There are 'Search' and 'Agencies' buttons. Below the form is a table header for 'Agency Rep' with columns for First Name, Last Name, Agency, Phone Number, Email, Role, and Rep.

Adjusted Group Invoice Display

Allows you to see invoices that have been adjusted due to any changes that have been made.



The screenshot shows the 'Adjusted Group Invoice Display' interface. On the left sidebar, the 'Accounting' menu is highlighted with a red box and a red arrow pointing to the 'Adjusted Group Invoice Display' option. The main content area contains a search form with the following fields: Group (Choose One), Sort Group By (Name), and Invoice Date (Choose One). There are 'Agencies' and 'Search' buttons. At the bottom, there is a footer with links for Accessibility, Privacy, Security, and Acceptable Use, along with a copyright notice for the State of Arkansas.

Deduction Preview Report

The purpose of this report is to provide you a preview of what changes have occurred that will affect your next month's billing.

Tools

Accounting

Adjusted Group Invoice Display

Deduction Preview Report

Group Invoice As Of Date

Group Invoice Display

Job

Task

Deduction Preview Report

Group: Choose One

Sort Group By: Name

Search Clear

Preview Deductions

Last Name	First Name	MI	Member #	LEA	Amount	Employer Amount	Deduct Code 1	Deduct Code 2
No results found for Preview Deductions								

Print

Group Invoice As Of Date

The "Group Invoice As Of Date" is the invoice you will use to pay EBD.

Searches

Tools

Accounting

Adjusted Group Invoice Display

Deduction Preview Report

Group Invoice As Of Date

Group Invoice Display

Premium School District Contribution Page

Job

Task

Group Invoice As Of Date

Group: Choose One

Sort Group By: Name

Invoice Date: Choose One

Effective Date: 03/17/2022

Calculation: Include Adjustments

Search Clear

Coverage Month

Employees With Health Care

Employees LWOP/LDA

Group Invoice Results

Description	Total
No results found for Group Invoice Results	

Export by Name Export by Plan

Group Invoice Display

Allows you to access your monthly invoice that you use to pay EBD. As a reminder, EBD does not bill agencies by individual employee, but by the total of active employees that you have. Comes out the beginning of the month and does not include any adjustments.

Searches

Tools

Accounting

Adjusted Group Invoice Display

Deduction Preview Report

Group Invoice As Of Date

Group Invoice Display

Group Invoice Display

Group: Choose One

Sort Group By: Name

Invoice Date: Choose One

Search

Accessibility | Privacy | Security | Acceptable Use | EBD Notice of Privacy Practices | HIPAA | Requirements

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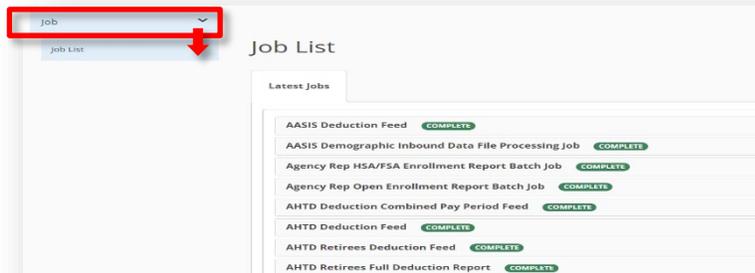
Premium Division Contribution Page

Allows you to update Maximum Amount to Additional Monthly Contribution for your Division's health premium. **This step should be completed before entering amount into the New Year Premium Rate Contribution Page.**



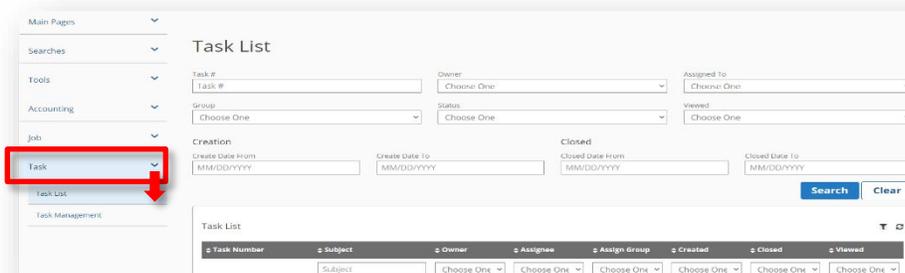
Job List

Will give you a report when any reports specific to your group have been generated within the system.



Secure Task

Tasks are setup internally in the ARBenefits system so EBD and HIRs can securely communicate and share documentation with each other. **PHI should be sent to EBD using this system, not an email.**



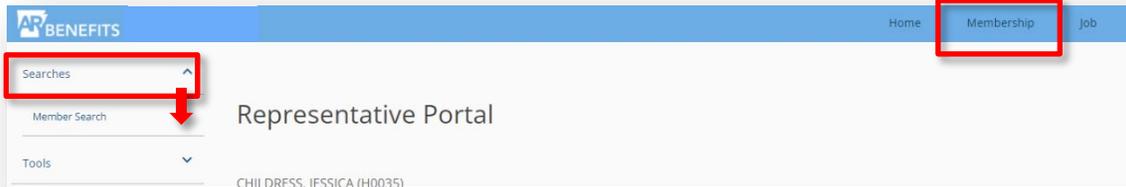
Task Management

Allows you to create a task.

The screenshot displays a web application interface for Task Management. On the left is a vertical sidebar with a menu. The menu items are: Main Pages, Searches, Tools, Accounting, Job, Task (highlighted with a red box and a red arrow pointing down to Task Management), Task List, and Task Management. The main content area is titled 'Task Management' and contains an 'Assignment' section. This section includes several input fields: 'Task Owner' (with sub-fields for 'First Name' and 'Last Name'), 'Assign Group' (a dropdown menu with 'Choose One' selected), 'Category' (a dropdown menu with 'Choose One' selected), 'Requested Due Date' (a date input field), and 'Subject' (a text input field). Below the 'Assignment' section is a 'Communication' section, which is currently empty.

Membership Search

There are various means to search for an employee and their information. To access this capability, start by clicking “Membership” on the top toolbar, then go the menu on the left-hand side of the screen, click the “Searches” arrow for the sub-menu and select “Member Search.”



You can search for an employee by using any of the criteria below.

- Member Number
- System ID – the first 5 numbers of their member number.
- Personnel # – the member personnel number is not always entered by HIR.
- Group # – the agency that the employee is employed.
- Benefit Plan – the is the Plan level (Premium, Classic, or Basic) for the Member.
- Social Security Number – we do not request this information.
- Last Name
- First Name
- Date of Birth
- Address Keyword - the street address of the employee.

A screenshot of the 'Member Search' form. The form is titled 'Member Search' and contains several input fields and dropdown menus. The fields are: Member # (with a placeholder 'Member #'), System Id (with a placeholder 'System Id'), Personnel # (with a placeholder 'Personnel #'), Group # (a dropdown menu with 'Choose One' selected), Benefit Plan (a dropdown menu with 'Choose One' selected), Social Security Number (with a placeholder 'XXX-XX-XXXX'), Last Name (with a placeholder 'Last Name'), First Name (with a placeholder 'First Name'), Date Of Birth (with a placeholder 'MM/DD/YYYY'), and Address Keyword (with a placeholder 'Address Keyword'). There are 'Search' and 'Clear' buttons at the bottom right of the form.

After you enter the criteria to search for an employee, click “Search” and the Member *Detail* Page will display.

Member Detail Page

The screenshot shows a 'Detail' page for a member. It is divided into three main sections: Contact Information, Plan Information, and Dependent Information.

Contact Information: This section contains three sub-sections: 'Address' with an 'Edit' button, 'Phone' with fields for Home and Work (both N/A), and 'Email' with an 'Email Address' field, an 'Opt Out' button with a red 'x', and an 'Edit' button.

Plan Information: This section displays a table with the following data:

Plan	Effective Date	Termination Date	Termination Reason	Type of Coverage	Post Tax Benefits
ASENOHLTH	07-01-2020	12-31-9999		Subscriber Only	<input type="checkbox"/> No

Dependent Information: This section shows a table for dependents. The table has columns for Member #, Name, DOB, SSN, Relation, Start Date, and End Date. Below the table, it states 'No results found for Dependents'.

This page displays the Employee's general information on their account.

- Address
- Phone Number
- Email
- Plan Information
- Dependent Information
- Termed Dependent Information
- Agency
- Employed Dependent Information

On the left-hand side of the Employee's *Detail* page, you can select from Member menus for more information. Just click on the down arrow for the sub-menus under each Member topic.

The screenshot shows a vertical menu with three items, each with a dropdown arrow:

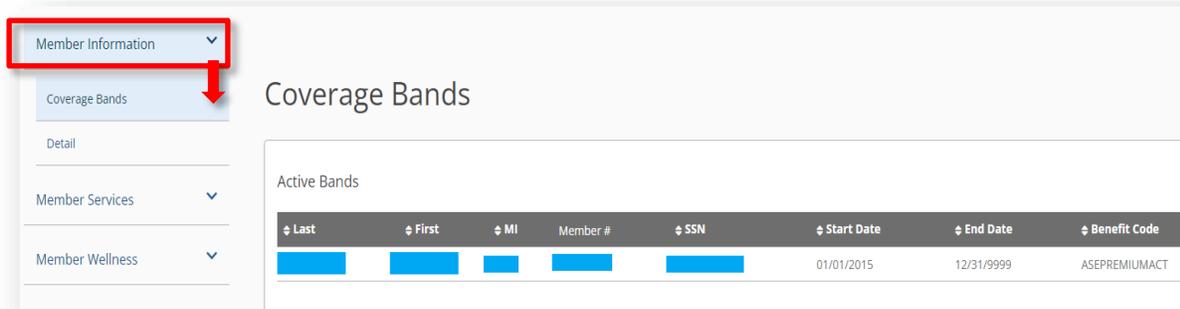
- Member Information
- Member Services
- Member Wellness

- Member Information
- Member Services

Member Information

Coverage Bands

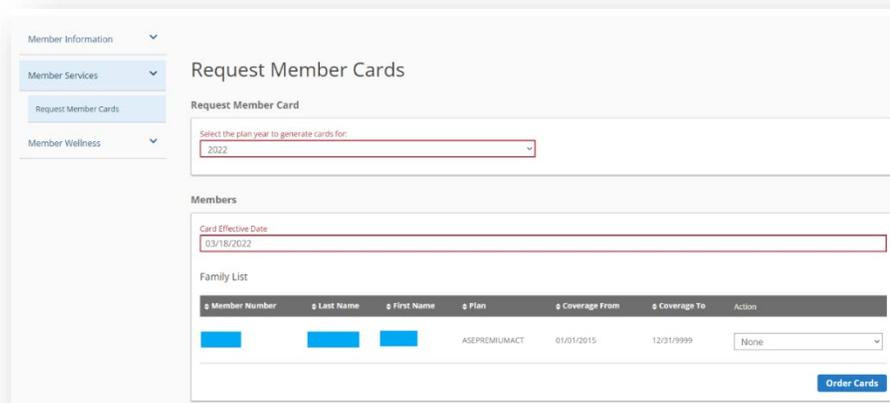
An employee Coverage Band is a record of each insurance coverage level that the Member has had throughout their tenure as a Public-Division employee. This includes periods of the time that they were on a No Health Plan.



Note: A coverage band can include Inactive and Active coverage information for the member.

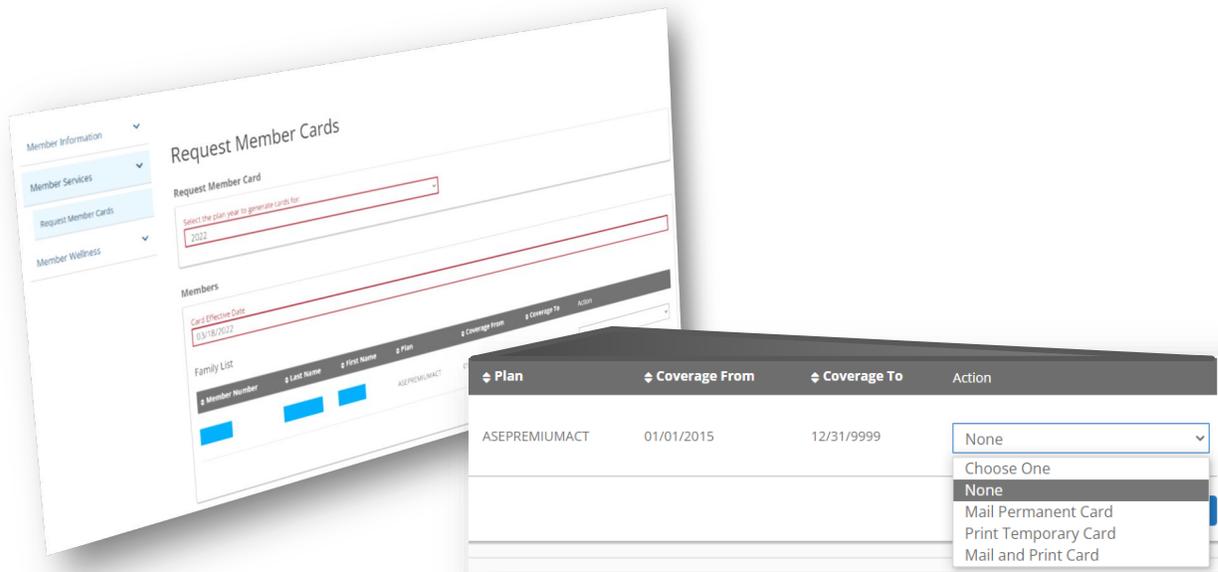
Request Member Card

This page is where you request Member Cards to be printed and how the Member will receive the card.



The page displays the following sections.

- **Request Member Card** – select the Plan year for the requested Member Card.
- **Members** – displays all Members on the policy. You can select which Member Cards need to be selected by clicking the box beside each Member.



In the *Actions* box you can click the down arrow to access the different options when requesting a Member Card.

- Mail Permanent Card – select this to mail the card only.
- Print Permanent Card – select this to print the card only.
- Mail and Print Card – select this to mail a copy and print a copy.

After the selection is made, select “Order Cards.”

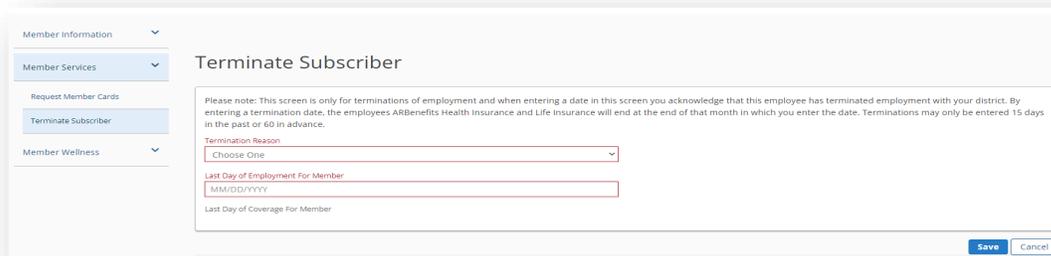
Terminating An Employee

When an employee has given notice and you need to terminate them, there are certain steps and order to follow to ensure this is executed properly and make sure they remain active in ARBenefits through their employment.

Non-AASIS

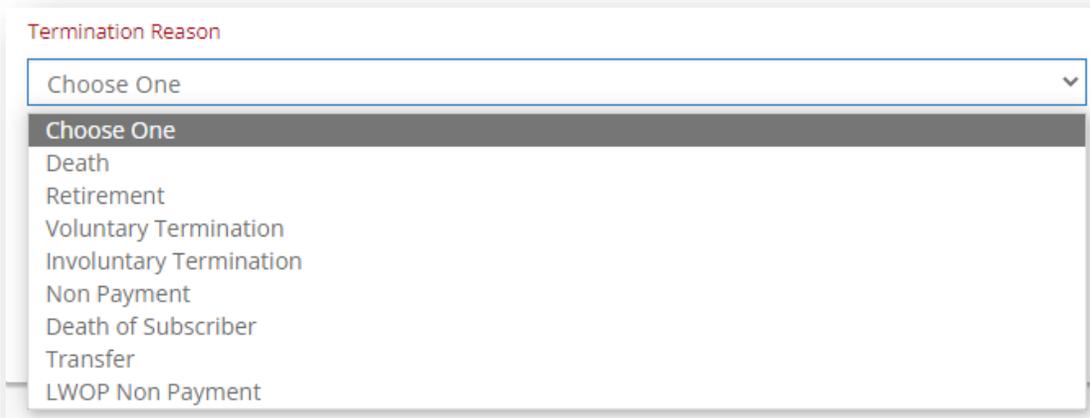
For Non-AASIS HIRs, you will not need to send a Task or *Notice of Termination Form* to EBD. You can go to ARBenefits Rep Portal and terminate employee's health insurance on your own.

Go to the *Member Services* menu, select *Terminate Subscriber*.



The screenshot shows the 'Terminate Subscriber' form. On the left is a navigation menu with 'Member Services' expanded to show 'Terminate Subscriber'. The main form area has a title 'Terminate Subscriber' and a note: 'Please note: This screen is only for terminations of employment and when entering a date in this screen you acknowledge that this employee has terminated employment with your district. By entering a termination date, the employees ARBenefits Health Insurance and Life insurance will end at the end of that month in which you enter the date. Terminations may only be entered 15 days in the past or 60 in advance.' Below the note are three input fields: 'Termination Reason' (a dropdown menu with 'Choose One' selected), 'Last Day of Employment For Member' (a date field with 'MM/DD/YYYY' placeholder), and 'Last Day of Coverage For Member' (an empty date field). At the bottom right are 'Save' and 'Cancel' buttons.

- Select the down arrow and a list of termination reasons will display.



The screenshot shows the 'Termination Reason' dropdown menu. The dropdown is open, displaying a list of options: 'Choose One', 'Death', 'Retirement', 'Voluntary Termination', 'Involuntary Termination', 'Non Payment', 'Death of Subscriber', 'Transfer', and 'LWOP Non Payment'. The 'Choose One' option is highlighted at the top of the list.

- Select the appropriate *Termination Reason* from the drop-down menu.

Terminate Subscriber

Please note: This screen is only for terminations of employment and when entering a date in this screen you acknowledge that this employee has terminated employment with your district. By entering a termination date, the employees ARBenefits Health Insurance and Life Insurance will end at the end of that month in which you enter the date. Terminations may only be entered 15 days in the past or 60 in advance.

Termination Reason
Retirement

Last Day of Employment For Member
04/30/2022

Last Day of Coverage For Member
04/30/2022

Save Cancel

- Enter the **LAST DAY of the month the employee will work** in the *Last Day of Employment for Member* field.
 - Example: if they are terminated on 05/02, their coverage will end 05/31.
- After the date has been entered select "Save."

The Employee has only 30 days when you change them back to insurance eligible to enroll in coverage. If the Employee does not re-enroll at that time, they will have to wait until Open Enrollment.

Death of An Employee or Dependent (Non-AASIS)

If an employee (Subscriber) or a Dependent passes away the Employee's account needs to indicate this information in ARBenefits. There are two death indicators in the Eligibility screen. Each selection has a different function for the system. It is imperative to know the difference.

- If the **Employee (Subscriber)**, also known as the **01** passes away – you need to select **"Death of Subscriber"** from the drop-down option in the Eligibility screen. Enter the date of their death.
 - **VERY IMPORTANT!!!!** This selection will initiate the surviving spouse process and the COBRA packet will be mailed for their continuation of coverage.
- If the person that passes away is a **Dependent (spouse or child)**, also known as anyone **NOT** the 01 – you need to select **"Death"** from the drop-down menu in the Eligibility screen. Enter the date of their death.

Dependent Who is Turning Twenty-Six Years Old

When a dependent on the Employee's Plan has turned 26 years old, the ARBenefits system will automatically terminate the dependent from the Employee's Plan at the end of the dependent's birth month.

Thirty days prior to the termination from the Employee's Plan, a letter will be mailed to the Employee notifying of them of the change.

When this change occurs, a report called, *APSCN Deduction Fee* is sent to the division HIR with the information. This will allow for the HIR to have visibility to the change in their employee's plan and they can make the appropriate payroll allocation changes on their side.

Employees who lose other group coverage (parent's coverage) when they turn 26 can enroll onto the Plan.

Tools

This section of the portal has two options to access information. Go to *Tools* on the left-hand side of page on the menu. Click the drop-down arrow for the sub-menu.

- *Insurance Representative Search* – search for other HIRs in your Agency.

Insurance Representative Search

This page allows the access to find other HIR's in the assigned agency. You will not be able to see any HIR's outside of the Agency assigned.

Insurance Representative Search

Web User ID: WEB USER ID

City: City

First Name: First Name

Last Name: Last Name

Agency: Choose One

Sort Agency By: Name

Funding Source: Choose One

Location: Choose One

Search Clear

Agency Rep

First Name	Last Name	Agency	Phone Number	Email	Role	Rep ID
First Name	Last Name					

You can search for a Insurance Representative in your Agency by using the criteria below.

- Web User ID – the HIR's User Name
- City
- First Name
- Funding Source
- Last Name
- Location
- Agency

Once information is entered, select “**Search**”, the results will show at bottom of page.

Agency Rep

First Name	Last Name	Agency	Phone Number	Email	Role	Rep ID	Select
JANE	DOE	xxxxxx - DIVISION	XXX-XXX-XXXX	Jane.Doe@SD.org	xxxxx	01	<input checked="" type="checkbox"/>
JANE	DOE	xxxxxx - VOCATIONAL	XXX-XXX-XXXX	Jane.Doe@SD.org	xxxxx	01	<input type="checkbox"/>

Create Task

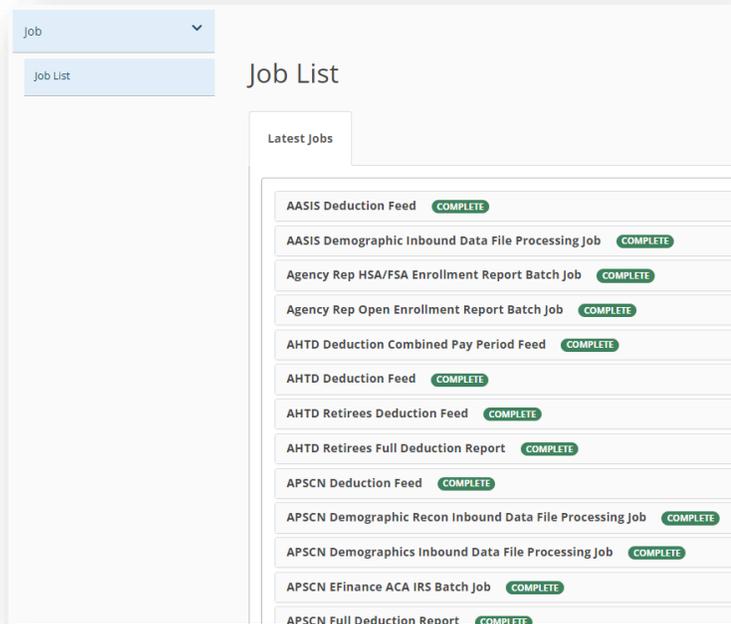
From here you can, check the box to the right of the HIR's name and click “**Create Task**” to communicate with that HIR.

Jobs/Reports

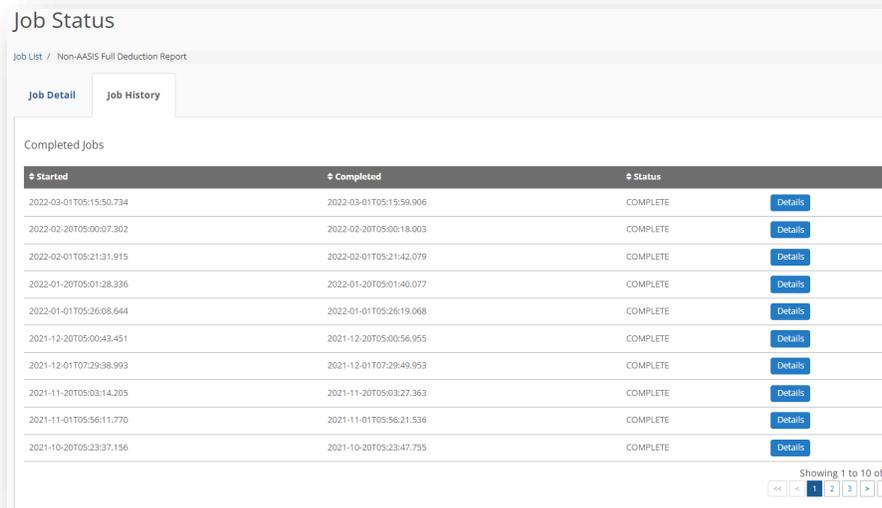
The Job List is the list of all of the files and feeds that have been run with ARBenefits. These are called Jobs in ARBenefits because these files and feeds communicate back and forth between systems. The green bubble to the right-hand side indicates the status of that particular Job.

These jobs will be utilized to verify or correct information entered into Payroll and/or ARBenefits. We also call these feeds and files – reports.

- This example, the *Non-AASIS Full Deduction Report* was selected.



To access a report, click on the name of the report you would like to open. This will take you to the list of all the Jobs that have been run for the report by date.



- When you locate the report, you need click on “Details” to the right-hand side of the report name.
 - They are listed in chronological order, with the most current date first.

Job Status

Job List / Non-AASIS Full Deduction Report

Job Detail Job History

Status	Scheduled	Last Status Change	Status
COMPLETE	03/01/2022 05:00 AM	03/01/2022 05:15 AM	Non-AASIS Full Deduction Report scheduled on 03/01/2022 at 05:00 has completed on 03/01/2022 at 05:15

Output Files (9)

Output Files

Files

- NON-AASIS_full_deduction_report_20220301_019.pdf
- NON-AASIS_full_deduction_report_20220301_058.pdf
- NON-AASIS_full_deduction_report_20220301_059.pdf
- NON-AASIS_full_deduction_report_20220301_060.pdf
- NON-AASIS_full_deduction_report_20220301_067.pdf
- NON-AASIS_full_deduction_report_20220301_1002.pdf
- NON-AASIS_full_deduction_report_20220301_1005.pdf
- NON-AASIS_full_deduction_report_20220301_1059.pdf
- NON-AASIS_full_deduction_report_20220301_1159.pdf

When you click on the first line in the list, it will download into a PDF, and you will be able to view it and make appropriate corrections as needed.

Repeat that step until all lines have been completed.

NOTE: Not all reports will download into a PDF format. Also, different corrections will be required for different reports.

Tasks

The Secure Task system is the primary internal tool for HIRs to communicate with EBD and be able to send PHI. This is a secure location where PHI can safely be shared with each other. Questions, inquiries, documents, etc. can be associated through Tasks and can be associated to Employees accounts. This allows for information to be documented and dated for future reference.

Setting up a New Task

This is where you setup a new Task. Go to the menu on the left-hand side of the page, click the *Task* down-arrow, click on “Task Management.”

The screenshot shows a web form titled "Assignment". It is organized into three main sections:

- Assignment:** Contains fields for "Task Owner" (text), "Assigned To" (dropdown menu with "Choose One" selected), "Category" (dropdown menu with "Choose One" selected), "Assign Group" (dropdown menu with "Choose One" selected), "Subject" (text field with "Subject" entered), and "Requested Due Date" (text field with "Requested Due Date" entered).
- Communication:** Contains four dropdown menus: "Upload Attachments", "Regarding Members", "Email CC Users", and "Email CC Task Assign Group".
- Detail:** Contains a rich text editor with a toolbar (bold, italic, underline, link, unlink, list, indent, outdent, font color, background color, font size) and a text area. A blue "Add Note" button is at the bottom right of the editor.

At the bottom right of the entire form is a blue "Send Task" button.

The following fields are required:

- *Assign Group* – you must select a specific group.
- *Category* – this is the subject the task is concerning.
- *Subject* – this field will auto populate.
 - You can type in your own information such as an employee name or topic.
- *Requested Due Date* – this field needs to be populated if there is a timeframe or deadline associated to the request.
- *Upload Attachments* - this is if you have any documentation that needs to be sent to a person or group.
- *Regarding Members* - this is to attach the employee in question to the task.
- *Detail* – the Detail box is where the questions, replies, or other information is typed.

Secure Task Groups

Secure Task Groups	Items They Cover
EBD_Benefits	Anything related to the benefits offered by the Plan
EBD_Billing	Billing, invoices, payments, etc.
Colonial Life	Anything regarding Colonial Life Insurance
EBD_Communications	Questions regarding sent communications & information about the Plan
EBD_Compliance	HIPAA, Tax information, etc.
EBD_Eligibility	Anything regarding employee eligibility
EBD_Post Employment	COBRA & Retirement
EBD_Refunds	Inquiries about refunds.
EBD_Security	Adding a new HIR to the system, or updating your contact information, etc.
EBD_Voluntary Products	Questions regarding voluntary products (FSA/HSA, dental, vision, etc.)

If the Task sent needs to go to a different group to get assistance, you will see an update from EBD stating your Task is being reassigned.

Uploading Documents to a Task

To upload forms and supporting documents to a Task, go to the middle section of the *Task Entry* page called *Communication* and click on “Upload Attachments.”



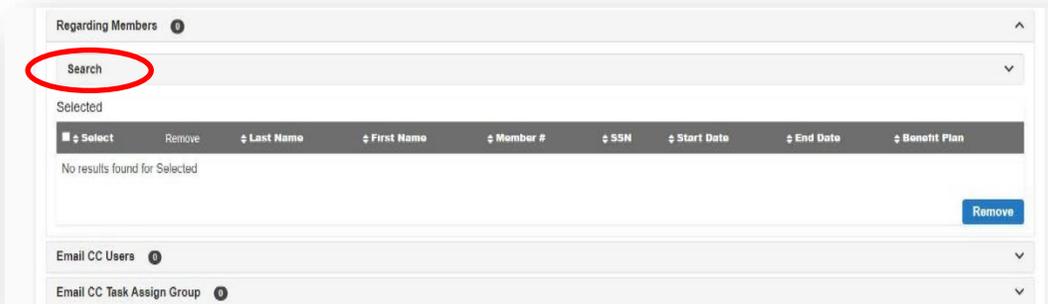
- After entering the required information pertaining to the Task you can include documents a couple different ways.
 - Add – click on the “Add” button. A box will open to allow you to find the file(s) you have saved on your computer.
 - Select the file, click “Open” at the bottom of the box and your file(s) will be added to the box in the Task.
 - Upload – You can click on a file from your computer and drag it onto the gray space, click “Upload.”
- If you selected the wrong file(s) or need to not include the file, you can delete them by clicking on the “Delete” button.

Note: When you fax or upload documents in a Task, only include information pertaining to one Employee

in the fax or Task. Do not include multiple employees. This can create a risk of lost documents.

Adding Members to a Task

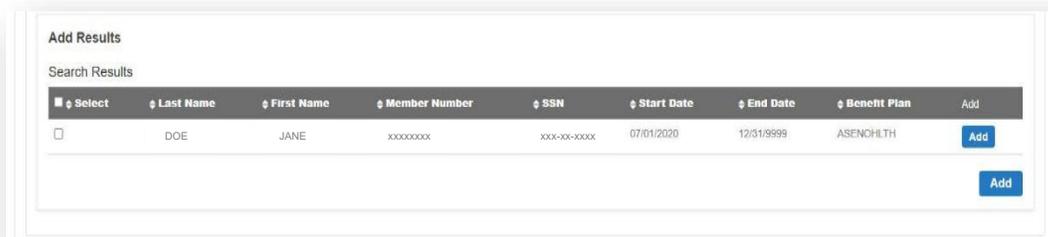
To add an employee or Employees to a Task, go to the middle section of the *Task Entry* page called *Communication* and click you on “Regarding Member.”



- To search for an employee, click on the “Search” link to expand the box to fill in the Search criteria.
- The box below will open so you can enter the search criteria to find the Employee that needs to be associated to the Task.

The screenshot shows an expanded search form with the following fields: Member Number, Family Id, Personnel Number, Social Security Number, First Name, and Last Name. There are "Cancel" and "Search" buttons at the bottom right.

- After entering the search criteria, click the “Search” button.

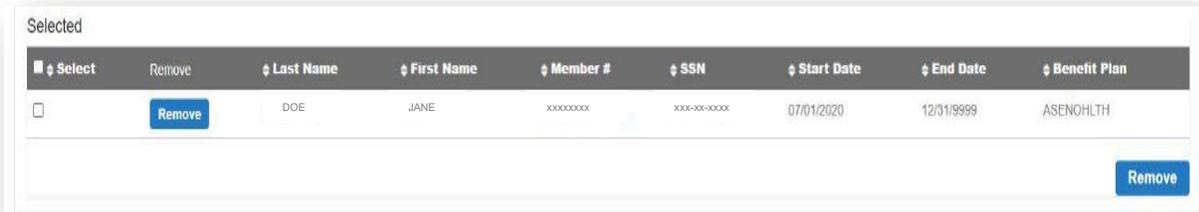


- After the Employee appears, click the “Add” button to the right of their name, to add the Employee to the Task.

- If there are multiple Employees you need to add to the task, select the box(es) to the left, then click on the larger “Add” button at the bottom.

Removing Members from a Task

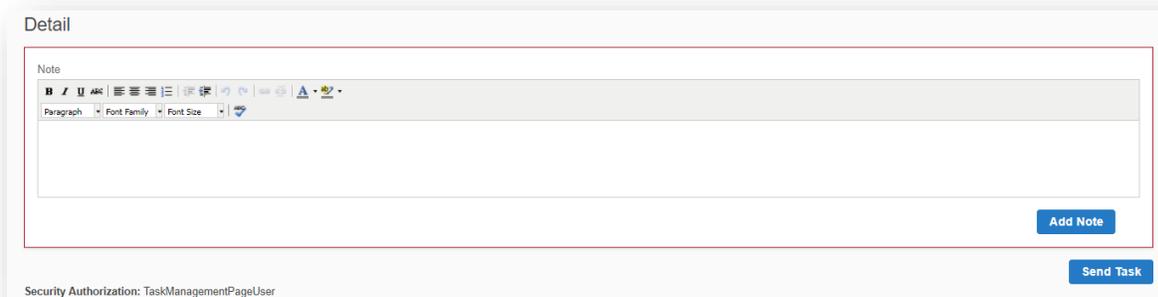
In the same location for adding an employee to a Task, you can also remove an employee that was selected from the Task.



- After the Employee appears, click the “Remove” button to the left of their name, to take remove the Employee from the Task.
- If there are multiple Employees you need to remove from the task, select the box(es) to the left, then click on the larger “Remove” button at the bottom.

Detail

This is where you type questions or needed information. You must type information in this required field. When complete, select “Add Note” and then click “Send Task.”



NOTE: EBD receives an increased number of Tasks during peak times such as Open Enrollment. During these periods, tasks may take longer to be processed and resolved.

Task List

This is where Tasks that you created (or you are the Owner) can be searched for and accessed in a list. Since Tasks are updated or assigned frequently, it is a good idea to check Task Lists for updates or new inquiries on a regular basis. And if you have any questions about previous Tasks, you can search for them here as well.

The screenshot shows a web interface titled "Task List". At the top left is a "Search" button. Below it are several search criteria fields: "Task #" (text input), "Owner" (dropdown menu with "Choose One"), "Assigned to" (dropdown menu with "Choose One"), "Group" (dropdown menu with "Choose One"), "Status" (dropdown menu with "Choose One"), and "Viewed" (dropdown menu with "Choose One"). Below these are two date filter sections: "Creation" with "Create Date From" and "Create Date To" (both MM/DD/YYYY), and "Closed" with "Closed Date From" and "Closed Date To" (both MM/DD/YYYY). A blue "Search" button and a "Clear" button are at the bottom right of the form. Below the form is a table header for the "Task List" with columns: "Task Number", "Subject", "Owner", "Assignee", "Assign Group", "Created", "Closed", and "Viewed". Each column has a small icon and a dropdown menu. The table content area below the header displays "No results found for Task List".

Ways you can search for Tasks are:

- **Task #** – you can enter the Task number that you are looking for if you know the number
- **Owner** – type your last name first. A list will populate, and you can select your name in that list.
- **Assigned To** – type your last name first. A list will populate, and you can select your name in that list.
- **Group** – this is the group the Task was assigned.
- **Status** – this is if the Task has been Assigned, Closed, New, Assigned, Reopened.
- **Viewed** – this indicates if the other person or group have responded to the Task.
- **Closed** – for a Task that is no longer active, type in the *Closed Date From* and *Closed Date To* for the system to pull all Closed Tasks in that date range.

After you have entered the criteria you want, click “Search.” In the populated Task list, click on the Task # hyperlink to open the Task you desire to view.

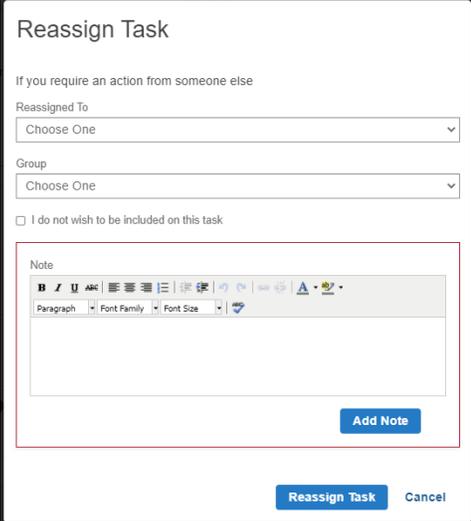
Task Communication Management

There are three options to help manage Task communication. All three require a response to be added to the “Note” field to complete that action.

Reassign Task

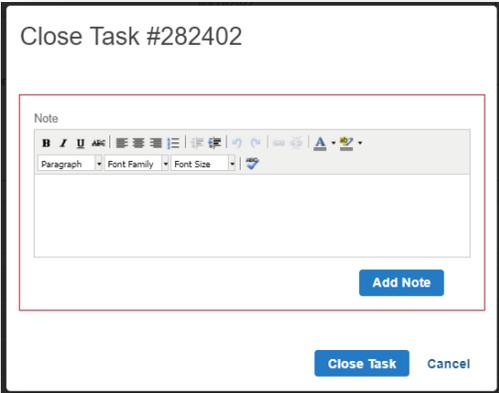
This is used if the task received needs to be sent to a different group or person.

- Click the “Reassign Task” button at the bottom of the *Task* page.
- You can either enter select who it needs to be “Reassigned To” by using the drop-down menu or typing in the field.
- You can either enter select the “Group” it is assigned to by using the drop-down menu or typing in the field.
- Or you can enter information in both fields.
- Check the box, “I do not wish to be included on this Task,” to be removed from the Task.
- Click “Add Note” to type in the field.
 - Enter your response in the “Note” field.
- Select “Reassign Task.”



Closing Task

This is used if all the changes have been made and all supporting documentation has been received and process, then the Task is complete and can be closed.

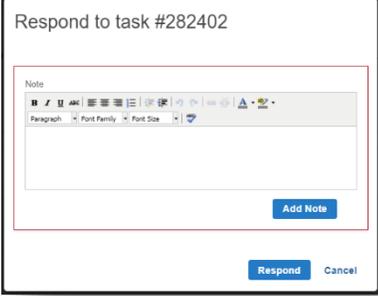


- Click the “Close Task” button at the bottom of the *Task* page.
- Click “Add Note” to type in the field.
 - Enter your response in the “Note” field.
- Select “Close Task.”

Respond To Task

This is used to answer a Task, add/upload additional documents, can add others and Employees to the Task before selecting “Respond To Task.”

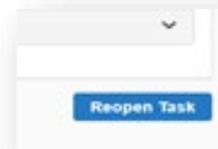
- Click the “Respond” button at the bottom of the *Task* page.
- Click “Add Note” to type in the field.
 - Enter your response in the “Note” field.
- Select “Respond.”



Reopening a Task

After a Task is closed, if there is new information or another question for that Task you can Reopen the Task. Do not create a new Task for the same communication chain.

- Find the closed Task in the *Task List* and entering the date range in the in the “Close” area or you can type in the “Task Number” if you know it.
- From the *Task List* that populates, find the Task and click on the blue “Task Number.”
- Select “Reopen Task” in the bottom right-hand corner.
- The Task will open, and you are able to add any other information or documentation you need.



Procedures

This section provides information regarding important procedures that are required to be complete for the request to be completed with EBD.

Name and Address Changes

EBD uses the information that you put into AASIS as the profile information for your employees in ARBenefits. This includes name, date of birth (DOB), address, etc. Should any changes need to be made for an employee, you should make them in AASIS. EBD will receive the change in an update that night.

Example: When an employee updates their address on their member portal, you will receive a Task. Once you receive the Task, please update the address in AASIS, if you have any questions, please contact EBD.

Changes to Dependents

If you need to make a change to a spouse/dependent of one of your employees, send a secure Task to the EBD_Eligibility group detailing the needed change.

- Non-AASIS agencies can submit changes in a secure task to the EBD_Eligibility group or the employee can fill out a *Change Form*.
- Write what the change is in the top corner of the Change Form.

Ex: “Change Name Only” The documents needed will be Social Security Card and/or Driver’s License.

Employee Eligibility (AASIS Agencies Only)

When you determine if an employee is eligible or ineligible for Health Insurance, make sure you make the proper update in AASIS. If you have an employee that becomes eligible for coverage, make sure you mark the *Insurance Eligible* field as “**ALLB**” for yes or if an employee is not eligible for coverage, that field should show a “**NOBN**” for no.

Note: For EBD to process an employee's enrollment for coverage, that field must show a “ALLB” in AASIS.

Employee Declining Insurance

Employees are not required to join the ARBenefits Plan. If they do not want to enroll onto the ARBenefits Plan, the agency should have them fill out a decline form each year that they do not want to join the Plan and keep in it their personnel file.

- The employee that is declining the insurance coverage will need to fill out a change form and select the “Decline” box.

EBD Accounting – Non-AASIS

Authorized Representative

An Authorized Representative is a person in your location who can discuss billing items with EBD and should receive invoices and billing reports. This is very important as EBD cannot discuss your billing with you until the following [HIR setup](#) criteria are met.

To ensure EBD can communicate with all appropriate parties at your location:

- verify your email is correct,
- and verify only Authorized Representatives are listed with ARBenefits for your location.
 - If they are not, send a task to EBD_Security to get the form and training needed.

Example: If an Authorized Representative leaves your Division and a new one has not been authorized by EBD Compliance Department, EBD cannot discuss your billing with them until they have signed a Business Associate Agreement and received HIPAA and billing training from EBD.

Where to Find Employee Deduction Information

ARBenefits keeps track of what the Employee Deductions should be and what the Employer amount is in the system. There are a couple of ways you can access this information.

Deduction Preview Report

The purpose of this report is to provide you a preview of what changes have occurred that will affect your next month's billing. Open ARBenefits, click on Accounting on the left-hand side menu, select "Deduction Preview Report." This printable report can show you the amount that should be deducted from the employee and how much the employer amount is for that month.

DO NOT PAY using the "Deduction Preview Report" as this is only a preview and does not reflect any changes that could be made for the current month.

Deduction Change Report

Once someone enrolls or makes changes during the month, ARBenefits automatically generates a *Deduction Change Report* and the HIR is sent a notice to view via an e-mail link. This report will tell you how much to adjust, add, delete, etc., for the employee stated by name and last 4-digits of their SSN. This provides you the opportunity to adjust your payroll to deduct the amount due from your employee.

VERY IMPORTANT: If you do not have an employee on your deduction summary report, do not take the employee's word and start deducting premiums from their checks.

The employee may have had the intentions of submitting an *Election Form* via mail, fax, or the ARBenefits online portal; but until it is received at EBD with any required documentation, it cannot be processed. This could be a reason your bill will not balance.

Do not stop deducting when an employee states they have made a change, until you receive a notification from EBD that the change has been approved. This will reduce the amount of back premiums that you have to collect.

Generating an Invoice

The invoices are generated automatically in ARBenefits on the 1st day of the new month for all of those who are Active on your account on the last day of the previous month. These are the Employees who will appear on the new month's billing.

“Group Invoice As Of Date”

The “Group Invoice As Of Date” is the invoice you will use to pay EBD. To access this invoice, open ARBenefits, click on Accounting on the left-hand side menu, select *Group Invoices As Of Date*.

The screenshot shows a web form titled "Group Invoice As Of Date". It contains several input fields and buttons:

- Group:** A dropdown menu with "Choose One" selected.
- Sort Group By:** A dropdown menu with "Name" selected.
- Invoice Date:** A dropdown menu with "Choose One" selected.
- Effective Date:** A text input field containing "03/28/2022".
- Calculation:** A dropdown menu with "Include Adjustments" selected.
- Buttons:** A blue "Q Agencies" button, a blue "Search" button, and a white "Clear" button.

- Select your Group from the drop-down menu.
- Choose the invoice date – Invoice date is always the 1st day of the month.
- Effective Date – Enter an effective date.
- Click “Search.”

Click on “Export by Name” to open a report to see the billing detail per employee.

The following is not a real invoice. These results are a "what if" based on the specified effective date.

Coverage Month March	Employees With Health Care 321	Employees LWOP/LOA 0
-------------------------	-----------------------------------	-------------------------

Group Invoice Results

Description	Total
Total Employer Portion	\$67,410.00
Total Employee Portion	\$55,147.72
Total FICA Savings	\$4,024.59
Current Month Coverage	\$126,582.31
Previous Months Adjustments	\$0.00
Amount Due	\$126,582.31

[Export by Name](#) [Export by Plan](#)

- When the spreadsheet opens, you can enter the deductions per employee and the spreadsheet will calculate the differences for you.

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Current Month Billing Detail													
Group ID: XXXXXX			Group Name: XXXXXX NAME OF SCHOOL DISTRICT										
Coverage Month: 02/01/2022													
							Total Due From Employee / Group (Not Including FICA Savings)	Employer Match	Total Due From Employee	Total Paid By Total Paid By Employee Employer (Manual (Manual Entry) Entry) Total Paid Difference			
ID	Subscriber Name	Coverage Start Date	Alt Group	Benefit Plan	Post Tax	FICA Savings							
xxxxxxxx	Last Name, First Name	02/01/2022		PSEBASICACT	No	1.51	229.78	210.00	19.78				
xxxxxxxx	Last Name, First Name	02/01/2022		PSECLASSICACT	No	4.17	264.54	210.00	54.54				
xxxxxxxx	Last Name, First Name	02/01/2022		PSENOHLTH	No	0.00	0.00	0.00	0.00				
xxxxxxxx	Last Name, First Name	02/01/2022		PSECLASSICACT	No	4.17	264.54	210.00	54.54				



- Enter the employee payroll deductions in column K.
- Enter the division contribution in column L.
- Column M will automatically calculate total paid.
- Column N will automatically calculate the difference in payroll deductions and what was billed.

Reconciling Your Invoice

Your invoice can change daily depending on whether any of your employees have made changes in their coverage. If you are trying to reconcile the overpayments/underpayments to a specific employee, EBD cannot provide this information, as we do not have access to your payroll deductions.

The monthly billings from ARBenefits only shows the amount owed per employee based on the *Election Form* stating the chosen health plan from the employee. The payment from the division for insurance premiums are applied to the division as a whole and not the individual employee.

There are a couple of tools provided in ARBenefits to help you with this process and can help you to reconcile to the *Group Invoice As Of Date*.

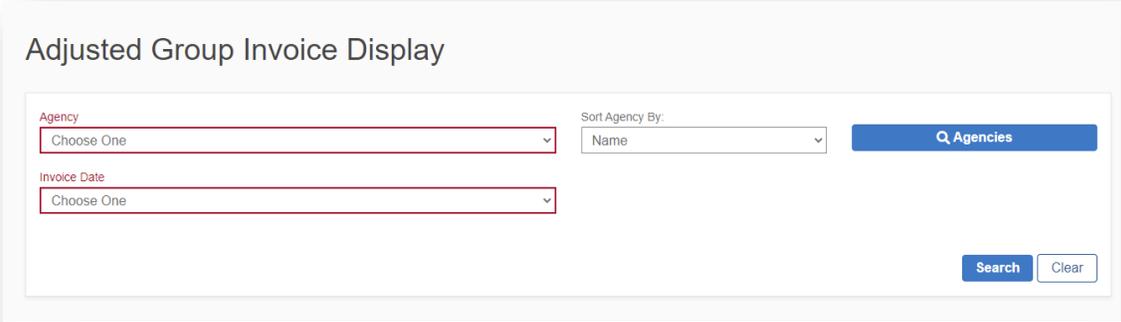
Adjusted Group Invoice Display

On the 1st of the following month, an *Adjusted Group Invoice* is automatically generated for the previous month.

Example: September 1st adjusted invoice is a summary of the August billing.

- This report is typically used to determine how much is owed to EBD after an invoice has been paid. This invoice reflects changes from the previous month if changes were made after the 15th.
- If your division has already paid or taken the credit related to the employee changes on the adjusted group invoice, please disregard the invoice.

To access the Adjusted Group Invoice, open ARBenefits, click on Accounting on the left-hand side menu, select *Adjusted Group Invoice Display*.



The screenshot shows a web form titled "Adjusted Group Invoice Display". It contains two dropdown menus: "Agency" and "Invoice Date", both with "Choose One" selected. To the right of the "Agency" dropdown is a "Sort Agency By:" dropdown with "Name" selected. A blue button labeled "Agencies" is positioned to the right of the "Sort Agency By:" dropdown. At the bottom right of the form are two buttons: "Search" and "Clear".

- Select agency, invoice date, and click search.
- The agency's report will open at the bottom of the screen. The information provided is the totals for reporting items for your invoice.

Adjusted Invoice	Original Invoice
Employees With Health Care 321	Employees With Health Care 321
Current Employer Portion 67,410.00	Total Employer Portion 67,410.00
Current Employee Portion 55,147.72	Total Employee Portion 55,147.72

- Adjusted Invoice amounts can be seen in the left column.
- Original Invoice amounts can be seen in the right column.
- Click on “Print PDF” to view and print the report in pdf.

[Print PDF](#)

[View Individuals Billing Amounts as Spreadsheet](#)

Order by Name

- The following pdf will open.



Adjusted Invoice

Group: | Division Group # and Division
 Invoice Date: 02/01/2022
 Coverage Month: February

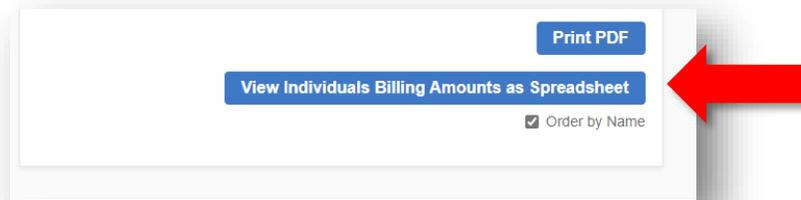
Original Invoice:

Employees With Health Care	321
Total Employer Portion	67,410.00
Total Employees Portion	55,147.72
Total FICA Savings	4,024.59
Invoice Amount	126,582.31

Adjusted Invoice:

Employees With Health Care	321
Total Employer Portion	67,410.00
Total Employees Portion	55,147.72
Total FICA Savings	4,024.59
Current Coverage Amount	126,582.31
Previous Employer Coverage	0.00
Previous Employee Coverage	0.00
Previous FICA Savings	0.00
Adjusted Invoice Amount	126,582.31
Amount Paid	-126,582.31
Balance	0.00
Amount Due	0.00

- Click on “View Individuals Billing Amounts as Spreadsheet” to open a report to see which individuals had adjustments billing changes reflected on the invoice.



- When the spreadsheet opens, you can enter your information regarding the deductions and let the spreadsheet calculate the differences for you.

Current Month Billing Detail													
Group ID: XXXXXX			Group Name: XXXXXX NAME OF SCHOOL DISTRICT										
Coverage Month: 02/01/2022													
ID	Subscriber Name	Coverage Start Date	Alt Group	Benefit Plan	Post Tax	FICA Savings	Total Due From Employee / Group (Not Including FICA Savings)	Employer Match	Total Due From Employee	Total Paid By Employee (Manual Entry)	Total Paid By Employer (Manual Entry)	Total Paid	Difference
xxxxxxxx	Last Name, First Name	02/01/2022		PSEBASICACT	No	1.51	229.78	210.00	19.7				
xxxxxxxx	Last Name, First Name	02/01/2022		PSECLASSICACT	No	4.17	264.54	210.00	54.5				
xxxxxxxx	Last Name, First Name	02/01/2022		PSENOHLTH	No	0.00	0.00	0.00	0.0				
xxxxxxxx	Last Name, First Name	02/01/2022		PSECLASSICACT	No	4.17	264.54	210.00	54.5				

- Enter the employee payroll deductions in column K.
- Enter the division contribution in column L.
- Column M will automatically calculate total paid.
- Column N will automatically calculate the difference in payroll deductions and what was billed.

- At the bottom of each “Adjusted Group Invoice Display” screen for each month, there is a *View Differences Report as Spreadsheet*.
- This report shows which employees had changes during the month, compared to what was billed, but this does not provide the actual payroll deduction.

Differences Between Original and Ending Invoice

Invoice Differences

Member Number	Name	Original Amount	New Amount	Difference
---------------	------	-----------------	------------	------------

No results found for Invoice Differences

[View Differences Report as Spreadsheet](#)

- Click on “View Differences Report as Spreadsheet”, the monthly invoice and all adjustments will export to Excel.
 - If there are not any differences then the report will open empty, like the example below.

A	B	C	D	E
Member Number	Name	Orig Amount	New Amount	Difference

Paying Your Monthly Invoice

Once you have reviewed and reconciled your employee deductions, you are ready to submit the monthly invoice payment for your division. Print the ["Group Invoice As Of Date"](#) and include with your payment or send via task to EBD_Billing.

NOTE: Do not pay using the *Deduction Preview Report*.

Payment Options

There are two (2) options for remitting payment to EBD:

1. Checks payable to:

Employee Benefits Division
P.O. Box 15610
Little Rock, AR 72231

2. ACH Payment – EBD has the capability to accept payments via ACH. To pay via ACH, please send a task to EBD_Billing. An EBD accounting staff member will send an ACH authorization form for your division to complete to begin remitting payment via ACH.

Submission of the Payment

Payment is due the last calendar day of the month. If payment is not received or post marked by the last calendar day of each billing month, EBD will impose a late penalty fee.

Per Arkansas Code: § 21-5-4715, The Employee Benefits Division (EBD) is required to impose a penalty on a participating state agency or school district that fails to remit insurance premiums and required monthly reports by the last calendar day of each billing month. EBD shall impose a penalty of two dollars (\$2.00) per insured member or one hundred dollars (\$100), whichever is greater.

- **EBD does not accept personal checks from ASE employees.** If premiums were not deducted from the employee's check on time or is on Leave Without Pay (LWOP), and the employee is paying the premium by personal check, the check must be payable to EBD.

Multiple Invoices are Included in Your Payment

- If your payment includes more than one month or if you handle more than one division, you must specify how the monies are to be applied. If there are back payments owed, EBD applies to the oldest invoice first.
 - there are back payments owed, EBD This information is necessary to ensure payments are applied correctly to the open invoices on applicable accounts.

- If you are making a supplemental payment from a shortage or outstanding balance due, please write a separate check for that supplemental invoice. It is not required, but it does help ensure your payment is properly applied to the correct month.

The Amount Due Has Changed Since the Payment Was Submitted

Sometimes your payment is received, and another change has occurred. Below are a few options to rectify the situation:

1. If there is an overpayment on the account, the division may take the credit on the next month's billing. Please note this credit on payment documentation to EBD or via task to EBD_Billing
2. If you would like a refund check, please send a task to EBD_Billing to request this refund. To receive a refund check, there must be reconciled credit on your account. If there is not, EBD will not issue a refund check.
3. If you owe a balance from previous months, please remit payment as soon as possible. If you have any questions related to an amount due, please send a task to EBD_Billing.

EBD Receipt of Monthly Payment from Non-AASIS Divisions

Once EBD receives a copy of the current month invoice and payment, we will apply the payment to your account beginning with the oldest outstanding balance. If you have any questions regarding how the payments have been applied to the division, please send a task to EBD_Billing.

Leave Without Pay (LWOP)

State (Non-AASIS) Employees

Non-AASIS agencies administer Leave Without Pay (LWOP) policies for their Employees. Employees should contact their HR department for information regarding their options and instructions.

State (AASIS) Employees

Leave without pay (LWOP) is an approved temporary absence from duty in a non-pay status requested by an employee who has exhausted all their accrued leave.

- LWOP is the **least desirable status** and should only be requested in rare circumstances.
- Employees on unapproved leave can be subject to **disciplinary action up to and including termination**.

When is LWOP utilized?

Employees may not take LWOP until all their accrued annual leave has been exhausted except in the following circumstances:

- Maternity Leave
- Inclement Weather
- Active-duty military leave
- Budget reductions
- Agency disciplinary actions

There are two types of LWOP, Protected LWOP and Unprotected LWOP:

1. **Protected LWOP** – the Employee is required to pay the employee portion of ARBenefits insurance. Examples: FMLA, Military Leave, and Worker's Compensation.
- **Unprotected LWOP** – the Employee is required to pay the employee and employer portion of ARBenefits insurance. Examples: all other LWOP statuses.

LWOP Coverage Options include:

- Continue health coverage within 30 days of LWOP.
- Cancel health coverage.
 - **This will automatically happen if an employee fails to pay.**

Employee's will receive a letter containing their options and a LWOP packet which contains:

- *Table of Important Dates* (dates of when each month's premium is due),
- *LWOP Rate Sheet*, and
- *LWOP Election Form*.

If the employee would like to continue coverage the following will need to be submitted:

- LWOP Election Form, and
- Payment
 - If payment is not received within **30 days** or when noted on the LWOP letter, whichever is later, the employee's ARBenefits coverage will be terminated.
 - The employee may re-enroll in coverage within 30 days of returning to work.

NOTE: For employees who have a break in coverage and decide to re-enroll, their deductible and out-of-pocket costs for the year will be lost and totals will be reset.

After the LWOP packet is received, it is the employee's responsibility to ensure payments are postmarked according to the Table of Important Dates supplied in the LWOP packet.

Pay Period Dates	Pay Dates	PP#	Premium Due Date	Coverage Period
December 26, 2021 – January 8, 2022	1/14/2022	1	January 31, 2022	Month of January
January 9 – January 22, 2022	1/28/2022	2	January 31, 2022	
January 23 – February 5, 2022	2/11/2022	3	February 28, 2022	Month of February
February 6 – February 19, 2022	2/25/2022	4	February 28, 2022	
February 20 – March 5, 2022	3/11/2022	5	March 31, 2022	Month of March
March 6 – March 19, 2022	3/25/2022	6	March 31, 2022	
March 20 – April 2, 2022	4/8/2022	7	April 30, 2022	Month of April
April 3 – April 16, 2022	4/22/2022	8	April 30, 2022	
April 17 – April 30, 2022	5/6/2022	9	May 31, 2022	Month of May
May 1 – May 14, 2022	5/20/2022	10	May 31, 2022	
May 15 – May 28, 2022	6/3/2022	11	June 30, 2022	Month of June
May 29 – June 11, 2022	6/17/2022	12	June 30, 2022	
June 12 – June 25, 2022	7/1/2022	13	July 31, 2022	Month of July
June 26 – July 9, 2022	7/15/2022	14	July 31, 2022	
July 10 – July 23, 2022	7/29/2022	15	No Payroll Deduction For Bi-Weekly Agencies	Free Pay Period
July 24 – August 6, 2022	8/12/2022	16	August 31, 2022	Month of August
August 7 – August 20, 2022	8/26/2022	17	August 31, 2022	
August 21 – September 3, 2022	9/9/2022	18	September 30, 2022	Month of September
September 4 – September 17, 2022	9/23/2022	19	September 30, 2022	
September 18 – October 1, 2022	10/7/2022	20	October 31, 2022	Month of October
October 2 – October 15, 2022	10/21/2022	21	October 31, 2022	
October 16 - October 29, 2022	11/4/2022	22	November 30, 2022	Month of November
October 30 – November 12, 2022	11/18/2022	23	November 30, 2022	
November 13 - November 26, 2022	12/2/2022	24	December 31, 2022	Month of December
November 27 - December 10, 2022	12/16/2022	25	December 31, 2022	
December 11 - December 24, 2022	12/30/2022	26	No Payroll Deduction For Bi-Weekly Agencies	Free Pay Period



AR BENEFITS

All Leave Without Pay premiums must be postmarked by the end of the month unless stated otherwise.

Accounting Tips

Payment of State Match

State match is due on the last day of each month or must be postmarked no later than the last day of the month. Failure to remit premiums on time will lead to penalties in accordance with Arkansas Code § 21-5-415. Please send a copy of the invoice with your payment. By law, all payments must be accompanied with an invoice. Please place the invoice on top after the check and do not staple your paperwork.

Member List (Applies to Non-AASIS Agencies)

If you use the As of Invoice, of which you should make sure your payment equals your invoice, it is not necessary to send us a copy of the names of your employees with insurance. i.e., the *Deduction Summary Report*. If you do not balance and you are aware of whom your off balance by, you can either send a copy of the Deduction Change Report or write on a note attached to the invoice whom the difference is regarding. If your payment equals your invoice, you only need to send your check(s) and a copy of the *As of Invoice*.

Overpayments (Applies to Non-AASIS Agencies)

If you have any outstanding balances and you make an overpayment, we are to apply that overpayment to your outstanding balances to reduce the amount the agency owes to EBD. We have had HIRs say “Well how do you expect me to refund this employee that I over deducted on?”

We, EBD, do not bill Employees we bill the non-AASIS agency. Our accounting system shows monies owed by the agency, until those balances are zeroed, we will apply overages to those balances. If you do not have any outstanding balances and you make an overpayment, we will contact you to see if you want a refund check or a credit applied to the next invoice.

Post-tax or Pre-tax Status (Applies to Non-AASIS Agencies)

Please check and make sure that you check post-tax if the employee is post-tax. All employees are placed in pre-tax status, unless otherwise stipulated during enrollment. You will not pay FICA on post tax employees. If an employee is on leave without pay, and they bring you a personal check to deposit and send to EBD on your monthly check, they are post tax because it was not taken from payroll.

FICA Savings (Applies to Non-AASIS Agencies)

We understand that you may have a penny or two difference on your FICA amounts due. Unless you want to manually enter the FICA amounts billed from the Deduction Report sent by EBD each month, you may be over or short a few pennies. EBD accounting will manually adjust your invoice in the accounting records for the difference of pennies due to rounding.

New Item Added Recently: Adjusted Invoice (Applies to Non-AASIS Agencies)

On the 15th of each month, EBD will run a program that will create an adjusted invoice for the previous month. The adjusted invoice will show you the new invoice amount if you had any adjustments to the previous month's invoice and the payments that have been applied to the invoice. If you owe additional money for the invoice, the payment is due by the end of the month. When you see an adjusted amount in your invoice and you would like to know for whom and what month these charges or credits are for; you can view the Adjusted Invoice, enter the month you need and scroll to the bottom of the page, and you will see a list of names and the reason for the adjustment(s).

Health Insurance Portability and Accountability Act (HIPAA)

The Privacy Regulation

The HIPAA Privacy Regulations, with a compliance date of April 14, 2003, mandates that all Protected Health Information (PHI) be secured from use for reasons other than Medical Payments, Treatments, or Health Care Operations (PTO). EBD is considered a health Plan and therefore is subject to the Privacy Regulation and bound to secure and protect all enrollees' health information. Protecting this information includes limiting uses and disclosures in all forms to those individuals not directly involved in services for PTO. For this reason, EBD has chosen to use ARBenefits Call System (a secure messaging system) for questions regarding PHI.

The Security Regulation

The HIPAA Security Regulations, with a compliance date of April 14, 2005, mandates that all electronically transferred Protected Health Information (PHI) be secured. For this reason, EBD has chosen to use ARBenefits Task System (an encrypted e-mail system for EBD employees, contract workers, business associates, and carriers for questions regarding PHI and File Transfer Protocol (FTP), a secure website, for the transfer of PHI to and from our health carriers and vendors).

How HIPAA Affects EBD Compliance

EBD is considered a health Plan administrator under HIPAA Privacy Regulations and is therefore subject to the privacy and security sections of these regulations.

The Privacy/Security Regulations have specific tasks and accomplishments, which must be in place in order for a Covered Entity to be considered compliant. EBD has complied with these requirements as detailed in the following list:

- 1. Appointment of a Privacy/Security Officer:**

The Privacy/Security Officer oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to EBD's policies and procedures covering the privacy and security of and access to patient health information in compliance with federal and state laws.

- 2. Notice of Privacy Practices (NPP) to all Plan participants:**

The NPP is available on the EBD website and must be provided to all new enrollees in the Plan. EBD accomplishes this by distributing the NPP via the Summary Plan Description (SPD).

- 3. Policies regarding disclosures of PHI:**

EBD has policies and procedures in place addressing the use and disclosure of PHI. These policies and procedures are accessible and available upon request to all enrollees, and Insurance Representatives.

- 4. Training for relevant employees:**

EBD is responsible for providing oversight, training, auditing, investigating, and reporting of HIPAA-related policy, procedures, issues and violations for all members, business affiliates and business partners of the State of Arkansas State and Public-Division Employees Life and Health Insurance Plan.

Uses and Disclosures of PHI

1. Authorization for uses and disclosures outside of PTO:
Plan enrollee information can only be used and disclosed by EBD for purposes related to payment of claims, medical treatment, and health care operations. Communication between health carriers, prescription benefits manager, providers, and EBD is allowed for the above stated reasons without the enrollee's consent. Written authorization is required from the enrollee in order for EBD staff to disclose an enrollee's health information with anyone outside PTO. This includes health insurance representatives, payroll personnel, family members, legal counsel, and friends. Authorization forms are available at EBD and are specific to the situation being addressed, applicable to the person listed as authorized to discuss the enrollee's information and valid only until the expiration date on the form.
2. Identification of employees who may receive PHI:
EBD has identified specific employees within EBD, who are able to use and disclose member's medical information. A listing of these individuals has been provided to each of our carriers and is updated quarterly.
3. Restriction of access to information:
EBD has restricted access to certain levels of information. Access to information is based on a minimum necessary for job function.
4. Employee Non-compliance:
EBD has discipline policies and procedures in place for staff that do not follow privacy or security procedures. A suspected breach of confidentiality or possible unlawful disclosure should be reported to the EBD Privacy/ Security Officer for investigation within one (1) business day.

How HIPAA Affects Insurance Representatives

1. Health Insurance Representatives are required to verify their identity any time that they contact EBD for security purposes. Representatives must answer two (2) out of four (3) questions correctly in order to verify their identity. Questions that must be answered are, Name, Group ID, and Pin # (or your login ID).
2. Discussion and/or communication of an enrollee's PHI between EBD staff and Health Insurance Representatives will no longer be allowed without an employee's specific written authorization allowing the named Health Insurance Representative (HIR) access to the enrollee's PHI.
3. If an Insurance Representative receives authorization to provide an enrollee's health information, the representative becomes responsible to secure and protect that enrollee's health information from all others not involved in the member's health care. You must not discuss an employee's Protected Health Information (PHI) with any individual other than the member without an employee's specific written authorization.
4. All health information must be separate from all employment documents and must not be accessible to any unauthorized person. Directors, Superintendents, Principals, and other supervisors do not have a right to an employee's health information. Should this occur the Insurance Representative might be liable for the violation. You are responsible for securing and protecting any PHI to which you are given access.
5. Business Affiliates will complete all Business Associate Agreements and Confidentiality statements as requested by EBD in timely manner. Any personnel changes must be reported to EBD within five (5) business days.
6. Business Affiliates will be subject to reasonable audit to ensure compliance with HIPAA regulations.
7. Business Affiliates must report any suspected violations or breaches to EBD Security for investigation within one (1) business day.

Note: Please encourage the employees to call the insurance carriers or EBD directly to resolve claim problems. If these attempts are unsuccessful then they may contact the Insurance Representative for assistance. Please remember to obtain signed authorization (and forward a copy to EBD).

Penalties for Non-Compliance or Violations

The Privacy and Security Regulations are monitored and enforced by The Federal Department of Health and Human Services (HHS), Office of Civil Rights (OCR). Penalties for non-compliance are as follows:

Civil Money Penalties

- \$100 to \$50,000 for each violation where the entity did not know (even with reasonable diligence) that they were in violation of the statute, with a \$25,000 to \$1.5 million cap per year for violating the same requirement,
- \$1,000 to \$50,000 for each violation where the entity had reasonable cause, but did not show willful neglect in violating the law, with a \$100,000 to \$1.5 million cap per year for violating the same requirement,
- \$10,000 to \$50,000 for each violation where the entity showed willful neglect of the law, but corrected the violation within 30 days of discovery, with a \$250,000 to \$1.5 million cap per year for violating the same requirement,
- \$50,000 for each violation where the entity showed willful neglect of the law but failed to correct the violation within 30 days of discovery, with a \$1.5 million cap per year for violating the same requirement, However, there is no maximum penalty for this circumstance.

Criminal Penalties

- Fine of up to \$50,000 and up to one (1) year in jail for knowingly disclosing individually identifiable health information
- Fine of up to \$100,000 and up to five (5) years for offenses committed under false pretenses
- Fine of up to \$250,000 and up to ten (10) years for offenses committed for personal gain or with malicious intent

Attorney General Prosecution

- State Attorney Generals now have the authority to bring civil actions on behalf of state residents injured by a breach, either to enjoin further violations or to obtain damages on behalf of residents
- Total damages imposed on a person or organization for all violations of an identical requirement in a calendar year may not exceed \$25,000
- The court may award the costs of the lawsuit and reasonable attorney's fees to the state
- State Attorney Generals may not sue over a specific violation while an HHS action regarding that same violation is pending.

Penalties

Arkansas Code §21-5-415 gives EBD the authority to impose a fine if our HIRs do not follow set policies and procedures. Prior to 1/1/2017, EBD only penalized departments that failed to remit their premium or state match payments on time. However, starting in 2017, EBD is to enforce a penalty if the HIR has failed to follow other set policies and procedures.

The penalty will be in the amount of \$50 per insured affected by the error. However, the first time an error is committed will only result in a warning from EBD. The warning will detail the error, and what policy and/or procedure to follow in the future to avoid another error. It will be at the discretion of EBD whether to impose a penalty or not for repeated errors.

When errors are committed it negatively effects our members, and subjects the member, the HIR and the Plan to unnecessary processes. Below are some specific examples of common HIR errors that have led to member appeals:

1. New hires not being added to payroll system correctly, therefore the members missed their 60-day window to enroll.
2. Member was advised by HIR that they could make Plan changes during a qualifying event that are not allowed by law.
3. HIR did not provide health benefits to the member.
4. HIR received documentation from employee within allowed time frame but did not submit the documentation to EBD until after the time frame had passed.
5. Deduction report is not followed therefore members are charged the wrong premium.

EBD will cooperate with you and your department to provide information and training to HIRs throughout the year. In addition to this guide and your training, EBD also holds meetings at the Highway Department throughout the year. You are encouraged to attend a meeting close to you each time you receive a schedule. The meetings will go over any pertinent information regarding the Plan, as well as allow you the chance to ask any questions you may have.

You are always welcome to contact EBD if you need assistance by calling member services, sending an e-mail to Ask.EBD@arkansas.gov or by sending a Secure Task to the necessary group.

Arkansas Code §21-5-415

A.C.A. § 21-5-415

Arkansas Code of 1987 Annotated Official Edition
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*** Legislation is current through the 2011 Regular Session and updates ***
*** received from the Arkansas Code Revision Commission through ***
*** November 16, 2011. ***

Title 21 Public Officers and Employees Chapter 5 Compensation and Benefits
Subchapter 4 -- State and Public Division Life and Health Insurance Board
A.C.A. § 21-5-415 (2011)

21-5-415. Nonpayment of premiums and failure to file reports by agency or school district.

1. (a) If any participating agency or school district does not remit insurance premiums and required monthly reports to the Employee Benefits Division of the Department of Shared Administrative Services by the last calendar day of each billing month, the division shall impose a penalty of two dollars (\$2.00) per insured member or one hundred dollars (\$100), whichever is greater.
2. Penalties will be assessed and invoiced based on the actual number of members included on the monthly billing report that is past due. Invoices will be processed at the beginning of the month following the infraction.
3. Penalties shall be payable to the SAS Employee Benefits Division and must be received by the division no later than the last calendar day of the month following invoicing.
4. If payment is not received by the division by the due date, the following collection methods may be used:
 - A. (i) The Chief Fiscal Officer of the State may cause the amount sought to be transferred to the division from:
 - a. Funds the agency or school district has on deposit with the Treasurer of State; or
 - b. Any funds the agency or school district is due from the state.
 - (ii) If a transfer must be made, a transfer penalty of twenty dollars (\$20.00) per transfer shall be assessed each agency or school district fund and included in the transfer;
 - B. The agency director or school district superintendent may be required to appear before the State and Public Division Life and Health Insurance Board to report the reasons for nonpayment or incorrect reporting; and
 - C. The Chief Fiscal Officer of the State may use his or her powers outlined in § 19-4-301 et seq. to aid in collection.
5. Nonpayment of premiums could also result in a lapse of health and life insurance coverage for employees of the school district, agency, or the agency assuming responsibility for paying health and life claims for its employees.
1. (b) If any participating agency or school district fails to follow established policy and procedures set by the executive director, including but not limited to notifying the division of an insured's leave without pay, family medical leave, or military leave status or if any

participating agency or school district provides incorrect benefit information or processes unauthorized benefit changes, including system entries that result in unreimbursed expenses to the State Employees Benefits Trust Fund or Public Division Employees Insurance Trust Fund, the division shall have the right to:

- A. Require the agency to pay the total amount of the insured's premium; and
- B. Impose a penalty of fifty dollars (\$50.00) per insured.
2. Penalties will be assessed and invoiced based on the actual number of violations. Invoices will be processed at the beginning of the month following discovery of the infraction.
3. Penalties shall be payable to the Employee Benefits Division and must be received by the last calendar day of the month following invoicing.
4. The Chief Fiscal Officer of the State may cause the amount sought to be transferred from:
 - A. Funds the agency or school district has on deposit with the Treasurer of State; or
 - B. Any funds the agency or school district is due from the state.
5. If a transfer is made, a transfer penalty of twenty dollars (\$20.00) per transfer shall be assessed each agency or school district fund and included in the transfer.
- c. The division may correct any error regarding an insured's benefits according to existing documentation without authorization or prior notification to the agency or school district.

HISTORY: Acts 1972 (Ex. Sess.), No. 48, § 8; 1973, No. 842, § 2; 1981, No. 749, § 4; 1981, No. 838, § 6; 1983, No. 582, § 1; A.S.A. 1947, § 12-3108; Acts 1997, No. 1295, § 3; 2003, No. 826, § 2; 2007, No. 1009, § 13.



<https://sas.arkansas.gov/employee-benefits>

Ask.EBD@arkansas.gov