



**REQUEST FOR PROPOSAL
RFP# SAUT/18-19/003**

EMPLOYEE AND RETIREE HEALTH INSURANCE
(also coverage for spouse and/or dependents)

ISSUED BY:

Southern Arkansas University Tech
Purchasing Office
PO Box 3499
Camden, AR 71711

DEADLINE FOR SUBMITTAL OF RESPONSES:

**Monday March 26, 2019
2:00 P.M. CT**

PROPOSALS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE ENVELOPE MUST BE SEALED AND PROPERLY MARKED WITH THE BID NUMBER, DATE AND HOUR OF PROPOSAL OPENING, PROPOSER'S NAME, AND RETURN ADDRESS.

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REQUEST FOR PROPOSAL

RFP# SAUT/18-19/003

Opening Time: 2:00 p.m.
Opening Date: March 26, 2019
Opening Location: Southern Arkansas University Tech
Office of Purchasing Agent
6415 Spellman Road
Camden, AR 71701

General Information for Vendors

The following is a Request for Proposal (RFP) for vendors to provide employee and retiree health insurance coverage. **The College will accept sealed proposals until 2:00 p.m. on March 26, 2019. All vendors should provide two hard copies of their proposal.**

Any questions should be directed to Debbie Beasley, Payroll/Benefits Manager, at 870.574.4507 or dbeasley@sautech.edu. Failure to receive messages will not extend deadline for proposals.

All proposals shall be addressed to and delivered to:

Angela Fry, Purchasing Official
Southern Arkansas University Tech
6415 Spellman Road
P. O. Box 3499
Camden, AR 71701

GENERAL SCOPE OF CONTRACT:

- 1.1 Each vendor is solely responsible for the timely delivery of the proposal(s) by specified deadline. Proposals received after the specified time and date shall not be considered. All proposals shall be guaranteed and binding for a period of not less than sixty (60) days past the proposal opening date.
- 1.2 A vendor will be selected on the basis of the proposals submitted which is, in the opinion of the VCFA and selection committee, in the best interest of this College. It must be recognized by the interested parties submitting proposals, that some of these factors are judgment items, and that decision of the VCFA and the selection committee is final. The College reserves the right to reject any and all proposals or parts thereof, and to waive informalities in the proposals received.

- 1.3 If available, each vendor must list five (5) names and addresses of firms they currently have contracts with of similar size and operations of SAU Tech. This list must include the name of the firm, the contact person, and a valid phone number.
- 1.4 In the performance of any Agreement/Contract that could result from the RFP, the Contractor must agree to the following:
 - 1.4.1 **Discrimination:** In order to comply with the provisions of Arkansas ACT 954 of 1977, as amended, relating to unfair employment practices; (a) the bidders will not discriminate against any employee or applicant for employment because of race, sex, color, age, religion, handicap, or national origin; (b) in all solicitations for advertisements for employees, the bidders will state that all qualified applicants will receive consideration without regard to race, color, sex, age, handicap, or national origin; (c) the bidders will furnish such relevant information and reports as requested by the College or the Human Resources Commission for the purpose of determining compliance with Arkansas State Statute; (d) failure of the bidder to comply with the statute, the rules and regulations promulgated thereunder and this nondiscrimination clause shall be deemed a breach of contract and it may be canceled, terminated or suspended in whole or in part; (e) the bidder will include the provisions of items (a) through (d) in every subcontract so that such provisions will be binding upon such subcontractor or vendor.
 - 1.4.2 Minority participation is encouraged in this and all other procurements by state agencies. "Minority" is defined by Arkansas Code Annotated § 1-2-503 as black or African American, Hispanic American, American Indian or Native American, Asian, and Pacific Islander". The Arkansas Economic Development Commission conducts a certification process for minority businesses. Vendors unable to include minority-owned business as subcontractors "may explain the circumstances preventing minority inclusion".
 - 1.4.3 Pursuant to Act 157 of 2007, all bidders MUST certify prior to award of the contract that they do not employ or contract with any illegal immigrants in its contract with the State. Bidders shall certify online at:
http://www.arkansas.gov/dfa/procurement/pro_index.html.
- 1.5 The College reserves the right to cancel any contract with thirty (30) days written notice for noncompliance with any of the terms of the proposal.
- 1.6 Act 557 of 2015 enacted by the Arkansas General Assembly requires that services contract include performance standards. This contract will require that services are provided in a timely and professional manner. Should services not be performed in a timely and professional manner the vendor must provide an acceptable remediation plan

CONTRACT ADMINISTRATION:

- 2.1 The Purchasing Official of Southern Arkansas University Tech will be responsible for the award and the administration of the contract.

- 2.2 The Southern Arkansas University Tech Purchasing Official must approve any third party assignment in writing.

TERMS AND CONDITIONS:

- 3.1 The terms of the contract will be for one (1) year with the option for an annual renewal for six (6) additional years.
- 3.2 All costs will be binding at the time of the proposal opening for a period of one (1) year. Any price changes or rates can be revised during the contract period only if Southern Arkansas University Tech and the Contractor agree in writing. Such agreement should be filed with the Southern Arkansas University Purchasing Official.
- 3.3 Each contractor must furnish a toll-free contact phone number.

AWARDING INSTRUCTIONS AND EVALUATION CRITERIA:

- 4.1 The contract will be awarded in the best interest of the College. The selection process will be based upon predetermined methodology and set of evaluation criteria. The evaluation criteria will reflect the following objectives and consideration:
- 4.1.1 Meeting the minimum coverage of SAU Tech's existing insurance policy provided by the RFP. (10 points possible)
- 4.1.2 Total coverage in excess of the minimum coverage of SAU Tech's existing insurance policy provided by the RFP. (20 points possible)
- 4.1.3 Flexibility of the Plan (30 points possible)
- 4.1.4 The skills, facilities, experience, knowledge, and ability of the contractor. (40 points possible)
- 4.1.5 Responses of all references checked; specifically, the past performance of any vendor's responsiveness to user's needs. (20 points possible)
- 4.1.6 Cost (80 points possible)
- Eighty (80) points will be awarded to the lowest total cost
 - Other bids will be evaluated using the following formula:
$$(a/b)(c) = d$$

a = lowest cost bid in dollars
b = second (third, fourth, etc.) lowest cost bid in dollars
c = 80 (maximum points for lowest cost bid)
d = number of points allocated for that bid

RFP DOCUMENT REQUIREMENTS:

- 5.1 An official authorized to bind the bidder to the resultant contract must sign the RFP.
- 5.2 If the bidder submits standard terms and conditions with his bid, and if any section of those terms are in conflict with the Laws of the State of Arkansas or the specifications of the RFP, then the State's Laws and the specifications shall govern.
- 5.3 Contractor references must accompany the RFP document or bid may be rejected.
- 5.4 "Comparison With Existing Coverage" document must accompany the RFP document or the bid may be rejected. (see Appendix E)
- 5.5 Contractor should submit plan proposals based on the following categories:
 - 5.5.1 POS, fully insured, \$500 deductible, \$30/\$40 copay,
 - 5.5.2 POS, fully insured, \$1,000 deductible, \$30/\$40 copay
 - 5.5.3 POS, fully insured, \$1,500 deductible, \$30/\$40 copay
 - 5.5.4 \$15/\$35/\$55 Rx copay
 - 5.5.5 \$15/\$50/\$75 Rx copay
- 5.6 All plan proposals must include:
 - 5.6.1 Total monthly plan cost per a) employee/retiree, b) employee and spouse, c) employee and family d) employee and child(ren)
 - 5.6.2 List of "covered facilities and health providers" for the College's immediate and surrounding areas for PPO coverage
 - 5.6.3 List of covered expenses, similar to Appendix E
 - 5.6.4 Basic Life Insurance Coverage @ 1.5 times base salary Retiree coverage up to age 65 @1.5 times base salary upon retirement or no greater than \$50K.
 - 5.6.5 Prescription Drug Benefit
 - 5.6.6 Long-term Disability Coverage
 - 5.6.7 Dental Coverage
 - 5.6.8 Vision Coverage

REQUIRED REFERENCES:

6.1 Contractors must supply five (5) names and addresses of firms they currently have contracts with, of similar size and operations of SAU Tech. The list must include:

Company	Contact Person	Phone with Area Code	Email Address	Number of Years of Coverage

Note: SAU Tech reserves the right to reject any vendor's RFP whose references are dissatisfied with the services performed by the vendor.

SIGNATURE(S) AND CERTIFICATIONS:

7.1 The undersigned certifies that he/she has read and understands all terms and conditions of the proposal and will comply with such in every aspect. Further, the undersigned is fully authorized to negotiate and enter into legal contracts on behalf of the vendor.

Contractor:
Address:
City, State, and Zip Code:
Authorized Agent:
Title:
Date:
Signature(s):

7.2 All contractors submitting RFPs must complete a “Contract and Grant Disclosure and Certification Form,” as required by Arkansas Governor’s Executive Order 98-04. (see Appendix A)

7.3 All vendors submitting RFPs must supply a copy of the Business’ Equal Opportunity (EO) Policy, as required by Act 2157 of 2005 of the Arkansas Regular Legislative Session. (see Appendix B).

7.4 Pursuant to Act 157 of 2007, the successful proposer must certify prior to award of the contract that they do not employ or contract with any illegal immigrants. (see Appendix C).

7.5 Pursuant to Arkansas Code Annotated § 25-1-503, a public entity shall not enter into a contract with a company unless the contract includes a written certification that the person or company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of Israel. (Appendix D)

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: SUBCONTRACTOR NAME: Yes No

TAXPAYER ID NAME: IS THIS FOR: Goods? Services? Both?

YOUR LAST NAME: FIRST NAME: M.I.:

ADDRESS:

CITY: STATE: ZIP CODE: COUNTRY:

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held <small>(senator, representative, name of board/ commission, data entry, etc.)</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held <small>(senator, representative, name of board/commission, data entry, etc.)</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title _____ Date _____

Vendor Contact Person _____ Title _____

Appendix B

ATTENTION BIDDERS

Act 2157 of 2005 of the Arkansas Regular Legislative Session requires that any business or person bidding, responding to a request for proposal or qualifications, or negotiating a contract with the state for professional or consultant services, submit their most current equal opportunity policy (EO Policy).

Although bidders are encouraged to have a viable equal opportunity policy, a written response stating the bidder does not have such an EO Policy will be considered that bidder's response and will be acceptable in complying with the requirement of Act 2157.

Submitting the EO Policy is a one-time requirement. The SAU TECH Purchasing Department will maintain copies of policies or written responses received from bidders.

This is a mandatory requirement when submitting an offer as described above.

Should you have any questions regarding this requirement, please contact the Purchasing Department by calling (870) 574-4523 or by email at afry@sautech.edu.

Sincerely,

Angela Fry
Purchasing Agent
Southern Arkansas University Tech

To be completed by business or person submitting response: (check appropriate)

- _____ EO Policy Attached
- _____ EO Policy previously submitted to SAU Tech Purchasing
- _____ EO Policy is not available from business or person

Company Name or Individual: _____

Title: _____

Signature: _____

Date: _____

SOUTHERN ARKANSAS UNIVERSITY TECH PURCHASING DEPARTMENT

PO BOX 3499
CAMDEN, ARKANSAS 71711
870-574-4523 PHONE
870-574-4489 FAX

Act 157 of 2007 of the Arkansas Regular Legislative Session **requires** that any business or person responding to a Request for Proposal certify, **prior to the award of the contract**, that they do not employ or contract with any illegal immigrants.

Bidders are to certify online at: <https://www.ark.org/dfa/immigrant/index.php/user/login>.

This is a mandatory requirement. Failure to certify may result in rejection of your proposal, and no award will be made to a vendor who has not so certified.

If you have any questions, please contact the Purchasing Department by calling 870-574-4523 or by email at afry@sautech.edu.

Sincerely,

Angela Fry
Purchasing Agent

TO BE COMPLETED BY BUSINESS OR PERSON SUBMITTING RESPONSE:

Please check the appropriate statement below:

We have certified on-line that we do not employ or contract with any illegal immigrants.

Date on-line certification completed: _____

We have NOT certified on-line at this time, and we understand that no contract can be awarded to our firm until we have done so.

Reason for non-certification: _____

Name of Company: _____

Signature: _____

Name & Title: _____
(printed or typed)

Date: _____

RESTRICTION OF BOYCOTT OF ISRAEL CERTIFICATION

Pursuant to Arkansas Code Annotated § 25-1-503, a public entity **shall not** enter into a contract valued at \$1,000 or greater with a company unless the contract includes a written certification that the person or company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of Israel.

By signing below, the Contractor agrees and certifies that they do not currently boycott Israel, and will not boycott Israel during any time in which they are entering into, or while in contract, with Southern Arkansas University Tech. If at any time after signing this certification the contractor decides to engage in a boycott of Israel, they must notify the Purchasing Department at Southern Arkansas University Tech in writing.

If a Contractor does currently boycotts Israel, or engages in the boycott of Israel while in contract with Southern Arkansas University Tech, see Arkansas Code Annotated § 25-1-503.

Description of product or service	
Contractor name	

Contractor Signature: _____

Date: _____

Signature must be hand written, in ink

**Southern Arkansas University Tech
Comparison with Existing Coverage
Health Insurance Plan for Employees and Retirees and their Spouses and Dependents**

Coverage Eligible Employees and Retirees, Spouse, Dependents

Service Requirement First day of the month following employment. If hired on the first day of the month eligible upon hire.

Open Enrollment Annually from May 15 – June 15.

Consolidated Omnibus Budget Reconciliation Act (COBRA) Coverage

Health Insurance Portability and Accountability Act (HIPAA) of 1996 compliant

Comprehensive Medical Expense Coverage Benefit

Benefit	Current		Does Proposal Meet or Exceed Current Coverage? (Y/N)
Lifetime Maximum-per member (all services)	Unlimited		
Dependent Age	26		
	In Network	Out-of-Network	
Deductible-Individual	\$1500	\$4500	
Deductible-Family	\$4500	\$13500	
Annual Limit on Cost Sharing-Individual	\$5000	n/a	
Annual Limit on Cost Sharing-Family	\$10000	n/a	
Annual Coinsurance Limit - Individual	n/a	\$10000	
Annual Coinsurance Limit - Family	n/a	\$30000	
Prescription Drug Coverage	\$15/\$35/\$55		

Covered Benefits and Service

Benefit	In Network Copayment	Does Proposal Meet or Exceed Current Coverage Y/N	In Network Coinsurance	Does Proposal Meet or Exceed Current Coverage Y/N	Out-of-Network Coinsurance	Does Proposal Meet or Exceed Current Coverage Y/N
Primary Care Physicians Visits	\$30				40% after Deductible	
Specialist Office Visit (Consultation/evaluative only)	\$40				40% after Deductible	
Services and procedures provided in the Specialist Office other than consultation and evaluation			20%			
Preventive Care Services						
Immunizations (by PCP)	\$0				\$0	
Routine Well Baby Care (by PCP)	\$0				40% after Deductible	
Routine Physical Exams-Adults (by PCP)	\$0				40% after Deductible	
Routine Gynecological visit (PCP or GYN)	\$0				40% after Deductible	
Mammogram and Pap Smear, PSA	\$0				40% after Deductible	
Vision Exam (Specialist) (One visit per member every 2 years)	\$0				40% after Deductible	
Bone Density	\$0				40% after Deductible	
Colonoscopy Screening (Ages 50-75 1 every 10 years)	\$0				40% after Deductible	
Allergy Services						
Services provided by the PCP			20%		40%after Deductible	
Services provided by the Specialist			20%		40% after Deductible	
Hospital Services						
Inpatient Services-Semi-private room	\$200 per admission		20% after Deductible		40% after Deductible	

			and Copayment			
Outpatient Hospital Services			20% after Deductible		40% after Deductible	
Outpatient Surgical Services	\$100		20% after Deductible		40% after Deductible	
Emergency Care Services****						
Urgent Care Office Visit (consult/evaluation only)	\$40				40% after Deductible	
Services and procedures provided in the Urgent Care Center other than consultation and evaluation			20%		40% after Deductible	
Emergency Room/Urgent Care Center****	\$100 copayment plus 20% Coinsurance		\$100 copayment plus 20% Coinsurance		\$100 copayment plus 20% Coinsurance	
Observation Services	\$100 Copayment plus 20% Coinsurance		\$100 Copayment plus 20% Coinsurance		\$100 Copayment plus 20% Coinsurance	
****Emergency Care Copayment waived if member is admitted directly to the same hospital.						
Ambulance Services (ground-limited to \$1000/trip; Air- limited to \$5000/trip (one trip per contract year)			50%		50%	
Ambulatory Surgery Centers (facility Copayment applies)	\$100		20% after Deductible		40% after Deductible	
Outpatient Diagnostic Services						
Diagnostic Services Lab and X-ray (services and procedures performed outside PCP office)	Applicable Copayment		20% after Deductible		40% after Deductible	
Advanced Diagnostic Imaging Services Must be Prior Approved by Insurance Company						
Advanced Diagnostic Imaging-CT Scan, PET Scan, MRI/MRA, Nuclear Cardiology	Applicable Copayment		20% after Deductible		40% after Deductible	
Maternity and Family Planning Services *						

Initial Office Visit	\$40				40% after Deductible	
Prenatal and Postnatal outpatient care	\$0		20% after Deductible		40% after Deductible	
Inpatient Maternity Services (subject to all Inpatient Deductible and Coinsurance)	\$200 per admission		20% after Deductible and Copayment		40% after Deductible	
Infertility Counseling or Infertility Testing (refer to EOC)	50%				Not covered	
Infertility Treatment not covered						

*Out-of-network newborn coverage limited to \$2000 per member for all services (first 90 days of birth)

Therapy Services

Inpatient Rehabilitation Services (Limited to 60 days per member per contract year and subject to inpatient hospital Deductible and Coinsurance)	\$200 per admission		20% after Deductible and Copayment		Not covered	
Outpatient Rehabilitation Services: Physical, Occupational, and Speech Therapy; and chiropractic services (limited to 30 aggregate visits per member per contract year)	\$30				Not covered	
Chiropractic Rehabilitation (Limited to 30 aggregate visits per member per contract year)	\$40		20%		Not covered	
Cardiac Rehabilitation (limited to 36 visits per member per contract year)	\$40		\$20		Not covered	
Neurologic Rehabilitation Facility Services (Prior approval required) Limited to 60 days per lifetime	\$200 per admission		20% after Deductible		40% after Deductible	

Mental Illness and Substance Abuse Services

Inpatient Hospital Inpatient Services Semi-private room	\$200 per admission		20% after Deductible and Copayment		40% after Deductible	
Partial Hospitalization	\$200 per admission		20% after Deductible and Copayment		40% after Deductible	
Residential Treatment Centers Prior Approval Required (limited to 60 days per member per contract year)			20% after deductible		40% after deductible	
Outpatient (consultation/evaluation only)	\$30				40% after Deductible	
Outpatient Services and procedures provided in the specialist office other than consultation and evaluation			20%		40% after Deductible	
Durable Medical Equipment and Medical Supplies	50%				50% after Deductible	
Prosthetic and Orthotic Devices and Services			20% after Deductible		40% after Deductible	
Diabetes Management Services						
Diabetic Supplies, shoes (per Medicare guidelines) and equipment	20%				40% after Deductible	
Diabetic Self management Training Single visits or Multiple visits	\$0 per program				40% after Deductible	
Skilled Nursing Facility (Limited to 60 days per member per contract year)			20% after Deductible		40% after Deductible	
Home Health Services (Limited to 50 visits per member per contract year)			20% after Deductible		40% after Deductible	
Hospice Care (Must be pre-approved)			20% after Deductible		Not Covered	

Dental Care Services Damage to non-diseased teeth due to accident	Applicable Copayment		20% after Deductible and Copayment		40% after Deductible	
Reconstructive Surgery Correct defects due to accident or surgery. (Refer to EOC)	Applicable Copayment		20% after Deductible		Not Covered	
Reduction Mammoplasty (Prior approval required)	Applicable Copayment		20% after Deductible		Not Covered	
Medications						
Hospital or Ambulatory Surgical Center	Applicable Copayment		20% after Deductible		40% after Deductible	
Physicians Office	Applicable Copayment		20% after Copayment		40% after Deductible	
Retail Pharmacy (Drug Store) Standard Formulary with Step Therapy	\$15-generic \$35-plan choice \$55-doctor choice					
Home Infusion Therapy Pharmacy-Injectable Medications	(Contact Customer Service)		(Contact Customer Service)		(Contract Customer Service)	
Organ Transplant Services (Approval required)	\$200 per admission		20% after Deductible		Not Covered	
Medical Disorder Requiring Specialized Nutrients or Formulas (only covered in connection with specific diagnoses)	Applicable Copayment		20% after Deductible		40% after Deductible	
Complications of Smallpox Vaccine	Applicable Copayment		20% after Deductible		40% after Deductible	
Miscellaneous Health Interventions	Applicable Copayment		20% after Deductible		40% after Deductible	

Some In-Network Services for which the member has a Coinsurance responsibility are subject to the In-Network Deductible. Out-of-Network Deductible, Copayment, and Coinsurance amounts do not apply to the In-Network Deductible or the Annual Limitation on Cost Sharing. Expenses incurred for services that exceed specific benefit limits are not applied to the Annual Limitation on Cost Sharing.

No referral is necessary for In-Network services or Emergency Care.

Southern Arkansas University Tech

Current Census Data

E=Employee

F=Family

EC=Employee and Child(ren)

ES=Employee and Spouse

2018-19 Salary	Gender	Birthdate	Type of Coverage	Plan
\$18,248.00	F	1968	E	POS
\$39,226.00	M	1970	E	POS
\$35,430.00	M	1991	E	POS
\$57,931.00	M	1960	ES	POS
\$18,338.00	F	1967	E	POS
\$29,251.00	M	1976	E	POS
\$21,628.00	M	1970	E	POS
\$41,116.00	F	1966	E	POS
\$41,139.00	F	1967	E	POS
\$39,367.00	F	1974	E	POS
\$29,251.00	F	1969	E	POS
\$26,230.00	F	1962	E	POS
\$30,713.00	M	1976	E	POS
\$27,500.00	M	1987	E	POS
\$42,958.00	M	1953	ES	POS
\$41,116.00	F	1982	E	POS
\$39,932.00	F	1964	EC	POS
\$45,000.00	M	1982	F	POS
\$34,476.00	F	1956	E	POS
\$22,709.00	F	1969	E	POS
\$40,827.00	F	1976	E	POS
\$27,500.00	F	1993	E	POS
\$31,954.00	M	1960	E	POS
\$29,500.00	F	1977	E	POS
\$29,836.00	M	1957	E	POS

\$43,024.00	F	1958	E	POS
\$50,041.00	M	1961	EC	POS
\$20,788.00	M	1981	E	POS
\$62,500.00	F	1966	E	POS
\$59,148.00	M	1954	E	POS
\$43,417.00	F	1960	E	POS
\$42,000.00	M	1987	E	POS
\$26,814.00	F	1961	E	POS
\$43,000.00	F	1971	ES	POS
\$40,000.00	F	1979	E	POS
\$36,791.00	M	1977	E	POS
\$35,000.00	F	1991	E	POS
\$22,264.00	F	1960	F	POS
\$38,495.00	F	1968	E	POS
\$31,882.00	M	1980	E	POS
\$55,797.00	F	1961	E	POS
\$23,163.00	F	1975	E	POS
\$42,656.00	M	1986	E	POS
\$40,524.00	M	1983	ES	POS
\$39,723.00	M	1988	E	POS
\$31,327.00	F	1967	E	POS
\$42,000.00	F	1980	E	POS
\$23,377.00	M	1987	E	POS
\$28,350.00	F	1967	EC	POS
\$36,265.00	M	1970	E	POS
\$20,788.00	M	1973	E	POS
\$21,827.00	F	1978	E	POS
\$47,663.00	M	1964	F	POS
\$42,868.00	F	1954	E	POS
\$25,268.00	F	1976	EC	POS
\$73,088.00	F	1974	E	POS
\$32,968.00	F	1957	E	POS
\$88,495.00	M	1966	ES	POS

\$50,041.00	M	1964	E	POS
\$45,900.00	M	1968	E	POS
\$40,800.00	M	1984	E	POS
\$41,188.00	M	1966	E	POS
\$53,000.00	F	1973	E	POS
\$24,777.00	F	1939	E	POS
\$56,015.00	F	1963	E	POS
\$45,488.00	M	1961	E	POS
\$45,900.00	F	1989	E	POS
\$42,602.00	F	1953	E	POS
\$41,063.00	F	1970	E	POS
\$40,780.00	F	1958	E	POS
\$55,046.00	M	1963	E	POS
\$20,788.00	F	1979	E	POS
\$28,380.00	F	1969	E	POS
\$44,000.00	F	1992	E	POS
\$47,000.00	F	1978	E	POS
\$74,206.00	F	1960	E	POS
\$17,680.00	F	1959	E	POS
\$26,517.00	F	1955	E	POS
\$40,319.00	F	1983	E	POS
\$51,000.00	M	1955	E	POS
\$26,288.00	F	1958	E	POS
\$35,468.00	M	1979	EC	POS
\$35,000.00	M	1981	E	POS
\$18,316.00	F	1985	E	POS
\$25,268.00	F	1989	E	POS
\$29,836.00	F	1963	E	POS
\$101,296.00	F	1961	E	POS
\$32,000.00	M	1992	E	POS
\$18,855.00	F	1983	E	POS
\$51,285.00	F	1967	ES	POS
\$85,690.00	M	1960	EC	POS

\$50,285.00	M	1963	F	POS
\$69,300.00	F	1977	E	POS
\$35,149.00	M	1969	E	POS
\$35,430.00	F	1981	E	POS
\$171,200.00	M	1974	F	POS
\$21,827.00	F	1968	E	POS
\$25,268.00	F	1979	E	POS
\$82,646.00	F	1957	E	POS
\$45,900.00	M	1955	E	POS
\$22,919.00	M	1958	E	POS
\$27,500.00	F	1991	E	POS
\$21,827.00	F	1989	E	POS
\$44,253.00	M	1974	EC	POS
\$39,199.00	M	1962	E	POS
\$42,000.00	M	1996	E	POS
\$38,000.00	F	1977	EC	POS
\$51,228.00	M	1979	E	POS
\$31,500.00	F	1982	EC	POS
\$21,827.00	F	1953	F	POS
\$44,000.00	F	1970	E	POS
\$21,827.00	F	1983	E	POS
\$33,552.00	F	1977	E	POS
\$46,773.00	M	1972	E	POS
\$64,073.00	M	1955	ES	POS
\$32,894.00	F	1973	E	POS
\$33,084.00	F	1960	E	POS
\$42,500.00	F	1988	E	POS
\$17,680.00	F	1967	E	POS
\$33,500.00	F	1972	EC	POS
\$65,000.00	F	1977	E	POS
\$51,000.00	M	1952	ES	POS
\$45,000.00	M	1960	E	POS
\$20,788.00	M	1980	E	POS

\$29,251.00	M	1947	E	POS
\$25,268.00	M	1988	E	POS
\$51,285.00	F	1976	EC	POS
\$53,332.00	M	1960	E	POS
\$50,164.00	M	1964	ES	POS
\$38,457.00	F	1988	E	POS
\$60,893.00	M	1958	E	POS
\$27,858.00	M	1988	E	POS
\$50,980.00	M	1957	E	POS
\$17,680.00	F	1998	E	POS
\$18,855.00	F	1980	E	POS
\$39,366.00	M	1956	E	POS
\$25,773.00	F	1984	EC	POS
\$38,930.00	M	1943	E	POS
\$30,433.00	M	1958	E	POS
\$24,107.00	F	1963	E	POS
\$31,000.00	M	1968	E	POS
\$49,060.00	M	1978	E	POS
\$30,000.00	F	1972	E	POS
\$50,285.00	M	1956	E	POS
\$92,549.00	F	1961	E	POS
\$29,251.00	M	1974	E	POS
\$33,959.00	F	1958	E	POS
\$45,000.00	F	1977	EC	POS
\$65,000.00	F	1975	E	POS
Retiree	M	1956	E	POS
Retiree	F	1954	EC	POS
Retiree	F	1958	E	POS
Retiree	M	1954	E	POS
Retiree	M	1958	E	POS
Retiree	f	1958	E	POS
COBRA	M	1956	E	POS