

<b>Self-Insured Major Medical Program</b>	Procedure Number	UA-PTC AR 430.1.1
	Effective Date	1-1-19

**1.0 PURPOSE**

1 The primary goal is to provide full-time, benefits eligible employees, and their eligible family members, with quality  
 2 health care and other kinds of insurance coverage at a reasonable cost.

**2.0 REVISION HISTORY**

3 Adopted on:  
 4 Revised on:  
 5 Supersedes: 2.70 Insurance Coverage, 2.71 Continuation of Health Coverage under COBRA

**3.0 PERSONS AFFECTED**

6 Full-time, Benefits Eligible, Faculty and Staff Employees

**4.1 PROCEDURE**

- 7 A. The extent of coverage for eligible employees and their eligible family members, together with a schedule of  
 8 benefits shall be governed by the terms and conditions of the University of Arkansas Medical Benefit Plan  
 9 Documents. The Plan documents are available on the University of Arkansas System’s website.  
 10 <https://www.uasys.edu/wp-content/uploads/2013/08/Medical-Plan-SPD-UMR-01-01-2013-00-03.pdf>
- 11 B. Employees will be given an opportunity to participate in offered insurance programs during their new hire  
 12 orientation process, during the open enrollment period provided in the fourth quarter, or in the event of a  
 13 qualifying event such as:  
 14 i) Marriage/divorce or legal separation of the spouse from the covered employee; or  
 15 ii) Birth or adoption of a child.
- 16 C. The types of coverages and rates for participation are subject to change based on the needs of the College and  
 17 the plans offered. This information can be obtained from the Office of Human Resources or the OHR website.  
 18 [http://uaptc.edu/human\\_resources/employee-benefits](http://uaptc.edu/human_resources/employee-benefits)
- 19 D. Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), each employee and a qualified  
 20 beneficiary (if applicable) may elect to continue coverage at group rates in effect prior to the separation of  
 21 employment at UA-PTC.  
 22
- 23 The UA-PTC Office of Human Resources will send the eligible employee, or their beneficiary, the necessary  
 24 paperwork to contact our medical administrator. The employee who elects to participate in COBRA will be  
 25 required to pay the entire premium (both the employee and employer portions) as well as an administrative fee  
 26 set by current COBRA standards.

REQUIRED APPROVALS	NAME/SIGNATURE/TITLE	DATE
Originator(s):	UA-PTC Policy Review	Oct, 2019
Ratified by:		
Recommended by Chancellor (Signature)	Margaret Ellibee	Jan, 2019
UA Policy Alignment:		