

2024 Benefits Open Enrollment

Benefits Open Enrollment is Nov. 6-20, 2023.

Here's what you need to know.

Review your benefit options online.

Visit benefits.carle.org to find everything in an easy-to-navigate format.

Most of the information that you will need to make benefits choices during open enrollment is under Health, Dental & Vision; Additional Benefits; and Time Off & Disability. New health and dental plan scenarios have been provided to help you make informed decisions on which plans may best suit your needs. The Retirement, Leave of Absence and Well-Being sections describe important details that are part of your total rewards package.

How do I enroll?

After you've reviewed your choices on the benefits guide website, open enrollment occurs in Lawson, which can be accessed through the Tools & Applications link on CLICK (click.carle.com). Refer to the step-by-step instructions in this packet to walk you through the process.

What benefits require reenrollment?

Most benefits will continue each year without opting in again, but if you want to participate in a Flexible Spending Account (FSA), Dependent Care FSA or Health Savings Account (HSA) in the new year, you must complete the online enrollment process and make your elections. This is true even if you currently participate in these plans.

You'll also need to enroll in any benefits you didn't have in 2023.

What if I have no changes to make for 2024?

We encourage you to log in to the enrollment platform, review your benefits and confirm coverage for next year. All current benefit plans except for Flexible Spending Accounts and Health Savings Accounts will continue if you do nothing.

What if I want to change my current benefits or enroll for the first time?

You must access Employee Self-Service through Lawson during the Open Enrollment Period. After you've completed your changes, it's important to print the confirmation statement for your records. Changes you make during open enrollment will take effect on Jan. 1, 2024, and will continue through the end of next year unless you have an IRS Qualifying Life Event (explained below).

What if I experience a life change next year?

Once you enroll, the choices you make will stay the same through next year. You can't make a change unless you have an IRS Qualifying Life Event, such as a marriage, divorce, birth, adoption, or change in employment for you or your spouse.

If you experience one of these events, you can make a change to your elections by submitting a Benefit Change Form and supporting documentation (such as a marriage or birth certificate, employer statement, etc., to verify your request) within 31 days of the event. If you don't, you'll have to wait until the next Open Enrollment Period to make benefit changes. The change form can be found on My Care Compass at compass.carle.com.

How do I get help?

We're always here for you. Human Resources can walk you through the benefits guide website or answer any questions you have about your 2024 benefits. Contact the MyHR Help Desk at MyHR.HelpDesk@carle.com or call (217) 902-5300.

Next Steps

Before Open Enrollment Begins

- Review our benefits guide at benefits.carle.org, which includes new scenarios for health and dental plans.
- Look at previous medical claims to understand your usage. Adding up claims and costs can help you make a more informed plan choice.
- Consider additional benefits such as EyeMed vision, critical illness or accident insurance to enhance your health insurance choices.
- Consult with members of your household.

During Open Enrollment

- Go online to Lawson and select Open Enrollment. In the Enrollment System, you'll add/modify your dependents, confirm the tobacco-user status for you and each of your covered dependents, and select your benefits for next year.
- Get the help you need by contacting the MyHR Help Desk at MyHR.HelpDesk@carle.com or (217) 902-5300.

Before the End of the Year

- If you have a Flexible Spending Account, December 31, 2023, is the last date to incur current-year expenses.
- Submit eligibility documentation for any family member added to health and/or dental coverage during open enrollment.

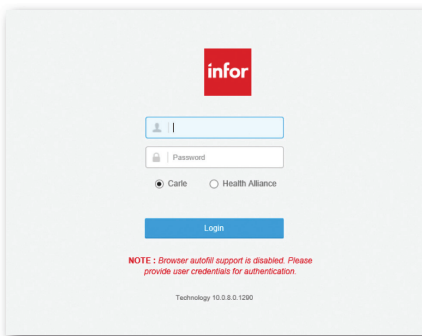
Jan. 1, 2024

- Your benefit elections go into effect.
- You'll receive a health and/or dental ID card issued by Health Alliance™ for you and each covered dependent. If you need replacement or additional cards, contact Health Alliance at (800) 322-7451, or online at hally.com.

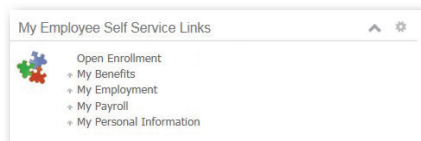
March 31, 2024

- Last day to submit reimbursement claims for the 2023 Flexible Spending Account.

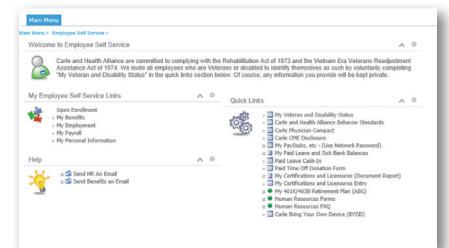
Benefits Open Enrollment Instructions



1 Log in to Infor (Lawson Self-Service) using your Carle Health network username and password.



2 On the Main Menu page, click the Employee Self-Service link.



3 Under My Employee Self-Service Links, click the Open Enrollment link. This will open the benefit enrollment application in a new window.



Team members in Greater Peoria may first have to log in to the Carle Gateway to access Lawson.

Get Started

4 Click the Get Started button to begin.

Please review your personal information.
To make changes, click the "Make Changes" button.

Employee #: 106486 Name: John Doe
 Date of Birth: 02/29/1960 Age: 61
 Address Line 1: 123 Main Street
 Address Line 2:
 City: Anytown State: IL Zip: 61820
 County:
 Personal Phone: 217-135-7913
 Personal Email: johndoe@hotmail.com

Make Changes Continue

5 Review and update your personal information. Click the Continue button when finished.

Please review and update your dependents.

Jane Joe
 Relation: Spouse Review/Change
 Birth Date: August 01, 1974
 Gender: Female Remove
 Address: Home

Sally Doe
 Relation: Child Review/Change
 Birth Date: August 04, 2004
 Gender: Female Remove
 Address: Home

Randy Doe
 Relation: Child Review/Change
 Birth Date: August 01, 2007
 Gender: Male Remove
 Address: Home

Add Dependent Continue

Add Dependent

* First Name: Jane Address: Home Address
 Middle Initial:
 * Address Line 1: 123 Main Street
 Last Name: Joe Address Line 2:
 Suffix:
 * City: Anytown * State: IL
 Social Nbr: 123-45-6789 (123-45-6789) * Zip: 61820
 Gender: Female
 Relationship: Spouse Student: No
 Birth Date: 08/01/1974 (mm/dd/yyyy) Disabled: No (Contact benefits to change)
 Adoptions: (mm/dd/yyyy)
 Placement: (mm/dd/yyyy)

Cancel Add Dependent

6 Add and/or update your dependents. Click the Continue button when finished.

Tobacco Use Affidavit

Health plan participants who are tobacco-free can save up to \$480 per year.

NOTE: Tobacco products include cigarettes, cigars, chewing tobacco, pipe tobacco, or any other tobacco products regardless of the frequency or method of use.

My electronic response certifies that the statements below are true and correct:

- The responses I am about to give will accurately and truthfully reflect tobacco usage by me and/or my covered dependents.
- I understand the definition of tobacco products provided in this Affidavit.
- I understand that I and/or my covered dependents will have the opportunity to qualify for the non-tobacco user premium at least once a year by submitting a revised Affidavit or by taking advantage of the reasonable alternative standard Carle provides.
- I understand that if I fail to complete this Affidavit truthfully, Carle may take adverse employment action against me up to and including termination of my employment because an untruthful response constitutes falsification of a document in violation of the Employee Discipline and Misconduct Policy.
- I understand that if it is medically inadvisable for me or my covered dependents to attempt to meet the requirements of this program, Carle will make available a reasonable alternative standard for me and/or my covered dependents so that I may avoid the tobacco-user surcharge.
- I further understand that the reasonable alternative standard will include, but may not be limited to, my participation in the Smoking Cessation Program. I Can Quit.
- I understand that if Carle obtains information establishing that I or my covered dependents use tobacco products and did not participate in the Smoking Cessation Program, I Can Quit, Carle will implement the higher tobacco-user premium regardless of the representations I make on this Affidavit.

I Agree

7 Read the Tobacco Use Affidavit and click the I Agree button.

Do you or any of your dependents use tobacco products?

NOTE: Tobacco products include cigarettes, cigars, chewing tobacco, pipe tobacco, or any other tobacco products regardless of the frequency or method of use.

PLEASE NOTE: If a tobacco user is enrolled in a health plan, you will be charged a tobacco user fee.

John Doe
 Employee No, I do NOT use tobacco products

Jane Joe
 Relation: Spouse Yes, Jane uses tobacco products

Sally Doe
 Relation: Child No, Sally does NOT use tobacco products

Randy Doe
 Relation: Child No, Randy does NOT use tobacco products

Continue

8 Respond to the Tobacco Use Affidavit for each of your dependents. Click the Continue button when finished.

Take a moment to learn about your benefit options and then begin your enrollment.
 Enrollment is NOT complete until you have accepted, reviewed, and confirmed your enrollment elections. Before you can accept your elections, you MUST click "Choose" for each benefit plan and either enroll or waive coverage.

	Coverage / Cost	Coverage / Cost	
Health	No Coverage	No Coverage	Choose
Health Savings Account	No Coverage	No Coverage	Choose
Dental	No Coverage	No Coverage	Choose
Vision	No Coverage	No Coverage	Choose
Medical Flex Spending Account	No Coverage	No Coverage	Choose
Dependent Care Flex Spending	No Coverage	No Coverage	Choose
Life Insurance	Life Plan \$ coverage Company:	Life Plan \$ coverage Company:	Contact Benefits for questions regarding Life Insurance.
Compass Critical Illness Insurance	No Coverage	No Coverage	Choose
Compass Accident Insurance	No Coverage	No Coverage	Choose

9 You're now at the main benefit enrollment screen. Take a moment to learn about the benefits offered to you by clicking on any of the "Click here to learn more" links.

Health Click to learn more	HD Employee Only John	Employee Pre-tax: \$35.00 Company: \$171.90	PPO Employee Only John	Employee Pre-tax: \$54.98 Company: \$207.08	Enroll	Enrolled
					Decline	

10 Make your selections on each of the benefit plans listed.

PLEASE NOTE: Before you can accept your elections, you must choose to enroll or waive each benefit plan. If you don't want coverage, please enroll in the No Coverage option.

For the plans that allow dependent coverage, select the desired plan

and mark the dependents you desire to cover. The deduction amount displayed will be deducted from your paycheck. Once you've selected the desired coverage, answer the two questions and click the Enroll button.

For the other Coverage plans, select the desired plan and enter the annual contribution/coverage amount.

The deduction amount displayed will be deducted from your paycheck. Then click the Enroll button.

After you enroll or waive the benefit, you'll see a corresponding symbol indicating you've successfully made your selection.

IMPORTANT: You must enroll or waive each listed benefit to proceed to the next step.

	Coverage	Cost Per Pay Period
Health Plan	PPO Employee Only John	Employee Pre-tax: \$54.98 Company: \$207.08
Health Savings Account	No Coverage	
Dental Plan	Employee Only John	Employee Pre-tax: \$7.47 Company: \$12.26
LyMed Vision	No Coverage	
Medical Flex Spending Account	No Coverage	
Dependent Care Flex Spending	No Coverage	
Life Plan	\$52,000 coverage	Company: \$1.56
Compass Critical Illness Insurance	No Coverage	
Compass Accident Insurance	No Coverage	
Legal Services	No Coverage	
LifeLock Identity Theft	No Coverage	
Total Deduction Costs:		Employee Pre-tax: \$62.45 Employee Alt-tax: \$0.00 Company: \$207.08

Thank you, your benefit elections have been confirmed.
If you have questions regarding these elections, or would like to make changes, please contact Human Resources at (217) 902-5300 or human.resources@carle.com.

11 Once you've enrolled in all of your benefits and you are satisfied with your selections, click the Accept Elections button.

12 Now you'll need to confirm your elections. DON'T confirm until you're satisfied with your selections. If satisfied, click the Confirm Elections button.

13 Once you've confirmed, you'll receive an email confirmation with a summary of your benefit elections.

NOTE: Once you confirm, you'll need to contact MyHR.HelpDesk@carle.com during the Open Enrollment Period if you have any questions regarding changes. No changes can be made after this period.