

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.

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Regarding: Addition of Carle Health Greater Peoria

**AMENDMENT TO THE
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
FOR
THE CARLE FOUNDATION 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 #2, effective April 1, 2023:

For purposes of this amendment, the term “Carle Health Greater Peoria” refers to the individuals who were enrolled in the health plan(s) sponsored by UnityPoint Health (“prior plan”) through March 31, 2023 and who were transferred to The Carle Foundation Employees’ Health and Dental Plan (“the Plan”) effective April 1, 2023.

Carle Health Greater Peoria plan participants who are enrolled in the prior plan as of 11:59 pm on March 31, 2023 will be automatically enrolled as of April 1, 2023 in the most comparable Plan option for the same level of coverage (employee only or family) they were enrolled under the prior plan. Automatic enrollment will include dental and/or vision benefits to match the benefit (dental and/or vision) and level (employee only or family) for which the plan participant was enrolled under the prior plan.

The Plan Administrator will hold a special Open Enrollment period for Carle Health Greater Peoria from April 3, 2023 through April 17, 2023 for the benefit period of April 1, 2023 through December 31, 2023. During the designated Open Enrollment period, Carle Health Greater Peoria individuals will have the opportunity to enroll in the coverage options available under the Plan or terminate their current coverage for the remainder of the 2023 Benefit Period.

Carle Health Greater Peoria individuals enrolled in the prior plan’s health and dental plans will receive Deductible and Out-of-Pocket Maximum credits under the Plan. For example, if an individual was enrolled in the prior plan’s health plan and paid \$200 toward their deductible, that \$200 will be credited toward the Deductible and Out-of-Pocket Maximum under the Plan.

If a portion of the individual or family unit deductible or out-of-pocket maximum under the prior plan has been met as of March 31, 2023, that portion will be credited to the corresponding Deductible or Out-of-Pocket Maximum accumulator and shall not exceed the Out-of-Pocket Maximum under the Plan.

For the period of April 1, 2023 through December 31, 2023, the Plan will suspend the Preauthorization requirement on specialty Pharmacy drugs for Carle Health Greater Peoria plan participants who are currently utilizing specialty Pharmacy drugs.

On pages 1–2 of the section “GENERAL PLAN INFORMATION”, the subsection “Employer Information” has been revised to include “Carle Health Methodist Hospital”, “Carle Health Pekin Hospital”, “Carle Health Proctor Hospital”, “Methodist College”, and “Trillium Place”. This subsection now reads as follows:

EMPLOYER INFORMATION

The Carle Foundation
611 West Park Street
Urbana, IL 61801
(217) 902-5310

The Carle Foundation Hospital
611 West Park Street
Urbana, IL 61801
(217) 902-5310

Carle Holding Company, Inc.
611 West Park Street
Urbana, IL 61801
(217) 902-5310

Carle Health Care Incorporated
d/b/a/ Carle Physician Group
611 West Park Street
Urbana, IL 61801
(217) 902-5310

Carle West Physician Group, Inc.
611 West Park Street
Urbana, IL 61801
(217) 902-5310

Hoopeston Community Memorial Hospital
d/b/a Carle Hoopeston Regional Health Center
701 E. Orange Street
Hoopeston, IL 60942
(217) 902-5310

Carle BroMenn Medical Center
1304 Franklin Ave.
Normal, IL 61761
(217) 902-5310

Carle Eureka Hospital
101 S. Major St.
Eureka, IL 61530
(217) 902-5310

Carle Health Methodist Hospital
221 N.E. Glen Oak Ave.
Peoria, IL 61636
(217) 902-5310

Carle Health Pekin Hospital
600 S. 13th St.
Pekin, IL 61554
(217) 902-5310

Carle Health Proctor Hospital
5409 N. Knoxville Ave.
Peoria, IL 61614
(217) 902-5310

Methodist College
7600 N. Academic Dr.
Peoria, IL 61615
(217) 902-5310

Richland Memorial Hospital, Inc.
d/b/a Carle Richland Memorial Hospital
800 E. Locust St.
Olney, IL 62450
(217) 902-5310

Trillium Place
130 N. Richard Pryor Place
Peoria, IL 61605
(217) 902-5310

*Under the section “**PREAUTHORIZATION**”, the following revisions have been made to add three new zip codes 61554, 61636, and 61614, to the zip code listing:*

1. *On page 6, the third paragraph is revised and now reads as follows:*

Preauthorization requirements and responsibilities are specified in the subsections “PREAUTHORIZATION FOR COVERED PERSONS RESIDING WITHIN 35 MILES OF THE FOLLOWING ZIP CODES: 61801, 61761, 61530, 62450, 60942, 61554, 61636, 61614, OR 28374” and “PREAUTHORIZATION FOR COVERED PERSONS RESIDING OUTSIDE 35 MILES OF THE FOLLOWING ZIP CODES: 61801, 61761, 61530, 62450, 60942, 61554, 61636, 61614, OR 28374” below.

2. *On page 6, the name of the table heading is revised and now reads as follows:*

PREAUTHORIZATION FOR COVERED PERSONS RESIDING WITHIN 35 MILES OF THE FOLLOWING ZIP CODES: 61801, 61761, 61530, 62450, 60942, 61554, 61636, 61614, OR 28374

3. *On page 8, the name of the table heading is revised and now reads as follows:*

PREAUTHORIZATION FOR COVERED PERSONS RESIDING OUTSIDE 35 MILES OF THE FOLLOWING ZIP CODES: 61801, 61761, 61530, 62450, 60942, 61554, 61636, 61614, OR 28374

4. *On page 10, the subsection “**PREAUTHORIZATION PENALTY**” is revised and now reads as follows:*

PREAUTHORIZATION PENALTY

For details about when and how the Plan’s Preauthorization penalty applies, see the subsections “PREAUTHORIZATION FOR COVERED PERSONS RESIDING WITHIN 35 MILES OF THE FOLLOWING ZIP CODES: 61801, 61761, 61530, 62450, 60942, 61554, 61636, 61614, OR 28374” and “PREAUTHORIZATION FOR COVERED PERSONS RESIDING OUTSIDE 35 MILES OF THE FOLLOWING ZIP CODES: 61801, 61761, 61530, 62450, 60942, 61554, 61636, 61614, OR 28374” above. See also “PREAUTHORIZATION PENALTY” in the “SCHEDULE OF BENEFITS—MEDICAL AND PRESCRIPTION DRUG BENEFITS” section.

On page 18 of the section “**SCHEDULE OF BENEFITS—MEDICAL AND PRESCRIPTION DRUG BENEFITS, PLAN: PPO PLAN OPTION**”, as amended, the description of footnote #6 has been revised to add three new zip codes 61554, 61636, and 61614, to the zip code listing, and now reads as follows:

- ⁶ The following applies to Covered Persons who reside within 35 miles of the following zip codes: 61801, 61761, 61530, 62450, 60942, 61554, 61636, 61614, or 28374: Covered Persons are not limited to utilizing only Mental Health/Substance Use Disorder Providers within the Carle Health & Affiliated Providers Network. A Covered Person who chooses to use the Health Alliance Network for Mental Health Disorder/Substance Use Disorders services and treatment is not required to obtain Preauthorization for the use of the Health Alliance Network Provider.

On page 26 of the section “**SCHEDULE OF BENEFITS—MEDICAL AND PRESCRIPTION DRUG BENEFITS, PLAN: PPO HIGH DEDUCTIBLE HEALTH PLAN (HDHP) OPTION**”, the description of footnote #6 has been revised to add three new zip codes 61554, 61636, and 61614, to the zip code listing, and now reads as follows:

- ⁶ The following applies to Covered Persons who reside within 35 miles of the following zip codes: 61801, 61761, 61530, 62450, 60942, 61554, 61636, 61614, or 28374: Covered Persons are not limited to utilizing only Mental Health/Substance Use Disorder Providers within the Carle Health & Affiliated Providers Network. A Covered Person who chooses to use the Health Alliance Network for Mental Health Disorder/Substance Use Disorders services and treatment is not required to obtain Preauthorization for the use of the Health Alliance Network Provider.

On page 87 of the section “**DENTAL BENEFITS—ELIGIBLE DENTAL EXPENSES, Major Dental Services**”, the second bullet-pointed item “**Dental implants**” has been revised to add three new zip codes 61554, 61636, and 61614, to the zip code listing, and now reads as follows:

- Dental implants.
 - For Covered Persons residing within 35 miles of the following zip codes: 61801, 61761, 61530, 62450, 60942, 61554, 61636, 61614, or 28374, the first two steps (placing of the implant and placing of the abutment) must be performed by a Carle Health & Affiliated Providers surgeon, or any oral surgeon previously approved as a Preferred Provider.

Under the section “**DEFINED TERMS**”, the following revisions have been made:

1. On page 129, the subsection “**Employer**” has been revised and now reads as follows:

Employer means The Carle Foundation which includes the following entities which have been designated as participating in the Plan:

- The Carle Foundation Hospital;
- Carle Holding Company, Inc.;
- Carle Health Care Incorporated d/b/a Carle Physician Group;
- Carle West Physician Group, Inc.
- Hoopston Community Memorial Hospital d/b/a Carle Hoopston Regional Health Center;
- Carle BroMenn Medical Center;
- Carle Eureka Hospital;
- Carle Health Methodist Hospital;
- Carle Health Pekin Hospital;
- Carle Health Proctor Hospital;
- Methodist College;
- Richland Memorial Hospital, Inc. d/b/a Carle Richland Memorial Hospital;
- Trillium Place; and
- At the discretion of The Carle Foundation: other Carle affiliates and subsidiaries.

2. *On page 130, the subsection “**Extended Network Provider**” has been revised and now reads as follows:*

Extended Network Provider means a Physician or Provider that has entered into a valid contract either directly with the Plan Sponsor or through Health Alliance to access a leased network arrangement to provide health care services to Covered Persons.

Expenses incurred when using an Extended Network Provider will be considered at the Preferred Provider benefit level if:

- (1) the Covered Person resides outside 35 miles of the following zip codes: 61801, 61761, 61530, 62450, 60942, 61554, 61636, 61614, or 28374, or
- (2) the Covered Person resides within 35 miles of the following zip codes: 61801, 61761, 61530, 62450, 60942, 61554, 61636, 61614, or 28374, **and** has obtained Preauthorization to use the Extended Network Provider **in advance** of using the Extended Network Provider.

See also “Health Alliance Network” under the definition of “Network” below.

*An Extended Network Provider is not responsible for obtaining required Preauthorization on a Covered Person’s behalf. The Covered Person is responsible for ensuring that required Preauthorization is completed **in advance** of incurring expenses for use of Providers or treatment/services that require Preauthorization.*

To determine if a Physician or Provider is an Extended Network Provider, Covered Persons may log onto the Third Party Administrator’s website as a member to view the Plan’s Network Provider Directory(ies) or contact the Third Party Administrator whose contact information can be found in the “GENERAL PLAN INFORMATION” section. NOTE that the terminology used on the website may not mirror the terminology used in the Plan.

3. *On pages 132–133, the subsection “**Network**” has been revised and now reads as follows:*

Network means the “Carle Health & Affiliated Providers Network” and the “Health Alliance Network”, which are defined as follows:

- **Carle Health & Affiliated Providers Network** means the local network of Carle-affiliated Providers, Carle Richland Memorial Hospital Providers, Carle BroMenn Medical Center Providers, Carle Eureka Hospital Providers, Carle Health Methodist Hospital Providers, Carle Health Pekin Hospital Providers, Carle Health Proctor Hospital Providers, and FirstHealth of the Carolinas Providers that Covered Persons may access. A Covered Person who resides *within* 35 miles of the following zip codes: 61801, 61761, 61530, 62450, 60942, 61554, 61636, 61614, or 28374, is required to use the Carle Health & Affiliated Providers Network.
- **Health Alliance Network** means the following:
 - For Covered Persons who reside *within* 35 miles of the following zip codes: 61801, 61761, 61530, 62450, 60942, 61554, 61636, 61614, or 28374, the Health Alliance Network includes Health Alliance-contracted Providers (including for example: First Health Network Providers) and is part of the Extended Network which requires Preauthorization **in advance** of receiving services. Christie Clinic and all OSF HealthCare facilities are specifically excluded from the Health Alliance Network. Also not included in the Health Alliance Network is the Carle Health & Affiliated Providers Network due to its Preferred Provider status.
 - For Covered Persons who reside *outside* 35 miles of the following zip codes: 61801, 61761, 61530, 62450, 60942, 61554, 61636, 61614, or 28374, the Carle Health & Affiliated Providers Network and Health Alliance-contracted Providers (including for example: First Health Network Providers), Signal Health Network Providers and Confluence Health Network Providers). Christie Clinic and all OSF HealthCare facilities are specifically excluded from the Health Alliance Network. Covered Persons may access the Health Alliance Network *without* a Preauthorization requirement.

To determine if a Physician or Provider is a Carle Health & Affiliated Providers Network Provider or Health Alliance Network Provider, Covered Persons may log onto the Third Party Administrator's website as a member to view the Plan's Network Provider Directory(ies) or contact the Third Party Administrator whose contact information can be found in the "GENERAL PLAN INFORMATION" section. NOTE that the terminology used on the website may not mirror the terminology used in the Plan.

4. *On page 134, the subsection "**Preferred Provider**" has been revised and now reads as follows:*

Preferred Provider means, in addition to a Carle Health & Affiliated Providers Network Provider (see the definition of "Network" above), a Physician or Provider that has entered into a valid contract to provide health care services to Covered Persons.

Expenses incurred when using an Extended Network Provider will be considered at the Preferred Provider benefit level if:

- (1) the Covered Person resides outside 35 miles of the following zip codes: 61801, 61761, 61530, 62450, 60942, 61554, 61636, 61614, or 28374; or
- (2) the Covered Person resides within 35 miles of the following zip codes: 61801, 61761, 61530, 62450, 60942, 61554, 61636, 61614, or 28374, **and** has obtained Preauthorization to use the Extended Network Provider **in advance** of using the Extended Network Provider.

*An Extended Network Provider is not responsible for obtaining required Preauthorization on a Covered Person's behalf. The Covered Person is responsible for ensuring that required Preauthorization is completed **in advance** of incurring expenses for use of Providers or treatment/services that require Preauthorization.*

To determine if a Physician or Provider is a Preferred Provider, Covered Persons may log onto the Third Party Administrator's website as a member to view the Plan's Network Provider Directory(ies) or contact the Third Party Administrator whose contact information can be found in the "GENERAL PLAN INFORMATION" section. NOTE that the terminology used on the website may not mirror the terminology used in the Plan.

NOTICE

**This notice does not change the terms of
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**Please review the information
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