



NORTHWEST ARKANSAS
COMMUNITY COLLEGE

2025

BENEFITS GUIDE

NORTHWEST ARKANSAS COMMUNITY COLLEGE

Here's where to find ...

A few notes about enrolling in benefits	3
Medicare Education	5
Medical benefits	6
RxCompass	8
Dental	9
Vision	10
Group term life insurance and accidental death and dismemberment (AD&D)	11
Voluntary term life insurance	12
Short- and long-term disability plans	16
Employee Assistance Program	18
Flexible Spending Accounts	20
Pet Wellness	24
Frequently asked questions	25
Contacts	26
Additional Resources	27



NWACC health and ancillary benefits package

Northwest Arkansas Community College (NWACC) appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefits plans. We understand that you may have questions about annual enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can contact your human resources representative.

A few notes about enrolling in benefits

Choosing your employee benefits is one of the most important decisions you will make as an employee. Whether enrolling as a new hire, during a qualifying event or during open enrollment, you should review this information carefully to make sure you are making informed decisions.

All required benefit enrollment forms must be completed and submitted in Workday within the first five days of your employment.

PLEASE NOTE: You must re-enroll in your FSA health and dependent care elections every year during Open Enrollment. Balances do not carry over except within IRS regulations for each calendar year.

If you need to add or remove coverage for yourself or your dependents, you must do so during an open enrollment period, unless you have a qualifying life event as defined by the IRS.



Qualifying life events

It is your responsibility to notify human resources within 30 days of the qualifying life event. Failure to do so may result in an inability to change your benefit election(s).

- Here are some examples of qualifying life events:
- Birth, legal adoption or placement for adoption
- Marriage, divorce or legal separation
- Dependent child reaches age 26
- Spouse or dependent loses or gains coverage elsewhere
- Death of your spouse or dependent child
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program
- Change in residence that changes coverage eligibility
- Court-ordered change
- Spouse's open enrollment that occurs at a different time than yours

The IRS requires that you make changes to your coverage within 30 days of your qualifying life event. You'll need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.

Please remember to add your Social Security number and the Social Security numbers of your dependents during enrollment.



Eligible employees

You may enroll in the benefits program if you are a regular full-time employee who is actively working a minimum of 30 hours per week. As a benefits-eligible employee, you have the opportunity to enroll in benefit plans as a new hire or during the annual open enrollment period.

If you're enrolling as a new employee, you become eligible for health, dental, and vision the first of the month following 30 days from your hire date and for life and disability benefits the first of the month following 60 days from your hire date.

Eligibility

Open enrollment is your additional opportunity to elect coverage in NWACC's benefit plans. All elections made during this period will be effective January 1 of the following year.

Outside an open enrollment period, you will not have the chance to add, change or remove benefits unless you have a qualifying life event.

Dependent eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your spouse.
- Your children up to the age of 26. This includes your natural children and those of your spouse, adopted children, stepchildren, foster children, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a QMCSO are covered by our plan.

Medicare Education

RedLine Health | 479.445.6500 | redlinehealth.com/emp/nwacc

Northwest Arkansas Community College has partnered with Pam at Redline Health to offer our employees free, easy, and practical guidance to help you and your family navigate the maze of Medicare.

Redline offers independent virtual education sessions through Zoom or phone call to you and your family. Please keep in mind this is a resource provided to you by NWACC at no cost to you. If you have any questions or would like to schedule a consultation, please visit Redline online at redlinehealth.com/emp/nwacc



Medical benefits

BlueAdvantage | blueadvantagearkansas.com | 800.370.5792

NWACC is committed to helping you and your dependents maintain your health and wellness by providing you with access to the highest level of care.

BlueAdvantage is the administrator for NWACC's healthcare plan. Our plan is a Preferred Provider Organization (PPO). You will pay less by using a provider that belongs to the plan's network which is the True Blue PPO network. You can use providers outside of the network for an additional cost. You can find in-network providers at blueadvantagearkansas.com.

Medical and prescription drug plan summary

Medical	Self-insured preferred provider organization	
	In-network you pay	Out-of-network you pay
Deductible (per calendar year)		
Individual		\$900
Family (aggregate)		\$2,500
Coinsurance (what the plan pays after the deductible is reached)	20%	40%
Out-of-pocket limits (annual) after deductible		
Individual (maximum)		Unlimited
Family (maximum)	\$3,500	Unlimited
(After out-of-pocket is met, eligible charges paid at 100%.	\$9,000	
Out-of-pocket calculated individually on a calendar year basis.)		
Physician services		
Primary care physician (PCP) office visits	\$25 copay	Deductible then 40%
Specialist office visits	\$45 copay	Deductible then 40%
Specialty Services provided by specialist	Deductible then 20%	Deductible then 40%
Preventive care services — subject to PPACA guidelines		
Immunizations		
Well-baby care		
Well-child care	\$0	Noncovered
Physical exam — adults		
Routine gynecological exam		
Routine mammogram (including 3D)		
Inpatient services/outpatient services		
Inpatient medical care (semi-private room)	Deductible then 20%	Deductible then 40%
Diagnostic testing (lab & X-ray, services & procedures outside the PCP's office)	Deductible then 20%	Deductible then 40%
Outpatient surgical services	Deductible then 20%	Deductible then 40%
Prenotification required of hospital admission	Please call 800.451.7302	
Emergency room services		
Emergency services	\$200 copay	Deductible then 20%
Urgent care	\$45 copay	Deductible then 20%
Nonemergency services in ER	Noncovered	Noncovered
Supplemental accident endorsement (SAE) (see certificate for limitation)	Deductible waived 20%	Deductible waived 20%
Ambulance services		
Ground/water — \$1,000 per trip/no trip limit	Deductible then 20%	Deductible then 40%
Air ambulance — \$20,000 per trip/1 trip per calendar year	Deductible then 20%	Deductible then 40%

Medical and prescription drug plan summary continued

Medical	Self-insured preferred provider organization	
	In-network you pay	Out-of-network you pay
Rehabilitation services Occupational/physical therapy/chiropractic services — limited to a combined 30 visits per year Speech therapy — limited to 25 visits per year	Office setting: \$25 copay/office visit, deductible waived Other locations: Deductible then 20%	Deductible then 40%
Home health services Limited to 40 visits per calendar year Hospice Organ transplants (see certification)	Deductible then 20% Pre-authorized through medical management Pre-authorized through medical management	Deductible then 40%
Maternity services Routine prenatal outpatient care Inpatient maternity services	Deductible then 20% Deductible then 20%	Deductible then 40% Deductible then 40%
MDLIVE	\$10/consultation	Not applicable
Special delivery program (Special program to ensure proper care for expectant mothers.)	Please call 800.742.6457	
Diabetic supplies	Deductible waived + 20%	Deductible waived + 40%
Durable medical equipment and medical supplies	Deductible then 20%	Deductible then 40%
Mental health and substance abuse Office visit All other MH services	\$25 copay Deductible then 20%	Deductible then 40% Deductible then 40%
Prescription deductible Prescription drug card (maximum 34-day supply per copay)	\$100 per member Tier 1/generic — \$10 copay Tier 2/preferred — \$50 copay Tier 3/nonpreferred — \$100 copay Specialty drugs are provided through RxCompass	Out-of-Network Pharmacies not covered. Effective 01/01/18 Walgreens is no longer in-network.
Provider locator	blueadvantagearkansas.com True Blue PPO	
Lifetime maximum	No limit	

Medical premiums

Monthly

	Total monthly premium	Monthly premium paid by NWACC	Monthly premium paid by employee
Employee	\$674.56	\$575.06	\$99.50
Employee + spouse	\$1,699.72	\$1,313.03	\$386.69
Employee + child(ren)	\$1,181.28	\$960.38	\$220.90
Family	\$2,037.98	\$1,618.97	\$419.01

Semimonthly

	Semimonthly employer contributions	Semimonthly employee deductions
Employee	\$261.57	\$49.75
Employee + spouse	\$628.81	\$193.34
Employee + child(ren)	\$447.78	\$110.45
Family	\$753.76	\$209.50

NOTE: Premiums are paid one month in advance.



RxCompass

Your resource for high-cost prescription access

RxCompass is a Liviniti-offered savings program designed to provide significant savings on eligible high-cost brand and specialty prescriptions. The program finds the best choices — called pathways — to fill brand and specialty prescriptions. In some cases, you may receive your medications at no cost.

Who is eligible?

Employees and their family members enrolled in Northwest Arkansas Community College's medical plan are eligible for this program. If your prescription is eligible for significant savings, it will be identified with a brief hold at the pharmacy. An RxCompass Care Navigator is alerted and will contact you to discuss your potential savings and next steps. If you prefer, you may call RxCompass at 833.652.8379 to speak with a Care Navigator and begin the process.

What are the costs?

There are no costs to participate in the RxCompass program. Northwest Arkansas Community College has paid 100% of the cost of this service for you and your family as long as you are enrolled in Northwest Arkansas Community College's health plan. Prescriptions obtained through this service could be FREE for you and your family. Sometimes a copay or out-of-pocket amount will be required, but this out of pocket may be substantially less than what you are paying now.

What is considered a high-cost prescription?

Any prescription that has a cost of at least \$350 per month is considered high cost. Not all of these medications may be able to be covered by RxCompass, but coverage will be provided as available.

What to expect

A RxCompass Care Navigator is assigned to you to guide you through the process of obtaining your prescription at the lowest possible cost. Care Navigators can communicate with you securely via phone call, text, and email. Care Navigators will engage with you to explain the best option for securing your prescription and the potential savings and work alongside you until the prescription is secured.

What happens if I don't enroll in the RxCompass program?

Your high-cost medications will no longer be covered by the Northwest Arkansas Community College pharmacy benefit plan. If you are in the advocacy process with RxCompass, you may be eligible for a short supply of your urgent medications at your local pharmacy while the advocacy is in process. Certain manufacturers will require additional information to verify your income. Please respond right away to these requests for additional information to ensure that there is no delay with your advocacy. Our goal is for everyone to receive the medications they need as quickly as possible at the lowest price, and this is accomplished only with your help.

What about my prescriptions that aren't high cost?

You will continue to use your same pharmacy for acute and low-cost maintenance medications. You are welcome to see if the RxCompass program can save you money on these medications as well.

Dental

Delta Dental PPO Plus Premier | Group number: 000000857

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage, but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

Delta Dental PPO Plus Premier	In-network
Deductible (per calendar year)	
Individual (per individual)	\$50
Family	\$150 maximum
Is the deductible waived for preventive services?	Yes
Annual plan maximum (per individual)	\$1,000
Diagnostic and preventive	
Oral exams, X-rays, cleanings, fluoride, sealants	100%
Basic	
Oral surgery, fillings (white/silver), endodontic treatment, periodontic treatment, space maintainers, repairs of dentures and crowns	80%
Major	
Crowns, jackets, dentures, bridge implants	50%
Orthodontia	
Dependent children to age 19	50%
Lifetime orthodontia plan maximum (per individual)	\$3,000

Dental premiums

	Total monthly premium	Monthly premium paid by NWACC	Monthly premium paid by employee	Semimonthly employer contribution	Semimonthly employee deduction
Employee	\$35.90	\$33.39	\$2.51	\$16.69	\$1.26
Employee + spouse	\$ 71.73	\$34.43	\$37.30	\$ 17.22	\$18.65
Employee + child(ren)	\$106.21	\$33.99	\$72.22	\$16.99	\$36.11
Family	\$127.12	\$34.32	\$92.80	\$17.16	\$46.40



To see a current provider directory, please visit deltadentalar.com.

Vision

VSP | vsp.com | 800.877.7195

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	Focuses on your eyes and overall wellness	\$20	Every calendar year
Essential Medical Eye Care	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
Prescription Glasses \$20			
Frame*	<ul style="list-style-type: none"> \$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$130 Walmart®/Sam's Club® frame allowance \$70 Costco® frame allowance 	Included in prescription glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in prescription glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95-\$105 \$150-\$175	Every calendar year
Contacts (Instead of Glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Lightcare*	\$130 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	\$20	Every other calendar year
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. Routine Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

Your Coverage Goes Further

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

Vision premiums

	Monthly premium paid by employee	Semimonthly employee deduction
Member only	\$7.80	\$3.90
Member + 1	\$12.49	\$6.25
Member + children	\$12.75	\$6.38
Member + family	\$20.66	\$10.33

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+Coverage with a retail chain may be different or not apply. VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

TruHearing is not available directly from VSP in the states of California and Washington.

Group term life insurance and accidental death and dismemberment (AD&D)

NWACC's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Our group term life insurance and AD&D coverage is through Mutual of Omaha.

In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident or if an accident leaves you with a covered debilitating injury, you are covered under the AD&D insurance for the same amount.

Eligibility — all eligible active employees		
Eligibility requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.	
Premium payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.	
Benefits		
Life insurance benefit amount	For you: \$20,000 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.	
Accidental death and dismemberment (AD&D) benefit amount	For you: The principal sum amount is equal to the amount of your life insurance benefit.	
Features		
Living care/accelerated death benefit	75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$15,000.	
Waiver of premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.	
Additional AD&D benefits	In addition to basic AD&D benefits, you are protected by the following benefits: ■ Seat belt ■ Repatriation ■ Airbag ■ Common carrier	
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.	
Services		
Hearing discount program	The hearing discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 888.534.1747 or visit amplifonusa.com/mutualofomaha to learn more.	
Will prep services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit willprepservices.com .	
Age reductions and exclusions		
Insurance benefits and guarantee issue amounts are subject to age reductions:		
■ At age 65, amounts reduce to 65%	■ At age 70, amounts reduce to 40%	■ At age 75, amounts reduce to 25%
Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.		
Please contact your employer if you have questions prior to enrolling.		

Voluntary term life insurance

Eligibility — all eligible active employees

Eligibility requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Dependent eligibility requirement	To be eligible for coverage, your dependents must be able to perform normal activities and not be confined (at home, in a hospital or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium payment	The premiums for this insurance are paid in full by you.

Coverage guidelines

	Minimum	Guarantee Issue	Maximum
For you	\$10,000	7 times annual salary, up to \$100,000	\$300,000, in increments of \$10,000, but no more than 7 times annual salary
Spouse	\$5,000	100% of employee's benefit, up to \$30,000	100% of employee's benefit, up to \$150,000
Children	\$10,000	\$10,000	\$10,000

Subject to any reductions shown below. Guaranteed Issue is available to new hires. Amounts over the Guaranteed Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

Benefits

Life insurance benefit amount	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children.</p> <p>Children include those up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p>
Accidental death & dismemberment (AD&D) benefit amount	<p>For you and your spouse: The principal sum amount is equal to the amount of life insurance benefit.</p> <p>AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the principal sum.</p>

Features

Living care/accelerated death benefit	75% of the amount of the life insurance benefit is available to you and your spouse if terminally ill, not to exceed \$225,000.
Waiver of premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Annual benefit amount increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment by up to \$20,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the guarantee issue will require evidence of insurability (proof of good health).
Additional AD&D benefits	<p>In addition to basic AD&D benefits, you are protected by the following benefits:</p> <ul style="list-style-type: none"> ■ Seat belt ■ Repatriation ■ Airbag ■ Common carrier
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

Voluntary term life insurance cont.

Benefits	
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Services	
Hearing discount program	The hearing discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 888.534.1747 or visit amplifonusa.com/mutualofomaha to learn more.
Will prep services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks, you can complete a basic will or other documents to protect your family and property. To get started, visit willprepservices.com . Service code: MUTUALWILLS

Age reductions and exclusions	
Insurance benefits and guarantee issue amounts are subject to age reductions:	
<ul style="list-style-type: none"> ■ At age 65, amounts reduce to 65% ■ At age 70, amounts reduce to 40% ■ At age 75, amounts reduce to 25% 	
Spouse coverage terminates when you reach age 80.	
Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.	
Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.	
Please contact your employer if you have questions prior to enrolling.	



Voluntary term life and AD&D coverage selection and premium calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment in WorkDay due to rounding.

To select your benefit amount and calculate your premium, do the following:

Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

Find your age bracket in the far left column.

Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.

Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment WorkDay.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

Employee premium table (24 payroll deductions per year)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0-34	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	\$3.85	\$4.40	\$4.95	\$5.50
35-39	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
40-44	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
45-49	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60	\$11.20	\$12.80	\$14.40	\$16.00
50-54	\$2.70	\$5.40	\$8.10	\$10.80	\$13.50	\$16.20	\$18.90	\$21.60	\$24.30	\$27.00
55-59	\$4.30	\$8.60	\$12.90	\$17.20	\$21.50	\$25.80	\$30.10	\$34.40	\$38.70	\$43.00
60-64	\$5.55	\$11.10	\$16.65	\$22.20	\$27.75	\$33.30	\$38.85	\$44.40	\$49.95	\$55.50
65-69	\$9.20	\$18.40	\$27.60	\$36.80	\$46.00	\$55.20	\$64.40	\$73.60	\$82.80	\$92.00
70-74	\$16.65	\$33.30	\$49.95	\$66.60	\$83.25	\$99.90	\$116.55	\$133.20	\$149.85	\$166.50
75+	\$25.05	\$50.10	\$75.15	\$100.20	\$125.25	\$150.30	\$175.35	\$200.40	\$225.45	\$250.50

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the spouse premium table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the coverage guidelines section for minimums and maximums, if needed.

2025 Northwest Arkansas Community College Benefits Guide

Spouse premium table (24 payroll deductions per year)

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0-34	\$0.28	\$0.55	\$0.83	\$1.10	\$1.38	\$1.65	\$1.93	\$2.20	\$2.48	\$2.75
35-39	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
40-44	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
45-49	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
50-54	\$1.35	\$2.70	\$4.05	\$5.40	\$6.75	\$8.10	\$9.45	\$10.80	\$12.15	\$13.50
55-59	\$2.15	\$4.30	\$6.45	\$8.60	\$10.75	\$12.90	\$15.05	\$17.20	\$19.35	\$21.50
60-64	\$2.78	\$5.55	\$8.33	\$11.10	\$13.88	\$16.65	\$19.43	\$22.20	\$24.98	\$27.75
65-69	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00	\$27.60	\$32.20	\$36.80	\$41.40	\$46.00
70-74	\$8.33	\$16.65	\$24.98	\$33.30	\$41.63	\$49.95	\$58.28	\$66.60	\$74.93	\$83.25
75+	\$12.53	\$25.05	\$37.58	\$50.10	\$62.63	\$75.15	\$87.68	\$100.20	\$112.73	\$125.25

All children premium table
(24 payroll deductions per year)*

\$10,000

\$1.00

*Regardless of how many children you have, they are included in the "All children" premium amounts listed in the table above.



Short- and long-term disability plans

NWACC offers two voluntary disability plans by Mutual of Omaha to provide financial assistance in case you become disabled or unable to work.

Short-term disability (STD) plan

STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness. STD benefits are paid at 60% of your eligible weekly base pay, up to \$1,500 weekly, during the first 12 weeks of injury or illness.

Short-term disability	100% paid by the employee
Eligibility	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Weekly benefit amount	60%
Weekly benefit maximum	\$1,500
Benefits begin	On the 8th day of your injury or illness
Benefits duration	12 weeks
Pre-existing condition limitation	Yes

Voluntary short-term disability premium calculation

Use the premium factor in the table provided below to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

Weekly premium calculation		Example: 42-year-old employee earning \$40,000 a year
List your weekly earnings (Maximum is \$2,500)	\$	\$769.23
Multiply by the premium factor	0.0074769	0.0074769
Your estimated weekly premium*	\$	\$5.75

*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.



Long-term disability (LTD) plan

The NWACC LTD plan is available to employees actively working a minimum of 30 hours per week. This benefit offers financial protection to you when you need it most — if you become disabled and can no longer work. The plan will also help you return to work, if appropriate.

If you become totally disabled, you will receive 60% of your base salary, up to \$5,000 monthly, after you have satisfied the 90-day waiting period for benefits. Your benefit amount may be offset by other benefits you are receiving, such as Social Security or workers' compensation. Your monthly benefits are subject to federal income tax and may be subject to state and local taxes.

Long-term disability	100% paid by the employer
Eligibility	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Monthly benefit amount	60%
Monthly benefit maximum	\$5,000
Benefits begin	Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends.
Pre-existing condition limitation	Yes





Employee Assistance Program

Work/life employee assistance program (EAP)

We all know that life can be challenging at times. Issues like illness, debt and family problems can leave us feeling worried or anxious and not able to be at our best. The EAP, sponsored by CuraLinc, provides confidential support and resources for you and your dependents at no charge. You can seek expert guidance for any kind of issue, from everyday matters to more serious problems affecting your well-being.

Here's what the program offers:

- **EAP:** 6 face-to-face visits with experienced clinicians (per occurrence), without any per-session cost to you.
- **LEGAL RESOURCES:** Unlimited phone access to CuraLinc legal professionals, an initial consultation at no charge with a local attorney and discounts on additional services.
- **FINANCIAL RESOURCES:** Unlimited phone access to financial professionals for information regarding personal finance and related issues.
- **WORK/LIFE RESOURCES:** Information and referrals on child care, elder care, adoption, relocation and other personal convenience matters.
- **HEALTH RISK ASSESSMENTS:** Online access to a health risk assessment survey and a variety of health management tools and information.
- **ONLINE WILL PREPARATION:** Access to CuraLinc, which offers the ease and simplicity of online will preparation. You can complete a will and download it to your computer.

The EAP provides counseling on all aspects of life, including:

- | | | |
|--|----------------------------------|-------------------------------------|
| ■ Difficulties in relationships. | ■ Alcohol and drug abuse. | ■ Depression. |
| ■ Emotional/psychological issues. | ■ Personal and life improvement. | ■ Child care and elder care issues. |
| ■ Stress and anxiety issues with work or family. | ■ Legal or financial issues. | ■ Grief issues. |

Assistance around the clock

Whenever you need assistance with a work/life issue, the EAP is there for you, 24 hours a day. Specialists are available for confidential 24/7 assistance and support.





Flexible Spending Accounts

Flexible Spending Accounts

Why not use pre-tax dollars to pay for medical copays, prescriptions, and/or daycare fees, thereby reducing your taxable income and increasing your take-home pay? It's a no-brainer.

The pre-tax advantages of a flexible spending account (FSA) allow you to save up to 30% on your eligible healthcare and/or dependent care expenses every year. Consider how much you spend on these costs for you and your qualified dependents in one year and how much you could save by using pretax dollars.

How it Works

FlexSystem FSA is offered through your employer and is administered by TASC. When you choose to enroll in a FlexSystem Healthcare FSA and/or Dependent Care FSA, you determine the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, pre-tax, throughout the Plan Year.

The more you contribute to these accounts, the more you reduce your taxable gross salary. And with less taxes taken, your take-home pay increases!

Your total annual Healthcare FSA contribution amount is available immediately at the start of the Plan Year. Dependent Care FSA funds are available up to the current account balance only.

Online Enrollment and Contributions

Annual FSA contributions are set by your employer, but are limited to the IRS maximums per Plan Year. View current IRS limits at: tasconline.com/benefits-limits/.

Use our online tax-savings calculator to help determine how much you should contribute to each FlexSystem account per year.

The TASC card convenience

Enjoy easy access to your FSA funds with the swipe of a card instead of out-of-pocket spending and requesting a reimbursement!

Pre-tax savings example

	Without FSA	With FSA
Gross monthly pay	\$3,500	\$3,500
Pre-tax contributions		
Health FSA deduction	\$0	-\$100
Dep care FSA deduction	\$0	-\$400
TOTAL	\$0	-\$500
Taxable monthly income	\$3,500	\$3,000
Taxes (fed, state, FICA) 20%	-\$700	-\$600
Out-of-pocket expenses	-\$600	-\$600
FlexSystem reimbursement	n/a	\$600
Monthly take-home pay	\$2,200	\$2,400

Net increase in take-home pay = \$200/mo.!

For illustration only. Actual dollar amounts may vary.

Carryover puts your mind at ease!

When your employer elects the Carryover option with your Healthcare FSA Plan, up to 20% of the IRS contribution maximum of any leftover healthcare funds may be carried over into the next plan year with no cost or penalty.

How to access your FSA funds

As eligible expenses are incurred, you have two options to access your available FlexSystem FSA funds:

1. **TASC BENEFITS CARD:** Upon enrollment into the plan, you will receive a TASC Card in the mail, which can be used to pay for eligible expenses at the point of purchase. Simply swipe your TASC Card where MasterCard is accepted. With smart card technology, the TASC Card automatically pays for and substantiates most eligible expenses without requiring any paperwork.
2. **REQUEST A REIMBURSEMENT:** Simply submit a request for reimbursement to FlexSystem using one of the following methods:
 - Submit via MyTASC mobile app (free download)
 - Submit via MyTASC web portal (login required)
 - Download Request for Reimbursement form online (paper)

Your reimbursement is direct deposited into your MyCash account or a designated bank account. MyCash funds are accessible via your TASC Card to be used for any type of purchase or ATM cash.

Important Considerations

FSA Funds do not Rollover:

It is important to be conservative in making elections because any unused funds left in your FSA at the close of the plan year are not refundable to you (the exception to this rule is for the Healthcare FSA where funds may carryover to the next Plan Year Healthcare FSA as elected by your employer). You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the interactive voice response system, to avoid having funds remaining in your account at year-end.

Changing Elections During the Plan Year:

You may change your FSA elections during the plan year only if you experience a change of status such as:

- A marriage or divorce
- Birth or adoption of a child, or
- A change in employment status

Refer to the Change of Election Form (available from your employer) for a complete list of circumstances acceptable for changing elections mid-year.

Multiple self-service tools available to easily manage your FlexSystem account(s) and TASC Card transactions:

- MyTASC Online: tasconline.com
- MyTASC Mobile App: tasconline.com/mobile

Total Administrative Services Corporation

- 2302 International Lane
Madison, WI 53704-3140
- tasconline.com
■ 800.422.4661

Eligible Expenses

FlexSystem FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include:

- Medical/dental office visit co-pays
- Dental/orthodontic care services
- Prescriptions
- Eye exams and prescription glasses/lenses
- Vaccinations
- Daycare fees

A complete list can be found at [irs.gov](https://www.irs.gov) in IRS Publications 502 and 503. Please note insurance premiums are NOT eligible for reimbursement.

Dependent care FSA

The dependent care expenses must be for the care of one or more qualifying persons. A qualifying person is one of the following:

- A dependent who was under age 13 when the care was provided and for whom an exemption can be claimed.
- A spouse who was physically or mentally not able to care for himself or herself, and lived with you for more than half the year.
- A dependent who was physically or mentally not able to care for himself or herself and for whom an exemption can be claimed, and lived with you for more than half the year.
- The dependent care expenses provided during a calendar year cannot exceed \$5,000. In the case of a separate return by a married individual, the limit is \$2,500. This amount may be less if the employee's earned income or spouse's earned income is less than \$5,000.

Eligible expenses (must be employment related)

- FICA/FUTA taxes of dependent care provider.
- Nanny expenses attributed to dependent care.
- Nursery school (preschool).
- Late pickup fees.
- Day camp — primary purpose must be custodial care and not educational in nature.
- Day care when one parent is working and the other is sleeping during daytime hours.

Ineligible expenses

- Kindergarten.
- Activity fees/supplies.
- Late payment charges.
- Overnight camp.
- Transportation.
- Fees paid to a provider not reporting the income to the IRS.

For more information regarding dependent care expenses, please review IRS Publication 503 at irs.gov/uac/about-publication-503.

FSA Contribution Maximums*

- 2024 health care FSA max: \$3,200
- 2024 dependent care FSA max: \$5,000 per household. \$2,500 if married, filing separately.

*These limits are subject to change annually based on the new IRS limit release date



Pet Wellness

Wagmo | 855.836.8785 | wagmo.io/enroll/start

Northwest Arkansas Community College has partnered with Wagmo to offer employees voluntary pet wellness benefit options. A pet wellness plan protects a wide array of preventive health services for dogs and cats depending on your selected plan. Wellness plans offer reimbursement for things like routine exams, routine blood work, vaccinations and more depending on your plan. Wagmo Wellness also includes 24/7 telehealth access through VETalk at no additional cost.

Below are the 3 plan offerings available (for dogs and cats only)

Value Plan \$22/pet	Classic Plan \$40/pet	Deluxe Plan \$58/pet
<ul style="list-style-type: none">■ Routine exams: 1/year■ Vaccines: 2/year■ Routine blood work: 1/year■ Fecal test: 1/year■ 24/7 telehealth: Unlimited	<ul style="list-style-type: none">■ Routine exams: 1/year■ Vaccines: 3/year■ Routine blood work: 1/year■ Fecal test: 1/year■ 24/7 telehealth: Unlimited■ Urinalysis: 1/year■ Flea/tick/heartworms: \$100/year■ Grooming: \$100/year	<ul style="list-style-type: none">■ Routine exams: 2/year■ Vaccines: 4/year■ Routine blood work: 1/year■ Fecal test: 1/year■ 24/7 telehealth: Unlimited■ Urinalysis: 1/year■ Flea/tick/heartworms: \$200/year■ Grooming: \$200/year■ Dental care: \$100/year■ Pet training: 3 sessions/year

How the Pet Wellness benefits work

- Visit any vet or service provider (no network)
- Submit a photo of the bill to submit a claim
- Get reimbursed via Venmo, PayPal, or bank transfer

Next steps

Enroll through your employer and keep an eye out for a welcome email with more details

Activating your Wagmo plan is easy.

Please do not hesitate to reach out to Wagmo at 855.836.8785 or support@wagmo.io



Frequently asked questions

When do my changes take effect?

Medical, dental, and vision coverage begin the first of the month following thirty (30) days of employment. Employer-paid and voluntary life insurance and disability coverage begin the first of the month following sixty (60) days of employment. Please note that insurance premiums are paid one month in advance, so any premiums resulting from your enrollment will begin the month prior to your coverage effective date.

Benefit changes/enrollments done during open enrollment will be effective January 1, 2025. Please note that insurance premiums are paid one month in advance, so any increases or decreases in premiums resulting from enrollment changes will take effect the first check in December 2024.

Who is considered a dependent for medical, dental and vision insurance?

Your lawful spouse and children from birth to age 26. Children include natural child, legally adopted child and stepchild. If a covered employee is the legal guardian of a child or children, these children may also be enrolled in the plan as dependents. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR.

Can I enroll or make changes to my elections at any time?

Changes to your benefit elections can only be made during the annual open enrollment period unless you experience a qualifying event such as marriage, divorce, birth or loss of other coverage. Contact the benefits coordinator for details.

When do I need to have my enrollment completed?

Benefits enrollment in Workday needs to be completed within the first two weeks of employment. Open enrollment changes must be completed and submitted by midnight on the last day of the enrollment window.

Who do I contact with my benefit questions?

Contact the NWACC Benefits Coordinator at 479.619.4143 or email nwacc_benefits@nwacc.edu.



Contacts

Medical

BlueAdvantage

Customer service: 800.370.5792
Website: blueadvantagearkansas.com

Pharmacy benefit manager

Livinti

Customer service: 800.710.9341
Website: liviniti.com

Dental

Delta Dental

Customer service: 800.462.5410
Website: deltadentalar.com

Vision

VSP

Customer service: 800.877.7195
Website: vsp.com

Pharmacy advocacy

RxCompass

Phone: 833.652.8379
Email: carenavigator@myrxcompass.com

Pet Wellness

Wagmo

Customer service: 855.836.8785
Website: wagmo.io/enroll/start

Employee assistance program (EAP)

CuraLinc

Customer service: 888.881.LINC (5462)
Website: supportlinc.com
Username: nwacc

Life & Disability

Mutual of Omaha

Customer service: 800.377.9000
Website: mutualofomaha.com

Second Opinion Program

The Cleveland Clinic

Customer service: 844.777.0788

Medicare Assistance

Redline

Pam Stout: 479.435.7266

Final notes

This summary of benefits is not intended to be a complete description of NWACC's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although NWACC maintains its benefit plans on an ongoing basis, NWACC reserves the right to terminate or amend each plan in its entirety or in any part at any time.

Please contact your NWACC human resources representative with questions regarding the information provided in this overview.



Additional Resources

Do you have a primary care physician?

What is a primary care physician?

A primary care physician (PCP), sometimes called a family doctor, is usually a family medicine doctor, general practice doctor, internal medicine doctor, pediatrician or geriatrician. You or members of your family may select one of these doctors depending on your age or certain needs.

Here are three important reasons to have a primary care physician:

To help improve your health.

Your PCP will advise you and your family on the care you need, including checkups to keep you healthy.

To help you lower your out-of-pocket costs.

Getting care from a PCP is a smart way to spend your money on health care.

To save you time.

No more waiting in crowded emergency rooms when you're sick.

BlueAdvantage Administrators of Arkansas wants to make sure that all of our members have a PCP available to them when they need care. If you've already chosen a PCP, we would like to say thank you. You've taken an important step in staying healthy.

How do I choose a family doctor

Sign in or register for Blueprint Portal, your member dashboard, at blueprintportal.com and select Choose a Primary Care Physician in the policy information tab.

We'll help you find a doctor, too! Please give us a call at 800.800.4298 between 8 a.m. and 4:30 p.m., Monday through Friday, to speak to someone who can help find a doctor near you.



Getting care when and where you need it

Need care? Think about where.

Where you get care can make a huge difference – for your health, your schedule and your pocketbook.

Routine care

Your primary care provider's (PCP) office is your best bet for general health management and illnesses. They know your history, habits and needs. And it's almost always the wisest financial choice. If you don't have a PCP, you should choose one at blueadvantagearkansas.com or by calling the customer service number on the back of your member ID card.

Example: Checkups, immunizations, preventive services, flu, cough, sore throat

After-hours care

Virtual Health (powered by MDLIVE) is a great way to get nonemergency care when you can't get to the doctor's office in person. Care from state-licensed, board-certified physicians (including pediatricians) is available on your phone, tablet or computer 24/7 for nonemergencies. MyVirtualHealth.com is a great place to start.

Example: Nonemergency visits when your doctor's office is closed

Urgent care or walk-in clinic

Urgent care may be appropriate if you have a need that requires timely in-person medical attention (but is not severe or life-threatening). Most urgent care/walk-in clinics have extended hours and serve patients on a first-come, first-served basis. But be aware: You may pay more out of pocket. Call to make sure an urgent care/walk-in clinic is part of your network.

Example: Sprains, X-rays, minor broken bones, infections, burns, minor cuts, fever

Emergency care

Emergency care is for health problems that may occur suddenly and unexpectedly. If your life or health is in danger unless you get immediate medical help, an emergency room is where you should be. But be aware: Unless you have a true emergency medical condition, the ER can be an incredibly expensive place to get care. Emergency care is covered by your insurance. But nonemergency care delivered in an ER could stick you with a huge bill. If you have time, check to be sure the ER (especially those not attached to a hospital) is in your network.

Example: Heavy bleeding, difficulty breathing, major broken bones, chest pain, major burns, high fever

Your care checklist:

1. If you don't already have an in-network PCP, find one using the Find Care and Cost tool in Blueprint Portal, blueprintportal.com, and schedule a wellness visit.
2. Make a plan for if you need after-hours care. Find out if your PCP has an after-hours number, research nearby urgent care/walk-in clinics and the nearest emergency room.
3. Create your Virtual Health account now before you need it. Simply go to MyVirtualHealth.com, select Register and follow the instructions.

Once you've completed your care checklist, you'll be prepared to make the right decision when you need medical care. It could save you time, frustration ... and money.

If you need us during any of this process, we're always happy. Call the phone number on the back of your member ID card and we'll help you find the right provider.

Blueprint Portal

BlueAdvantage Administrators of Arkansas members have access to health plan information 24 hours a day, seven days a week with Blueprint Portal.

With Blueprint Portal, you can:

- Access, share, fax or order a replacement ID card
- Review real-time claims status and history
- Check your deductible
- Find a doctor or hospital
- Estimate your treatment costs
- View your personal health record
- Review a recent doctor visit

How to register for Blueprint Portal

- Go to blueprintportal.com
- Select Register
- Follow the instructions. All you need is your:
 - Member ID or the last four digits of your Social Security number
 - Name
 - Date of birth

And anyone covered on your health plan can set up a Blueprint Portal account.

Already registered?

If you're already a Blueprint Portal user, simply go to blueprintportal.com and enter your username and password to sign in and access your account.

No ID Card? No Problem!

With the Blueprint Portal app, you can access, share or fax your ID card while in your doctor's office. You can also access many more Blueprint Portal features.



Virtual Health

BEHAVIORAL | MEDICAL

Wouldn't it be great if you had professional counselors and personal doctors on call 24/7? You do!

Avoid the cost and inconvenience of going to the ER for nonemergency medical conditions. Use your computer or phone to access board-certified physicians from wherever you are, providing you with the answers, prescriptions, and referrals you need to get better.

Use it for nonemergencies like:

- Family trouble
- Job stress
- Substance use problems
- A sinus infection
- Stomach problems
- Your child's fever (pediatricians are available)

Register today, so when you need care, help is available.

State-licensed, board-certified physicians and psychiatrists, and licensed therapists are always ready and waiting around the clock.

Go to myvirtualhealth.com and follow the simple steps to register or sign in.

Anytime your emotional condition might make you a danger to yourself or others), seek inpatient care immediately. And go to the ER for medical emergencies like broken bones, excessive bleeding, dangerously high fever, symptoms of heart attack or stroke, etc.

Virtual Health is perfect for nonemergency conditions such as:

Behavioral health conditions

- Addictions
- Anxiety
- Depression
- Bipolar disorders
- LGBTQ support
- Grief and loss
- Relationship issues
- Men's issues
- Panic disorders
- Stress management
- Trauma and PTSD
- Women's issues

Medical conditions:

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

Find Care & Costs

Pick providers. Preview prices. My Blueprint member portal puts the power in your hands.

NEED A DOCTOR? We've got that covered. Primary care? Specialist? Close to work? Close to home? My Blueprint has the tools that can help you find the provider that's right for you – quickly and easily.

Want to know how much that shoulder surgery will cost you? No worries. My Blueprint's Find Care & Cost tool puts pinpoint pricing information at your fingertips.

What's My Blueprint?

It's BlueAdvantage Administrators of Arkansas' self-service member portal. And it's a fast and convenient way to get the information you need to make healthcare decisions. Signing up is simple. Just go to blueadvantagearkansas.com/myblueprint, and in minutes, you'll be ready to use the Find Care & Costs tool and much more.

Find Care?

Use the Find Care & Costs tool in My Blueprint to locate in-network doctors and care sites that meet your needs. You can search by:

- Specialty (primary care, cardiology, neurology, etc.)
- Health conditions (like diabetes, acid reflux, pregnancy, etc.)
- Treatment areas (stomach, heart, kidney, etc.)
- Specific procedures (like tonsillectomy, hernia repair, knee replacement, etc.)

And you can filter the results by location, language, gender, hospital affiliation, availability and facility type.

Check Costs

Take the guesswork out of your healthcare planning.

When you search Find Care & Costs for treatments, you'll see cost estimates that take into account:

- The provider's claims history
- Your health plan's benefits
- Your claims history for the current plan year

Your estimated out-of-pocket cost is displayed first. But if you click the Cost Details link, you can see our estimates of how much the procedure costs and how much your health plan will pay. Care that meets your needs and fewer surprises on costs. That sounds like a winning combination.

The Cleveland Clinic

As a member of the Northwest Arkansas Community College's Medical benefits package, you have access to The Clinic by Cleveland Clinic's **Virtual Second Opinions program at no cost to you**. The program provides you with easy, 100% confidential, secure access to high-quality medical expertise from the comfort of home.

Through this digital health service, you can have your **complex** medical diagnosis and treatment plan reviewed by an expert physician at Cleveland Clinic and receive an educational opinion by video consultation and written report in about two weeks.

With 3,500 experts in over 550 advanced subspecialties, a Cleveland Clinic expert physician can offer you peace of mind when you or your covered dependent are faced with making complex medical decisions such as the following:

- Diagnosed with a serious medical condition
- About to make a major decision about a medical next step, such as surgery
- Considering a treatment that involves risk or has significant consequences
- Dealing with a condition or chronic illness that isn't improving or is getting worse

Here's how it works

1. Life intake by nurse care manager
2. Medical records collection
3. Records and tests review
4. Expert physician matching
5. Expert physician review
6. Opinion delivered by expert physician



34

Notes

[illegible]

**For new hires,
all changes must
be made within your
first full week of hire.
For Open Enrollment,
all changes must be made
by November 8, 2024.**

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.



**NORTHWEST ARKANSAS
COMMUNITY COLLEGE**