

# Required Notices

CURRENT AS OF 10/31/2023  
FOR UP-TO-DATE INFORMATION, VISIT [CLICK](#)



## Medicare Part D

---

### **IMPORTANT NOTICE FROM CARLE HEALTH ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Carle Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Carle Health has determined that the prescription drug coverage offered by the Carle Foundation Employee's Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?**

If you decide to join a Medicare drug plan, your current Carle Health coverage will not be affected. You can keep the current coverage even if you elect Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Carle Health coverage, be aware that you and your dependents may not be able to get this coverage back.

### **WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?**

You should also know that if you drop or lose your current coverage with Carle Health and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE:**

Contact the HR/Benefits team listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Carle changes. You also may request a copy of this notice at any time.

**FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE:**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

**FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE:**

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: **January 1, 2024**  
Name of Entity/Sender: **Carle Health**  
Contact—Position/Office: **Human Resources**  
Address: **611 W Park St. Urbana, IL 61801**  
Phone number: **(217) 902-5300**

## HIPAA Special Enrollment Rights

If you're declining enrollment in the Carle Foundation Employee's Health Plan for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at (217) 902-5300 or [MyHR.HelpDesk@carle.com](mailto:MyHR.HelpDesk@carle.com).

## Women's Health and Cancer Rights

If you are enrolled in the Carle Employee Health Plan and have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under your health plan. If you would like more information on WHCRA benefits, call Health Alliance at (800) 851-3379.

## Newborn's and Mother's Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

# All Kids Healthcare for All Kids

---

## **WHAT IS ALL KIDS?**

All Kids is the State of Illinois program for children who need comprehensive, affordable health insurance, regardless of immigration status or health condition. Every child deserves the chance to grow up healthy. With All Kids, your children will be able to get the care they need, when they need it. It means you can take your child to the doctor for a regular check-up, to the dentist to fill a cavity or to the eye doctor to get a prescription for glasses.

To date, there are more than 1.6 million Illinois children enrolled in All Kids. If your family, like many hardworking families, cannot afford private health insurance, All Kids may be the answer for you.

## **WHAT DOES ALL KIDS COVER?**

All Kids is complete health insurance for your child. All Kids covers doctor visits, hospital stays, prescription drugs, vision care, dental care and eyeglasses. All Kids covers regular check-ups and immunizations (shots). All Kids also covers special services like medical equipment, speech therapy and physical therapy for children who need them.

## **WHO CAN GET ALL KIDS?**

Children can get All Kids health insurance if:

1. They live in Illinois.
2. They are age 18 or younger.
3. They meet the insurance requirements for All Kids.
4. Their family's income meets the All Kids Income Limit.

## **WHAT IS THE INCOME LIMIT FOR ALL KIDS?**

Visit [www.illinois.gov](http://www.illinois.gov) to view the income limits. The income limits may increase each year based on the federal poverty level.

## **HOW DO I APPLY FOR ALL KIDS?**

The easiest way to apply is using the Internet. You can fill in and submit an ABE Application online. You can also download and print a copy of the application from the Web site or have an application mailed to you.

There are All Kids Application Agents all over Illinois that can help you apply. To find an application agent near you, visit the All Kids Application Agents Website or call 1-866-All-Kids (1-866-255-5437). If you use a TTY, call 1-877-204-1012. The hotline has translation services available.

1-866-All-Kids (1-866-255-5437)

[www.illinois.gov](http://www.illinois.gov)



# Carle Health Plan Notice of Privacy Practices

---

## **YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (“Notice”) applies to certain group health plans offered by Carle Health to its eligible employees. Specifically, the group health plan benefit options covered under this Notice are:

- The Carle Foundation Employees’ Health and Dental Plan
- Health Flexible Spending Accounts under the Carle Section 125 Plan
- The Carle Foundation Employee Assistance Program

This Notice of Privacy Practices (the “Notice”) describes the legal obligations of the Plans described above and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or healthcare operations, or for any other purposes that are permitted or required by law. It is important that you read the entire Notice.

## **YOUR RIGHTS (PAGE 117)**

### **You have the right to:**

- Get a copy of your health and claims records.
- Correct your health and claims records.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we’ve shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

## **YOUR CHOICES (PAGE 116)**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends.
- Provide disaster relief.
- Market our services and sell your information.

## **OUR USES AND DISCLOSURES (PAGE 116)**

### **We may use and share your information as we:**

- Help manage the healthcare treatment you receive.
- Run our organization.
- Pay for your health services.
- Administer your health plan.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director.
- Address workers’ compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

## **THE GROUP HEALTH PLANS**

This Notice describes how the medical, dental, healthcare flexible spending account, and employee assistance program benefits offered by Carle may use and disclose your protected health information, in accordance with the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”), to carry out treatment, payment and healthcare operations, and for any other purposes that are permitted or required by law. This Notice also sets out the Plan’s legal obligations concerning your health information and describes your rights to access and control the use and disclosure of your health information.

For convenience, this Notice uses the term “Plan” to refer to the different benefit programs. This Notice does not apply to other benefit programs that are not health plans, such as short-term disability, long-term disability insurance, life and accidental death and dismemberment insurance, and the dependent care flexible spending account.

*Questions and Further Information.* If you have any questions or want additional information about the Notice or the policies and procedures described in the Notice, please contact the Carle Human Resources/Benefits Department using the Contact Information provided at the end of this Notice.

## **YOUR RIGHTS**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### **Get a copy of health and claims records.**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- If your health and claims records or other health information is maintained in an electronic health record, you may request that the Plan provide a copy to you or to a person or entity you designate in an electronic format.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. Under limited circumstances, we may deny you access to a portion of your records, and in some, but not all, circumstances, you may have the right to have this decision reviewed. We may charge a reasonable, cost-based fee.

### **Ask us to correct health and claims records.**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days. We may extend our review of your request by an additional 30 days if necessary. We will notify you of such an extension before the initial 60 day time period is up.

### **Request confidential communications.**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share.**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no.”

**Get a list of those with whom we've shared information.**

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We'll include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice.**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We'll provide you with a paper copy promptly.

**Choose someone to act for you.**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated.**

- You can complain if you feel we have violated your rights by contacting us using the information on page eight.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

**YOUR CHOICES**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we'll follow your instructions. You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.

**OUR USES AND DISCLOSURES**

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**Help manage the healthcare treatment you receive.**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*



**Run our organization.**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

**Pay for your health services.**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

**Administer your plan.**

We may disclose your health information to the Plan sponsor to carry out its responsibilities to administer health plan payments and healthcare operations activities. The plan sponsor is not permitted to use your health information disclosed by or on behalf of the Plan for any other purpose. The plan documents identify by position the specific employees or other individuals under the control of the plan sponsor who are authorized to have access to or receive your health information for the purpose of administering the Plan. Unless you provide written authorization, the plan sponsor may not use your health information that it receives from the plan for benefit programs that do not provide health benefits, to make any employment-related decisions, or for any other purpose other than as required by law or permitted by the plan. However, health information derived from other sources, for example in connection with an application for disability benefits or a leave qualifying under the Family and Medical Leave Act, is not protected by HIPAA. If the plan sponsor obtains your health information in a way that is unrelated to the plan, this Notice will not apply to that health information, but the plan sponsor will safeguard that information in accordance with other applicable laws and its internal policies.

**HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues.**

We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

**Do research.**

We can use or share your information for health research.

**Comply with the law.**

We'll share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests and work with a medical examiner or funeral director.**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests.**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions.**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind regarding future uses or disclosures of your information at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**EFFECTIVE DATE AND DURATION OF THIS NOTICE**

**Effective Date:** This Notice is effective on October 31, 2023.

**Changes to the Terms of this Notice:** We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we'll mail a copy to you. You also may obtain any new notice by contacting the Carle Human Resources/Benefits Department.

**Limitation on Application of Notice.** This Notice doesn't apply to information that doesn't identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. In addition, the Plan may use or disclose "summary health information" to the Plan Sponsor for its purposes of obtaining premium bids or modifying, amending or terminating the Plan. Summary health information is information that summarizes claims history, claims expenses or types of claims experienced by individuals for whom the Plan Sponsor provides benefits under the Plan and from which the individual identifying information, except for five-digit zip codes, has been deleted. The Plan and Plan Sponsor also may use or disclose eligibility and enrollment information without your Authorization.

**Keep the Plan Informed of Address Changes**

You should keep the Plan informed of any changes in your address and the addresses of your covered family members. In the event that your PHI has been breached, the Plan will notify you at your address on record.

**Contact Information**

To exercise any of the rights described in this Notice, for more information, or to file a complaint, please contact the Carle Health Human Resources/Benefits Department at

Carle Health Human Resources  
611 W Park St, Urbana IL 61801  
(217) 902-5300

The Contact Person may direct you to contact the service provider of a Plan benefit to exercise some or all of your rights under the Plan.

Plan Benefits and Contact Information Effective October 31, 2023.

<b>BENEFIT</b>	<b>CONTACT</b>	<b>CONTACT INFORMATION</b>
Medical Benefits (self-insured)	(800) 322-7451	Health Alliance
Prescription Drug Benefits (self-insured)	(800) 322-7451	Health Alliance
Dental Benefits (self-insured)	(800) 322-7451	Health Alliance
Flexible Spending Accounts (FSAs)	(877) 722-8880	Benefit Planning Consultants
Employee Assistance Plan (EAP)	(800) 722-8880	Resolutions EAP

# Resolutions Employee Assistance Programs

---

## **MENTAL WELLBEING**

The Resolutions Employee Assistance Program (EAP) is a benefit offered to all Carle Health team members and their household members whereby they have access to free, confidential counseling/referral services to address wellbeing and work/life balance. Team members may access services for a variety of issues including:

### **Counseling**

- Marital and family issues
- Anxiety and mood-related issues
- Alcohol and substance abuse issues
- Stress-related issues
- Grief or loss
- Workplace issues
- Health
- Personal Growth

### **Crisis Management**

- Critical Incident Stress Debriefing (CISD) for teams or departments who have been involved in an extraordinary stressful event
- 24-hour crisis line available after hours, weekends and holidays

### **Resources**

- Free referral for telephonic legal consultation
- Free referral for telephonic consultation basic financial concerns
- Senior care resources
- Extensive online resource library

### **SERVICES ARE CONFIDENTIAL AND PROVIDED AT NO COST.**

As a team member benefit, six free, confidential sessions (per issue, per year) are available to team members and their household members. EAP sessions are held at an off-site location to protect team members' privacy. Counseling sessions are in person, by telephone or virtual. Unless legally mandated, nothing from these sessions will be shared without a person's written consent. If additional assistance is recommended, an EAP counselor will facilitate a referral process based on a person's situation and financial circumstances.

### **APPOINTMENTS ARE AVAILABLE WHEN TEAM MEMBERS NEED HELP.**

EAP appointments are scheduled Monday-Friday from 8:00 a.m. – 5:00 p.m. Evening appointments are also available. For immediate assistance during crisis situations, team members can call (800) 228-6380 24-hours a day, seven days a week. Call (217) 383-3202 or (800) 228-6380 to schedule an appointment.

### **CARLE CARES FOR YOU.**

This anonymous, online tool can help team members get confidential feedback and support from EAP counselors. It only takes 10 minutes to complete a brief, anonymous questionnaire for burnout, substance abuse, stress, depression and other mental health conditions. After a team member submits a questionnaire, they will receive a personal response from an EAP counselor. Team members can exchange messages anonymously with the counselor, ask questions and receive recommendations and support for connecting with mental health services.

This service is for Carle Health team members and is completely voluntary and confidential. To learn more and get started, go to [carle.caresforyou.org](http://carle.caresforyou.org). Note that this is not an emergency response system or crisis intervention service. If a team member is in crisis, please call the National Suicide Prevention Lifeline at (800) 273-8255 or Resolutions Employee Assistance Program at (800) 228-6380.

---

## **CARLE HEALTH WELLBEING**

The Carle Health Wellness and Wellbeing Program is committed to supporting employees through a culture of wellbeing and providing personal solutions to live happier, healthier lives. Team members are invited and encouraged to participate in programs and activities designed to meet their unique needs, confidence, and readiness to change. Carle Health well-being programs are here to help you. Our well-being programs focus on four key areas of well-being: Move, Mind, Money and Mission.

### **Move**

Move focuses on fitness, diet, and nutrition.

### **Mind**

Mind focuses on emotional well-being, spiritual support, mental health and intellectual growth.

### **Money**

Money focuses on financial goals, resources, discounts and total rewards.

### **Mission**

Mission focuses on career development, community service and social engagement.

## **Hally Care Coordination**

As part of your Health Alliance health plan, you get access to comprehensive health and wellness resources, programs, perks and offerings. Health Alliance calls this Hally® health.

One of the most powerful offerings is care coordination services from Hally health. Care coordinators are a complimentary resource that's part of the Carle Health employee health plan. Using a care coordinator, you have one go-to person who can answer your questions and help you get the most out of your health insurance coverage. Care coordinators are available to help any family member who is covered under your health plan.

### **Care coordinators can help you:**

- Make the most of your benefits and save money.
  - Understand and manage illness and recovery.
  - Coordinate your care when you have complicated health conditions.
  - Care for yourself to prevent illness and hospital stays.
  - Find great tools and resources to help you on your wellness journey.
-

# New Health Insurance Marketplace Coverage Options and Your Health Coverage



## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 9-30-2023)

### PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [Carle Health Human Resources](mailto:MyHR.Helpdesk@carle.com) Phone: 217-902-5300 Email: [MyHR.Helpdesk@carle.com](mailto:MyHR.Helpdesk@carle.com)

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## ▶ PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Carle Foundation		4. Employer Identification Number (EIN) 37-0673465	
5. Employer address 611 W. Park Street		6. Employer phone number 217-902-5300	
7. City Urbana	8. State IL	9. ZIP code 61801	
10. Who can we contact about employee health coverage at this job? Eric Phillips, Director of Total Rewards			
11. Phone number (if different from above)		12. Email address Benefits@carle.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

- All employees. Eligible employees are:

Permanent, active employees of Carle Health who are scheduled to work 20 hours or more per week and are classified as employment code A1, A2, A3, or A5

- With respect to dependents:

- We do offer coverage. Eligible dependents are:

- Legally married spouse or domestic partner
- Dependent children under age 26. "Children include an employee's natural child, adopted child (or) child placed in anticipation of adoption), stepchild, and a child for whom the employee is legal guardian; and
- Totally disabled children age 26 and over

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to [find](#) out if you can get a tax credit to lower your monthly premiums.

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –**

<p style="text-align: center;"><b>ALABAMA – Medicaid</b></p> <p>Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447</p>	<p style="text-align: center;"><b>ALASKA – Medicaid</b></p> <p>The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a></p>
<p style="text-align: center;"><b>ARKANSAS – Medicaid</b></p> <p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p style="text-align: center;"><b>CALIFORNIA – Medicaid</b></p> <p>Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>
<p style="text-align: center;"><b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b></p> <p>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442</p>	<p style="text-align: center;"><b>FLORIDA – Medicaid</b></p> <p>Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268</p>



<b>GEORGIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 1-800-457-4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>KANSAS – Medicaid</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
<b>KENTUCKY – Medicaid</b>	<b>LOUISIANA – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
<b>MAINE – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofa/applications-forms">https://www.maine.gov/dhhs/ofa/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
<b>MINNESOTA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>MONTANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.texas.gov/Health-Insurance-Premium-Payment-(HIPP)-Program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT– Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.vermont.gov/Health-Insurance-Premium-Payment-(HIPP)-Program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

<b>WISCONSIN – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebesa.opr@dol.gov](mailto:ebesa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

## The Carle Foundation Hospital & Affiliates 403(b) Plan and Carle Profit Sharing Plan Investment and Fee Notice

This document contains important information concerning our retirement plan. The first section provides you with information about the plan in general, including any expenses you might incur through participation in the plan or through taking advantage of different plan features. The second section provides information about the plan's investment alternatives, including any fees or expenses associated with those investments.

If you have any questions concerning any of this information, contact your Plan Administrator: 611 West Park Street, Benefits Office FA-HRO, Urbana, IL 61801.

### Other Plan Information

The Plan is intended to be an ERISA Section 404(c) plan. This simply means that you "exercise control" over some or all of the investments in your Plan account. The fiduciaries of the Plan may be relieved of liability, or responsibility, for any losses that you may experience as a direct result of your investment decisions.

As a Plan participant, you may request certain information from your Plan Representative listed above. This information includes: annual operating expenses of the Plan investments; copies of prospectuses, financial statements, reports, or other materials relating to Plan investments provided to the Plan; a list of assets contained in each Plan investment portfolio; the value of those assets and fund units or shares; and the past and current performance of each Plan investment.

You give investment directions for some or all your Plan account, selecting from investment choices provided under the Plan, as determined by Carle Foundation Hospital and/or the Plan's Investment Manager. You can change your investments at any time.

In our plan, unless the Plan Administrator and/or Plan Trustee has delegated this responsibility to another person or entity, the Plan Administrator and/or the Plan Trustee has the responsibility for the voting and the tendering of mutual fund shares relating to the assets held by the trust.

The Plan offers a brokerage window option. In addition to the investment alternatives listed on the Comparative Chart, the Plan offers you the option of making your own investments through a brokerage account option. Please call the Participant Service Center if you would like more information about establishing a brokerage account and information about trading costs associated with a brokerage account. With a brokerage account you may choose to invest in a variety of stocks, bonds and mutual funds. Each investment selection may have a Shareholder-type fee or commission associated with the purchase or sale of a fund that varies among available investment options.

### Plan Related Expenses

Retirement plans have different types of expenses.

Administration expenses - These are charges for general plan administrative services to the Plan that may include, but are not limited to, legal, accounting, custodial, trustee, investment advisory, participant education and recordkeeping expenses. In the Plan, these expenses may be paid partly by the Plan Sponsor and partly by participants. If applicable, a participant's explicit share of these expenses may be allocated on either a pro rata or a per capita basis. If applied pro-rata, your share of these expenses is based on the value of your account balance over the total assets in the Plan. If applied per-capita, your share of expenses is determined by dividing the total expense by the number of participants in the Plan. Deducted fees, if any, are displayed as a dollar amount on your quarterly statements.

The plan may benefit from revenue sharing. If it does, it is either credited back to the accounts of the participants that generated it or used to reduce expenses that could otherwise be deducted from participant accounts.

#### Custody and Trading Fees

Annual fee to the plan is:

Custodial Fee - Tiered:

Schwab Custody and Trading Fee- Carle

Tier Assets Under Management Rate

1	All Assets	0.0205%
---	------------	---------

Directed Trustee Services Fee Deducted Pro-Rata - \$1,000.00

#### Recordkeeping/Admin Fees

Annual fee to the plan is:

Participant Fee - Flat Fee - Participating - \$26.80 Per Participant

#### Third Party Administrator (TPA) Fees

Annual fee to the plan is:

Participant Fee - Flat Fee - Participating - \$3.15 Per Participant

Education Service Provider Fee Deducted Pro Rata - \$150,000.00

Plus a Per Participant Fee - \$13.50 Per Participant

**Individual Expenses** - These are expenses you may incur if you take advantage of certain Plan features.

- A \$25.00 lump sum distribution fee.
- A \$25.00 in-service distribution fee.
- A \$25.00 hardship distribution fee.
- A \$25.00 required minimum distribution fee.

**The Carle Foundation Hospital & Affiliates 403(b) Plan and Carle  
Profit Sharing Plan Investment and Fee Notice**

- A \$50.00 loan setup fee for each new loan.
- A \$350.00 Qualified Domestic Relations Order (QDRO) processing fee.
- A \$30.00 overnight mail delivery fee.
- A \$30.00 address search fee.
- A \$10.00 Distribution Installment fee.

**General Disclosures**

**Good Faith Compliance**-The Plan's Recordkeeper and the Plan Administrator have acted in good faith in complying with the participant disclosure requirements as set forth under ERISA § 404(a)(5) and U.S. Department of Labor (DOL) Field Assistance Bulletin (FAB) 2012-2. The information contained within this disclosure reflects good faith compliance efforts based on guidance issued by the DOL at the time this document was prepared. Despite our best efforts, it is possible the information contained within this document does not include all of the information required under the regulations and DOL FAB 2012-2. If necessary, the Plan's Recordkeeper and the Plan Administrator will incorporate any additional information in a future disclosure. See DOL FAB 2012-2 (Q&A-37) at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

**Right to Receive Paper Copies of Your Quarterly Participant Statement Free of Charge**-Your quarterly participant statements are available electronically via the participant web. However, you have the right to request a paper copy of your quarterly statement free of charge at any time by contacting your Plan Administrator or Participant Service Center.

**Overpayment of Benefits** - If benefit payments are made to any person in excess of the amount due and payable under the Plan for any reason (including without limitation, mistake of fact or law, reliance on any false or fraudulent statements, information or proof submitted by a claimant, or the continuation of payments after the death of a participant or beneficiary), the Plan Administrator (or their delegate) may take the steps it deems appropriate to recover the amount of the overpayment.

**Reliance on Third-Party Database for Investment Information**-The investment-related information is received from unaffiliated third parties. You must independently determine how to use and interpret the information set forth in this document, including whether you need the assistance of any professionals in interpreting the information included in this document. The Plan's Recordkeeper is not responsible for the manner in which you interpret the information in this document. Please note, some and perhaps all, of the information included in this document is time sensitive and subject to change.

**The Carle Foundation Hospital & Affiliates 403(b) Plan and Carle Profit  
Sharing Plan Investment and Fee Notice**

The table depicts the performance of the plan's designated investment alternatives over different time periods and allows you to compare them to an appropriate benchmark for the same time periods. While you cannot invest in a benchmark, the performance of the benchmark will give you an idea of how well the investment did in the same time period.

In addition to providing investment information, the table below shows fee and expense information for the plan's designated investment alternatives. Total Annual Operating Expenses are expenses that reduce the rate of return of the investment option.

Some investment options available in the plan may apply trading restrictions or shareholder type fees. The table below provides information on these restrictions and shareholder type fees.

Please note, past performance does not guarantee how the investment option will perform in the future. Your investment in these options could lose money.

PERFORMANCE INFORMATION	Average Annual Total Return				As of	Gross Exp		Trade Rest.	Shareholder Fee
	1 YR	5 YR	10 YR	Incept		%	Per 1,000		
INVESCO OPP DEVELOPING MKTS (Fund ID ODVIX) idx:MSCI EM NR USD US Fund Diversified Emerging Mkts	14.69%	1.13%	3.26%	4.54%	7/31/23	0.84%	8.40		
FIDELITY TOTAL INTL INDEX (Fund ID FTIHX) idx:MSCI EAFE NR USD US Fund Foreign Large Blend	12.51%	3.82%		6.11%	7/31/23	0.06%	0.60		
AMERICAN FDS EUROPACIFIC GRWTH (Fund ID RERGX) idx:MSCI EAFE NR USD US Fund Foreign Large Growth	13.49%	4.45%	6.16%	8.03%	7/31/23	0.47%	4.70		
PIMCO REAL RETURN (Fund ID PRRIX) idx:BBgBarc US Treasury US TIPS TR USD US Fund Inflation-Protected Bond	-5.27%	2.61%	1.99%	5.12%	7/31/23	0.47%	4.70		
FIDELITY US BOND INDEX (Fund ID FXNAX) idx:BBgBarc US Agg Bond TR USD US Fund Intermediate Core Bond	-3.37%	0.73%	1.47%	1.80%	7/31/23	0.03%	0.30		
JP MORGAN CORE BOND (Fund ID JCBUX) idx:BBgBarc US Agg Bond TR USD US Fund Intermediate Core Bond	-2.59%	1.30%	1.80%	3.45%	7/31/23	0.35%	3.50		
FIDELITY 500 INDEX (Fund ID FXAIX) idx:S&P 500 TR USD US Fund Large Blend	12.99%	12.18%	12.65%	12.71%	7/31/23	0.02%	0.20		
MFS Growth (Fund ID MFEKX) idx:S&P 500 Growth TR USD US Fund Large Growth	11.65%	12.05%	13.93%	15.08%	7/31/23	0.51%	5.10		
VANGUARD WINDSOR II (Fund ID VWNAX) idx:S&P 500 Value TR USD US Fund Large Value	11.79%	11.02%	10.53%	7.93%	7/31/23	0.26%	2.60	*	
FIDELITY EXTENDED MARKET INDEX (Fund ID FSMAX) idx:S&P MidCap 400 TR US Fund Mid-Cap Blend	10.63%	7.01%	9.23%	11.61%	7/31/23	0.04%	0.40		
CARILLON EAGLE MID CAP GWTH (Fund ID HRAUX) idx:S&P MidCap 400 Growth TR USD US Fund Mid-Cap Growth	5.41%	9.24%	11.81%	12.93%	7/31/23	0.64%	6.40		
VICTORY SYCAMORE ESTABL VALUE (Fund ID VEVRX) idx:S&P MidCap 400 Value TR USD US Fund Mid-Cap Value	8.87%	10.66%	12.03%	11.21%	7/31/23	0.54%	5.40		

**The Carle Foundation Hospital & Affiliates 403(b) Plan and Carle Profit  
Sharing Plan Investment and Fee Notice**

PERFORMANCE INFORMATION	Average Annual Total Return				As of	Gross Exp		Trade Rest.	Shareholder Fee
	1 YR	5 YR	10 YR	Incept		%	Per 1,000		
VANGUARD BALANCED INDEX (Fund ID VBAIX) idx:Morningstar Mod Tgt Risk TR USD US Fund Moderate Allocation	6.16%	7.37%	7.97%	6.63%	7/31/23	0.06%	0.60	*	
SCHWAB RETIREMENT GOVT MONEY (Fund ID SNRXX) idx:FTSE Treasury Bill 3 Mon USD US Fund Money Market - Taxable	3.95%	1.50%		1.27%	7/31/23	0.21%	2.10		
Loomis Sayles Small Cap Grow N (Fund ID LSSNX) idx:S&P SmallCap 600 Growth TR USD US Fund Small Growth	8.98%	6.77%	9.61%	11.28%	7/31/23	0.82%	8.20		
American Century Small Cap Val (Fund ID ASVDX) idx:S&P SmallCap 600 Value TR USD US Fund Small Value	6.45%	9.04%	10.03%	9.93%	7/31/23	0.74%	7.40		
Vanguard Target Retirement 2020 (Fund ID VTWNX) idx:S&P Target Date 2020 TR USD US Fund Target-Date 2020	3.62%	4.62%	5.84%	5.85%	7/31/23	0.08%	0.80	*	
Vanguard Target Retirement 2025 (Fund ID VTTVX) idx:S&P Target Date 2025 TR USD US Fund Target-Date 2025	5.44%	5.29%	6.50%	6.49%	7/31/23	0.08%	0.80	*	
Vanguard Target Retirement 2030 (Fund ID VTHRX) idx:S&P Target Date 2030 TR USD US Fund Target-Date 2030	6.71%	5.84%	7.06%	6.51%	7/31/23	0.08%	0.80	*	
Vanguard Target Retirement 2035 (Fund ID VTTHX) idx:S&P Target Date 2035 TR USD US Fund Target-Date 2035	7.95%	6.41%	7.63%	7.29%	7/31/23	0.08%	0.80	*	
Vanguard Target Retirement 2040 (Fund ID VFORX) idx:S&P Target Date 2040 TR USD US Fund Target-Date 2040	9.12%	6.95%	8.14%	7.19%	7/31/23	0.08%	0.80	*	
Vanguard Target Retirement 2045 (Fund ID VTIVX) idx:S&P Target Date 2045 TR USD US Fund Target-Date 2045	10.36%	7.55%	8.53%	7.96%	7/31/23	0.08%	0.80	*	
Vanguard Target Retirement 2050 (Fund ID VFIFX) idx:S&P Target Date 2050 TR USD US Fund Target-Date 2050	11.07%	7.70%	8.61%	7.49%	7/31/23	0.08%	0.80	*	
Vanguard Target Retirement 2055 (Fund ID VFFVX) idx:S&P Target Date 2055 TR USD US Fund Target-Date 2055	11.09%	7.71%	8.60%	9.81%	7/31/23	0.08%	0.80	*	
Vanguard Target Retirement 2060 (Fund ID VTTSX) idx:S&P Target Date 2060 TR USD US Fund Target-Date 2060	11.09%	7.70%	8.60%	9.55%	7/31/23	0.08%	0.80	*	
Vanguard Target Retirement 2065 (Fund ID VLXVX) idx:S&P Target Date 2065+ TR USD US Fund Target-Date 2065+	11.09%	7.69%		8.43%	7/31/23	0.08%	0.80	*	



**The Carle Foundation Hospital & Affiliates 403(b) Plan and Carle Profit Sharing  
Plan Investment and Fee Notice**

PERFORMANCE INFORMATION	Average Annual Total Return					Gross Exp Ratio		Trade	Shareholder
	1 YR	5 YR	10 YR	Incept	As of	%	Per 1,000	Rest.	Fee
Vanguard Target Retire Inc (Fund ID VTINX)	1.87%	3.52%	4.06%	4.79%	7/31/23	0.08%	0.80	*	
idx:S&P Target Date Retirement Income TR USD US Fund Target-Date Retirement	3.56%	3.51%	3.95%						

\* Although restrictions may apply at the fund level, they may be waived for retirement plans under certain circumstances. Refer to your fund's prospectus for more information.

The cumulative effect of fees and expenses can substantially reduce the growth of your retirement savings. Visit the Department of Labor's Web site for an example showing the long-term effect of fees and expenses at [http://www.dol.gov/ebsa/publications/401k\\_employee.html](http://www.dol.gov/ebsa/publications/401k_employee.html). Fees and expenses are only one of many factors to consider when you decide to invest in an option. You may also want to think about whether an investment in a particular option, along with your other investments, will help you achieve your financial goals.

Please visit <http://www.investmentterms.com> for a glossary of investment terms relevant to the investment options available under this plan. This glossary is intended to help you better understand your options.

Please visit <https://rec-files.epicrps.com/funds/> for additional information about each of the designated investment alternative. Please contact the Participant Service Center should you have any issue with accessing the information or if you would like a free printed copy of the investment information.

The plan offers a number of model portfolios to plan participants. These model portfolios allocate a participant's contributions to specific plan investments on the basis of the participant's investment objectives and risk tolerance (e.g., conservative, moderate, growth). These model portfolios are not themselves plan investments. Performance and related expenses may be determined by looking at the information for the underlying investments.

**The Carle Foundation Hospital & Affiliates 403(b) Plan and Carle Profit Sharin**  
**Qualified Default Investment Alternative Notice**

**Right to direct investment/default investment.** You have the right to direct the investment of all of your accounts under the Plan (your "directed accounts") in any of the investment choices explained in the investment information materials provided to you.

We encourage you to make an investment election to ensure that amounts in the Plan are invested in accordance with your long-term investment and retirement plans. However, **if you do not make an investment election**, then the amounts that you could have elected to invest will be invested in a default investment that the Plan officials have selected.

**Description of default investment.** The default investment(s) are listed below.

<b>Name</b>	<b>Gross Annual Expense Ratio</b>	<b>As of</b>
<b>Vanguard Target Retire Inc</b>	0.08 %	07/31/2023

The investment seeks to provide current income and some capital appreciation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors currently in retirement. Its indirect bond holdings are a diversified mix of short-, intermediate-, and long-term U.S. government, U.S. agency, and investment-grade U.S. corporate bonds; inflation-protected public obligations issued by the U.S. Treasury; mortgage-backed and asset-backed securities; and government, agency, corporate, and securitized investment-grade foreign bonds issued in currencies other than the U.S. dollar.

<b>Vanguard Target Retirement 2020</b>	0.08 %	07/31/2023
--	--------	------------

The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2020 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

<b>Vanguard Target Retirement 2025</b>	0.08 %	07/31/2023
--	--------	------------

The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2025 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

<b>Vanguard Target Retirement 2030</b>	0.08 %	07/31/2023
--	--------	------------

The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2030 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

<b>Vanguard Target Retirement 2035</b>	0.08 %	07/31/2023
--	--------	------------

The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2035 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

<b>Vanguard Target Retirement 2040</b>	0.08 %	07/31/2023
--	--------	------------

The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2040 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

<b>Vanguard Target Retirement 2045</b>	0.08 %	07/31/2023
--	--------	------------

The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2045 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

**Vanguard Target Retirement 2050**

0.08 %

7/01/2023

The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2050 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

**Vanguard Target Retirement 2055**

0.08 %

07/31/2023

The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2055 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

**Vanguard Target Retirement 2060**

0.08 %

07/31/2023

The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2060 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

**Vanguard Target Retirement 2065**

0.08 %

07/31/2023

The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2065 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

**Right to alternative investment.** If the Plan invests some or all of your accounts in the default investment, then you have the continuing right to direct the investment of your accounts ("directed accounts") in one or more of the other investment choices available to you as explained above. You may change your investments at any time.

This Notice contains only a brief description of the Plan's Default Investment and its fees and expenses. Please refer to the summary document for more detailed information.

**Where to go for further investment information.** To learn more about the Plan's investment alternatives and procedures for changing how your accounts are invested you can log onto the participant website or contact the Plan Administrator at:

611 West Park Street  
Benefits Office FA-HRO  
Urbana, IL 61801

**SUMMARY OF MATERIAL PLAN MODIFICATION**  
**The Carle Foundation Section 125 Plan**  
**Effective January 1, 2020**

This Summary of Material Modification supplements and amends the Summary Plan Description (SPD) for this Plan previously provided to you. You should retain this document with your copy of the SPD.

This notice is a Summary of Material Plan Modifications made to the following Plan:

The Carle Foundation  
Section 125 Plan

Plan #: 501

The legal name, address and Federal Employer Identification Number of the Employer are:

The Carle Foundation  
611 W Park St  
Urbana IL 61801

EIN: 37-0673465

The Employer has amended your Plan effective January 1, 2020 to allow the following:

**VI**  
**HIGHLY COMPENSATED AND KEY EMPLOYEES**

**I. Do limitations apply to highly compensated employees?**

Under the Internal Revenue Code, highly compensated employees and key employees generally are Participants who are officers, shareholders or highly paid. You will be notified by the Administrator each Plan Year whether you are a highly compensated employee or a key employee.

If you are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependents. Federal tax laws state that a plan will be considered to unfairly favor the key employees if they as a group receive more than 25% of all of the nontaxable benefits provided for under our Plan.

Plan experience will dictate whether contribution limitations on highly compensated employees or key employees will apply. You will be notified of these limitations if you are affected. The Administrator may, at its discretion, limit certain contributions of highly compensated and/or key employees during each Open Enrollment period. Such limits shall be applied to minimize the need to adjust pre-tax elections after the Plan Year has started. Limits applied prior to the beginning of the Plan Year shall be communicated annually in writing to those impacted, and applied in a uniform manner to all employees within an applicable key or highly compensated employee group. Because non-discrimination requirements are based on a variety of participation factors, it is possible that adjustments may be required during the Plan Year, even in years when a preliminary limit is applied prior to the start of the Plan Year.

**KEEP THIS NOTICE WITH YOUR SUMMARY PLAN DESCRIPTION**

Employer Name:	The Carle Foundation
Employer State of Situs:	Headquartered in Illinois with employees located across the United States including Illinois
Name of Issuer:	The Carle Foundation self-funded plan
Plan Marketing Name:	The Carle Foundation Employees' Health and Dental Plan
Plan Year:	The fiscal year of the plan is January 1 through December 31.
Benefit Year:	Cost sharing (deductibles, copayments & coinsurance) begins January 1 and runs through December 31 of each year.

**Ten (10) Essential Health Benefit (EHB) Categories:**

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

<b>2020-2024 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)</b>				<b>Employer Plan Covered Benefit Under the Following Plan Options?</b>	
<b>Item</b>	<b>EHB Benefit</b>	<b>EHB Category</b>	<b>Benchmark Page # Reference</b>	<b>PPO Plan Option</b>	<b>QHDHP Plan Option</b>
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	No	No
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes	Yes
5	Hospice	Ambulatory	Pg. 28	Yes	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Yes	Yes

**2020-2024 Illinois Essential Health Benefit (EHB) Listing  
(P.A. 102-0630)**

**Employer Plan Covered Benefit Under the Following Plan Options?**

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	PPO Plan Option	QHDHP Plan Option
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	No	No
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes	Yes
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes	Yes
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes	Yes
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes	Yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes	Yes
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes	Yes
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes	Yes

**2020-2024 Illinois Essential Health Benefit (EHB) Listing  
(P.A. 102-0630)**

**Employer Plan Covered Benefit Under the Following Plan Options?**

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	PPO Plan Option	QHDHP Plan Option
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	No	No
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes	Yes
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes	Yes
38	Pap Tests/ Prostate-Specific Antigen Tests/Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes	Yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes	Yes

*Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.*

For the purpose of this disclosure: The term "Covered" means benefits are available based on plan terms, such as cost sharing requirements, preauthorization and other plan provisions and limitations.

**This document is an amendment to The Carle Foundation’s January 1, 2022 Plan Document (PD)/Summary Plan Description (SPD). An amendment adds, deletes or otherwise changes the terms of the Plan. Changes made by amending the Plan may affect benefit provisions, limitations or administrative requirements to obtain a benefit. Please review this information carefully and keep it with the PD/SPD for reference. If you need a copy of your PD/SPD, please contact your employer or plan sponsor. You may also contact customer service at the phone number on your Plan ID Card.**

***Notice:** If this information has been furnished to you electronically, you have a right to request and obtain a paper version of the information at no cost to you. To request a paper version, contact your employer, plan sponsor, or Human Resources Department at your place of employment who acts on behalf of the plan administrator. For more assistance, you may also contact customer service at the phone number on your Plan ID Card.*

**Regarding: Benefit Planning Consultants’ (“BPC”) COBRA Administrator Contact Information**

**AMENDMENT TO THE  
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION  
FOR  
THE CARLE FOUNDATIO EMPLOYEES’  
HEALTH AND DENTAL PLAN (“PLAN”)**

The Plan grants the Employer the right to amend the provisions of the Plan. The Employer desires to make such amendment. Therefore, the Plan is amended as follows, with such amendment to be effective as of the date indicated.

**AMENDMENT #3, effective April 1, 2022:**

*On page 4 of the section entitled “GENERAL PLAN INFORMATION”, the subsection entitled “COBRA ADMINISTRATOR” has been updated and now reads as follows:*

**COBRA ADMINISTRATOR**

Benefit Planning Consultants (BPC)  
P.O. Box 56027  
Boston, MA 02205  
Phone & Fax: (888) 627-7505  
www.bpcinc.com  
<https://app.unifyhr.com> (**Note:** COBRA Qualified Beneficiaries must create a login to access their COBRA account.)



## **NOTICE**

**This notice does not change the terms of your coverage and/or benefits under your employer-sponsored health plan.**

**Please review the information and keep it with your plan materials.**

**NO FURTHER ACTION  
IS REQUIRED ON YOUR PART.**

## **DISCRIMINATION IS AGAINST THE LAW**

Health Alliance™ complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, gender identity or sex. Health Alliance does not exclude people or treat them differently because of race, color, national origin, age, disability, sexual orientation, gender identity or sex. Health Alliance:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact Customer Service.

If you believe that Health Alliance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sexual orientation, gender identity or sex, you can file a grievance with: Health Alliance, Customer Service, 3310 Fields South Drive, Champaign, IL 61822 or 411 N. Chelan Ave., Wenatchee, WA 98801; telephone for members in Illinois, Indiana, Iowa and Ohio: (800) 851-3379, TTY:711; members in Washington call: (877) 750-3515, TTY: 711; fax: (217) 902-9705; [CustomerService@HealthAlliance.org](mailto:CustomerService@HealthAlliance.org). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Customer Service is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, (800) 368-1019, TTY: (800) 537-7697.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATENCIÓN:** Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. IA, IL, IN, OH: Llame (800) 851-3379, WA Llame: (877) 750-3515 (TTY: 711).

**注意:** 如果你講中文, 語言協助服務, 免費的, 都可以給你。IA, IL, IN, OH: 呼叫 (800) 851-3379, WA: 呼叫 (877) 750-3515 (TTY: 711)。

**UWAGA:** Jeśli mówić Polskie, usługi pomocy języka, bezpłatnie, są dostępne dla Ciebie. IA, IL, IN, OH: Zadzwoń (800) 851-3379, WA: Zadzwoń (877) 750-3515 (TTY: 711).

**Chú ý:** Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. IA, IL, IN, OH: Gọi (800) 851-3379, WA: Gọi (877) 750-3515 (TTY: 711).

**주의:** 당신어한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. (800) 851-3379 IA, IL, IN, OH: 전화 WA: (877) 750-3515 전화 (TTY: 711).

**ВНИМАНИЕ:** Если вы говорите русский, вставки услуги языковой помощи, бесплатно, доступны для вас. IA, IL, IN, OH: Вызов (800) 851-3379, WA: Вызов (877) 750-3515 (TTY: 711).

**Pansin:** Kung magsalita ka Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. IA, IL, IN, OH: Tumawag (800) 851-3379, WA: Tumawag (877) 750-3515 (TTY: 711).

**انتباه:** إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. إيلينوي، إنديانا، أوهايو: اتصل بالرقم (800) 851-3379، ولاية واشنطن: اتصل بالرقم: (877) 750-3515 (إذا كنت تعاني من الصمم أو صعوبة في السمع فاتصل على الرقم 711)

**Aufmerksamkeit:** Wenn Sie Deutsch sprechen, Sprachassistentendienste sind kostenlos, zur Verfügung. IA, IL, IN, OH: Anruf (800) 851-3379, WA: Anruf (877) 750-3515 (TTY: 711).

**ATTENTION:** Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. IA, IL, IN, OH: Appelez (800) 851-3379, WA: Appelez (877) 750-3515 (TTY: 711).

**ध्यान:** तमै वतत ती गुजराती, भाषा सहाय सेवाये, मुफ्त, तमारी मते उपलब्ध छे. IA, IL, IN, OH: कॉल (800) 851-3379, WA: कॉल (877) 750-3515 (TTY: 711).

**注意:** あなたは、日本語、無料で言語支援サービスを、話す場合は、あなたに利用可能です。(800) 851-3379 IA, IL, IN, OH: コール (877) 750-3515 WA: コール (TTY: 711)。

**LET OP:** Services Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprouch. Ruf selli Nummer uff: IA, IL, IN, OH: Call (800) 851-3379 WA: Call (877) 750-3515 (TTY: 711).

**УВАГА:** Якщо ви говорите український, вставки послуги мовної допомоги, безкоштовно, доступні для вас. IA, IL, IN, OH: Виклик (800) 851-3379, WA: Виклик (877) 750-3515 (TTY: 711).

**ATTENZIONE:** Se si parla italiano, servizi di assistenza linguistica, a titolo gratuito, sono a vostra disposizione. IA, IL, IN, OH: Chiamare (800) 851-3379, WA: Chiamare (877) 750-3515 (TTY: 711).

**SUMMARY OF MATERIAL PLAN MODIFICATION**  
**The Carle Foundation Section 125 Plan**  
**Effective January 1, 2024**

This Summary of Material Modification supplements and amends the Summary Plan Description (SPD) for this Plan previously provided to you. You should retain this document with your copy of the SPD.

This notice is a Summary of Material Plan Modifications made to the following Plan:

The Carle Foundation  
Section 125 Plan

Plan #: 509

The legal name, address and Federal Employer Identification Number of the Employer are:

The Carle Foundation  
611 W. Park Street  
Urbana, IL 61801

EIN: 37-0673465

**The Employer has amended your Plan effective January 1, 2024 to allow the following:**

**IV**  
**BENEFIT PAYMENTS**

**1. Health Flexible Spending Account (paragraph 6)**

A Participant in the Health Flexible Spending Account may roll over unused amounts in the Health Flexible Spending Account remaining at the end of one Plan Year to the immediately following Plan Year, from \$50.00 up to 20% of the statutory amount under Code Section 125(i), as adjusted for increases in the cost of living. The cost of living adjustment in effect for a calendar year applies to any Plan Year beginning with or within such calendar year. The dollar increase in effect on January 1 of any calendar year shall be effective for the Plan Year beginning with or within such calendar year. These amounts can be used during the following Plan Year for expenses incurred in that Plan Year. Amounts carried over do not affect the maximum amount of salary redirection contributions for the Plan Year to which they are carried over. Unused amounts are those remaining after expenses have been reimbursed during the runout period. These amounts may not be cashed out or converted to any other taxable or nontaxable benefit. Amounts in excess will be forfeited. The Plan is allowed, but not required, to treat claims as being paid first from the current year amounts, then from the carryover amounts.

A Participant who contributes to a Health Savings Account may roll over from \$50.00 up to 20% of the statutory amount under Code Section 125(i), as adjusted for increases in the cost of living of unused amounts in the Health Flexible Spending Account remaining at the end of one Plan Year to the immediately following Plan Year. However, those funds can only be used for dental or vision expenses as allowed under Code Section 223 if the Participant contributes to a Health Savings Account. NOTE: A Participant who was enrolled in the Health Flexible Spending Account in the prior Plan Year and in the following Plan Year elects the Employer's QHDHP and opens a Health Savings Account, may roll over from \$50.00 up to 20 % of the statutory amount under Code Section 125(i) that can only be used for dental or vision expenses as allowed under Code Section 223.

**KEEP THIS NOTICE WITH YOUR SUMMARY PLAN DESCRIPTION**

