

2024 Benefits Enrollment Guide



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At Carle Health, we strive to offer a total rewards package that meets your needs throughout every life and career stage. Your total rewards include six elements — compensation, benefits, recognition, performance management, talent development and work-life effectiveness.

How to use this guide:

This guide provides a summary of your benefits under the Carle Health Benefits program. It is designed to help you make choices about your benefits options during benefits enrollment periods.

Here are a few tips for using this document and other benefits resources.

1. Scan the table of contents for information about the benefits that match you and your family's needs.
2. Visit benefits.carle.org to learn more details about some of the benefits offerings.
3. Check out scenarios in this guide and online to help you make benefits decision.
4. Review tips for getting the most out of your benefits and the summaries of benefits coverage on My Care Compass (compass.carle.org).

If you have questions about your Carle Health benefits or the enrollment process:

- Check out updated plan details and information on benefits.carle.org.
- Visit My Care Compass for benefits enrollment directions, FAQs and other benefits resources.
- Contact the MyHR Help Desk at (217) 902-5300 or MyHR.HelpDesk@carle.com.

Please remember that information is subject to change. If there are discrepancies, the plan document or policy will govern.

CARLE HEALTH HUMAN RESOURCES

3310 Fields South Drive

Champaign, IL 61822

(217) 902-5300

MyHR.HelpDesk@carle.com



Eligibility

TEAM MEMBER BENEFITS ELIGIBILITY

Status	Hours per Pay Period	Hours per Week	Health Plan Rates	401k/403b	Paid Time Off/Vacation	Life Insurance	Sick Time	Carle Health Provided STD/LTD	Parental Leave	Holidays/Personal Holiday
A1	80	40	Full-Time	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A2	72 - 79.99	36 - 39.99	Full-Time	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A3	60 - 71.99	30 - 35.99	Full-Time	Yes	Yes	Yes	Yes	Yes	Yes	No
A5	40 - 59.99	20 - 29.99	Part-Time	Yes	Yes	Yes	No	No	No	No
A6	<= 39.99 Scheduled	<= 19.99 Scheduled	Not Eligible	Yes	No	No	No	No	No	No
A7	PRN	PRN	Not Eligible	Yes	No	No	No	No	No	No

FAMILY MEMBERS (DEPENDENT)

Eligible dependents can be covered on many of our benefit plans. Carle Health requires eligibility documentation such as a federal tax return or birth certificate for all new dependents added to health and/ or dental plans. This chart lists eligible dependents and which documents can be used to prove dependent eligibility for insurance coverage.

DEPENDENT TYPE AND DEFINITION	REQUIRED DOCUMENTATION
<p>SPOUSE The covered team member's spouse according to the laws of the state where the team member lives or was married.</p>	<p>OPTION 1</p> <ul style="list-style-type: none"> • Copy of most recent federal tax return showing spouse (front and signature pages only). <p>OPTION 2</p> <ul style="list-style-type: none"> • Marriage certificate; AND • Proof of joint ownership dated within the past 60 days (e.g. joint bank statement, credit card, mortgage, etc.). <p>Social Security numbers and financial information can be marked out.</p>
<p>DOMESTIC PARTNER The covered team member's domestic partner according to the laws of the state where the team member lives.</p>	<p>Certificate of Domestic Partnership signed by both partners (must be notarized). In addition, at least two of the following items must be submitted as proof of eligibility (must be in effect for at least one year prior)</p> <ul style="list-style-type: none"> • Joint mortgage or lease agreement; • Notarized mutual assignment of POA for financial and medical; • Joint checking or credit account; • Formal commitment ceremony document; OR • Primary beneficiary designation for will, life insurance, and/or retirement benefits.
<p>DEPENDENT CHILD UNDER AGE 26* Natural-born children or legally adopted children, whether or not such children live with the team member.</p>	<p>NATURAL-BORN CHILD:</p> <ul style="list-style-type: none"> • Birth certificate. <p>ADOPTED CHILD:</p> <ul style="list-style-type: none"> • Amended birth certificate naming employee as parent; OR • Copy of adoption papers.
<p>Step-children (as long as a natural parent remains married to and resides with the team member)</p>	<p>STEP-CHILD</p> <ul style="list-style-type: none"> • Birth certificate; AND • Proof of marriage to a natural parent (see required documents for Spouse above).
<p>Any child of a plan participant who is an alternate recipient under a qualified medical child support order shall be considered as having a right to dependent coverage under this plan.</p>	<p>COURT-ORDERED COVERAGE FOR DEPENDENT:</p> <ul style="list-style-type: none"> • Final court order with presiding judge's signature; OR • Qualified Medical Child Support Order (QMCSO) showing date of birth.
<p>CHILD WITH DISABILITIES (AGE 26+) A covered child who reaches the limiting age (26 years old) and is totally disabled, incapable of self-sustaining employment by reason of mental or physical disability, primarily dependent upon the covered team member for support and maintenance and unmarried. The plan administrator may require, at reasonable intervals during the two years following the dependent's reaching the limiting age, subsequent proof of the child's total disability and dependency.</p>	<p>CHILD WITH DISABILITIES</p> <ul style="list-style-type: none"> • Birth certificate; AND • Physician letter with a statement of Total and Permanent Disability, completed and signed by the dependent's physician (stamped signature not acceptable); AND • Copy of current federal tax return (front and signature pages only); AND • Copy of Supplemental Security Income (SSI) award, if eligible.

We can't add a dependent to your coverage if they're:

- In the armed forces. However, those on active military duty are eligible for coverage under TRICARE effective the date of their active-duty orders.
- An ex-spouse. Team members must cancel dependent coverage when the dependent no longer meets the eligibility requirements.

WHEN AND HOW CAN I MAKE CHANGES?

Once you enroll, the choices made will stay the same through 2024. You can only make a change if you have an IRS-Qualifying Life Event such as:

- Marriage.
- Divorce.
- Birth.
- Adoption.
- Change in employment for you or your spouse.

If you qualify to make a change, submit a benefits change form, which can be found on My Care Compass, along with supporting documentation such as a marriage or birth certificate, employer statement, etc., to verify your request. These documents must be submitted within 31 days of the event. Otherwise, you must wait until the next open enrollment period to make benefit changes.



Health, Dental and Vision

Health Plans

PPO

Low-deductible copay plan

HDHP

High deductible coinsurance plan with Health Savings Account

	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Annual Deductible	\$1,000 Single \$3,000 Family	\$2,000 Single \$6,000 Family	\$2,000 Single \$4,000 Family	\$4,000 Single \$8,000 Family
Out of Pocket Max	\$4,000 Single \$12,000 Family	\$25,000 Single \$75,000 Family	\$5,500 Single \$11,000 Family	\$25,000 Single \$75,000 Family
Physician Visits Primary / Specialist	\$20 copay / \$40 copay	50%	20% / 20%	50%
Virtual Visits (per member)	Visits 1-3: \$0 Visits 4+: \$20 copay	Not Covered	20%	Not Covered
Preventive Care	\$0	50%	\$0	50%
Outpatient Lab Services	\$50 copay (deductible waived)	50%	20%	50%

PPO

Low-deductible copay plan

HDHP

High deductible coinsurance plan with
Health Savings Account

	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Outpatient Radiology Diagnostics	\$100 copay (deductible waived)	50%	20%	50%
Outpatient Advanced Radiology Diagnostics (CT Scan, PET Scan or MRI)	\$250 copay (deductible waived)	50%	20%	50%
Childbirth / Delivery Facility & Professional Fees	20%	50%	20%	50%
Emergency Room Services (per member)	Visits 1-2: \$200 Copay + Deductible + 20% Visits 3+: \$500 Copay + Deductible + 20%	Visits 1-2: \$200 Copay + Deductible + 20% Visits 3+: \$500 Copay + Deductible + 20%	Visits 1-2: 20% Visits 3+: 30%	Visits 1-2: 20% Visits 3+: 30%
Outpatient Surgery Facility & Surgeon Fees	20%	50%	20%	50%
Prescription Coverage (Tier 1, 2, 3 & 4)	Retail: \$0 / \$10 / \$40 / \$60 Mail: \$0 / \$27.50 / \$110 / \$165 (deductible waived) Mandatory generic	Not Covered	Retail: \$0 / \$10 / \$40 / \$80 Mail: \$0 / \$27.50 / \$110 / \$220 After Deductible Mandatory generic	Not Covered
Prescription Coverage (Tier 5 & 6)	30% (deductible waived)	Not Covered	20% / 50% After Deductible	Not Covered
Tobacco User Fee	\$25 per pay period			
Team Member Premiums	Refer to the Rate Chart below			

*All percentages listed above are representative of a team member's portion to pay after their deductible has been met.

2024 TEAM MEMBER MEDICAL PLAN PREMIUMS (24-PAYS)

For full-time team members, Carle Health covers approximately 80 percent of premium costs, while you pay the remaining 20 percent.

	PPO	HDHP
Full Time Rates 30 – 40 hours per week		
Team Member	\$76.08	\$50.97
Team member & Spouse/Domestic Partner	\$171.34	\$129.12
Team Member + Child(ren)	\$144.82	\$104.20
Family	\$227.60	\$180.14
Part Time Rates 20 – 29.99 hours per week		
Team Member	\$152.14	\$109.22
Team Member & Spouse/Domestic Partner	\$342.64	\$258.26
Team Member + Child(ren)	\$289.64	\$208.38
Family	\$455.20	\$360.26

How to Decide?

Once you've decided who's eligible, it's time to decide which plans are best for you. Here are three easy steps to help.

1

REVIEW

First, look at your past claims to get a good picture of your usage. You might check a couple years if one happened to be unusual. Log in to YourHealthAlliance.org (<https://login.healthalliance.org/Account/Login>) to easily review your medical and pharmacy claims histories.

2

COMPARE

Next, take a look at the total expense for the different plans and consider:

*Premiums** – Total each plan's biweekly premiums to find out what your annual costs would be.

*Copays and Coinsurance** – Using your past-years medical and pharmacy usage, consider how much you might pay in copays or coinsurance with each plan over the course of a year.

*Deductibles and Annual Maximum** – Consider a worst-case scenario year and what you can comfortably pay when considering your deductible and annual out-of-pocket maximum.

*For definitions of these terms see the Good to Know section at the bottom of this page

3

CONSIDER

Finally, take these things into account before making your decision:

- If you have access to other group health coverage through your spouse, take time to understand which plan is the best fit for you and your family by comparing out-of-pocket costs, premiums and coverage options.
- Think about regularly putting money, to be used on medical expenses, into a Health Savings or Flex Spending account. These are pre-tax payroll deductions allowing use of tax-free dollars on your care.
- Use the free My WealthCare Online (<https://bpc.wealthcareportal.com/Authentication/Handshake>) cost comparison tool provided by Benefit Planning Consultants (BPC). It takes less than five minutes to estimate out-of-pocket costs for a plan. Please register if you do not already have an account set up.
- Based on your annual usage, balance the decision to pay more up-front in premiums or pay more later in out-of-pocket expenses. What are you most comfortable with?

Scenarios

The scenarios below are here to serve as helpful guidance for making decisions during Open Enrollment.

Scenario 1 (Primary care visit)

Avery is a 25-year-old working full time with employee-only coverage. Avery is in good health, having no major health issues or ongoing prescriptions needs. Avery goes to her Primary Care Provider (PCP) visit due to feeling weak and lacking energy. Avery is prescribed a prescription to address low iron levels.

	PPO		HDHP	
	Service Provided	Cost Incurred	Service Provided	Cost Incurred
PCP Visit (\$180 total charges)	1 visit (standard PCP copay per visit)	+\$20	1 visit (full visit cost until deductible is met)	+\$180
One Prescription Filled (\$100 value)	1 prescription (standard copay for tier 2 medication)	+\$10	1 prescription (full medication cost until deductible is met)	+\$100
Annual Premiums	\$76.08 bi-weekly premium (x24 pay periods)	+\$1,825.92	\$50.97 bi-weekly premium (x24 pay periods)	+\$1,223.28
Annual Physical	1 physical (\$0 covered under preventive care)	\$0	1 physical (\$0 covered under preventive care)	\$0
Less Company-Provided HSA Money	HSA not applicable with PPO Plan	\$0	Annual amount provided by Carle Health	(\$250)
Cost Summary (yearly total medical cost based on above scenario)		\$1,855.92		\$1,253.28
Tax Savings Opportunity	Flexible Spending Account		Health Savings Account	

Scenario 2 (Lab draw)

Macen is a 32-year-old married person with a wife and three kids. Macen is going in for his basic lab draw done one week and a comprehensive lab draw done the next week.

	PPO		HDHP	
	Service Provided	Cost Incurred	Service Provided	Cost Incurred
PCP Visit (\$180 total charges) (Labs Ordered)	1 visit (standard PCP copay per visit)	+\$20	1 visit (full visit cost until deductible is met)	+\$180
Basic Lab Panel (\$211 cost)	1 lab draw (standard lab copay per visit)	+\$50	1 lab draw (full standard lab cost until deductible is met)	+\$211
Comprehensive Lab Panel (\$538 cost)	1 lab draw (comprehensive lab copay per visit)	+\$50	1 lab draw (full comprehensive lab cost until deductible is met)	+\$538
PCP Visit (\$180 total charges) (Lab Follow Up)	1 visit (standard PCP copay per visit)	+\$20	1 visit (full visit cost until deductible is met)	+\$180
(Family Member: Dependents) 6 Trips to Convenient Care (\$900- Total Charges)	6 visits (standard convenient/urgent care copay-\$20)	+\$120	6 visits (standard convenient/urgent care visit-\$150)	+\$900
Less Company-Provided HSA Money	HSA not applicable with PPO Plan	\$0	Annual amount provided by Carle Health	(\$250)
Annual Premiums	\$227.60 bi-weekly premium (x24 pay periods)	+\$5,462.40	\$180.14 bi-weekly premium (x24 pay periods)	+\$4,323.36
Preventive Care Visit (for spouse)	1 visit (\$0 covered under preventive care)	\$0	1 visit (\$0 covered under preventive care)	\$0
Cost Summary (yearly total medical cost based on above scenario)		\$5,722.40		\$6,082.36
Tax Savings Opportunity	Flexible Spending Account		Health Savings Account	

Scenario 3 (Lab draws during one visit)

Savannah is 40, married with a husband and two kids. Savannah's husband, Jake, goes in to have a comprehensive lab and tissue pathology done during the same visit.

	PPO		HDHP	
	Service Provided	Cost Incurred	Service Provided	Cost Incurred
PCP Visit (\$180 total charges) (Labs Ordered)	1 visit (standard PCP copay per visit)	+\$20	1 visit (full visit cost until deductible is met)	+\$180
(Family Member: Spouse) Comprehensive Lab Panel (\$538 cost) Tissue Pathology (\$645 cost)	2 lab draws (standard lab copay per visits) * for both services since done during same visit	+\$50	1 comprehensive lab panel (full lab panel cost until deductible is met) 1 tissue pathology (full pathology cost until deductible is met)	+\$538 +\$645
PCP Visit (\$180 total charges) (Lab Follow Up)	1 visit (standard PCP copay per visit)	+\$20	1 visit (full visit cost until deductible is met)	+\$180
(Family Member: Dependents) 4 Trips to Convenient Care (\$600- Total Charges)	4 visits (standard convenient/urgent care copay-\$20)	+\$80	4 visits (standard convenient/urgent care visit-\$150)	+\$600
Less Company-Provided HSA Money	HSA not applicable with PPO Plan	\$0	Annual amount provided by Carle Health	(\$250)
Annual Premiums	\$227.60 bi-weekly premium (x24 pay periods)	+\$5,462.40	\$180.14 bi-weekly premium (x24 pay periods)	+\$4,323.36
Preventive Care Visit (for child)	1 visit (\$0 covered under preventive care)	\$0	1 visit (\$0 covered under preventive care)	\$0
Cost Summary (yearly total medical cost based on above scenario)		\$5,632.40		\$6,216.36
Tax Savings Opportunity	Flexible Spending Account		Health Savings Account	

Scenario 4 (Outpatient advanced radiology diagnostics during one visit)

Misty is a 29-year-old who has incurred some health complications. Misty is on family coverage and is having an MRI scan done on her brain as well as a CT scan on her abdomen. Misty is doing these during the same visit.

	PPO		HDHP	
	Service Provided	Cost Incurred	Service Provided	Cost Incurred
Specialist Visit (\$360 total charges) (Imaging Ordered)	1 visit (standard specialist copay per visit)	+\$40	1 visit (full visit cost until deductible is met)	+\$360.00
MRI on Brain (\$2,530 cost) CT on Abdomen (\$1,410 cost)	2 imaging services (standard radiology copay per visit) * for both services since done during same visit	+\$250	1 imaging service (full radiology cost until deductible is met) 1 imaging service ((full radiology cost until deductible is met) Deductible met at \$4,000 for \$300 (remaining cost x 20% coinsurance)	+\$2,530 +\$1,110 +\$60

Scenario 5 (Outpatient advanced radiology diagnostics)

Jacob is 40-year-old who was just in a car accident. Jacob is on employee-only coverage and has to have an MRI scan done on his brain as well as a CT scan on his abdomen. Jacob is having these done on separate visits.

	PPO		HDHP	
	Service Provided	Cost Incurred	Service Provided	Cost Incurred
Specialist Visit (\$360 total charges) (Imaging Ordered)	1 visit (standard specialist copay per visit)	+\$40	1 visit (full visit cost until deductible is met)	+\$360.00
MRI on Brain (\$2,530 cost)	\$250 copay 1 imaging service (standard radiology copay per visit)	+\$250	1 imaging service (full radiology cost until deductible is met) Deductible met at \$2,000 for \$890 (remaining cost x 20% coinsurance)	+ \$1,640 + \$178
CT on Abdomen (\$1,410 cost)	1 imaging service (standard radiology copay per visit)	+\$250	20% coinsurance	+\$282
Specialist Visit (\$360 total charges) (Imaging Follow Up)	1 visit (standard specialist copay per visit)	+\$40	20% coinsurance	+\$72
Less Company-Provided HSA Money	HSA not applicable with PPO Plan	\$0	Annual amount provided by Carle Health	(\$250)
Annual Premiums	\$76.08 bi-weekly premium (x24 pay periods)	+\$1,825.92	\$50.97 bi-weekly premium (x24 pay periods)	+\$1,223.28
Preventive Care Visit (for child)	1 visit (\$0 covered under preventive care)	\$0	1 visit (\$0 covered under preventive care)	\$0
Cost Summary (yearly total medical cost based on above scenario)		\$2,405.92		\$3,505.28
Tax Savings Opportunity	Flexible Spending Account		Health Savings Account	

Scenario 6 (New child)

Tyler is 32 years old and working full time. Tyler is married and in good health. Tyler's spouse, who is also covered on Tyler's plan, is expecting a baby this year.

	PPO		HDHP	
	Service Provided	Cost Incurred	Service Provided	Cost Incurred
Family Member (Tyler) 4 Trips to Convenient Care (\$600 total charges)	4 visits (standard convenient/ urgent care copay-\$20)	+\$80	4 visits (standard convenient/ urgent care visit-\$150)	+\$600
Family Member 2 (spouse) Prenatal, Ultrasound, Delivery (\$50,000 total charges)	\$1,000 deductible + 20% of remaining costs until the \$4,000 individual out-of-pocket max is met	+\$4,000	\$4,000 deductible + 20% of remaining costs until the \$11,000 family out-of-pocket max is met	+\$10,400
Family Member 3 (child) Hospital and Newborn Care (\$8,000 total charges)	+\$1,000 deductible + \$1,400 (20% of remaining charges)	+\$2,400	\$0 family out-of-pocket max has been met	\$0
Less Company- Provided HSA Money	HSA not applicable with PPO Plan	\$0	Annual amount provided by Carle Health	(\$250)
Annual Premiums	\$171.34 bi-weekly premium (x24 pay periods)	+\$4,112.16	\$129.12 bi-weekly premium (x24 pay periods)	+\$3,098.88
Annual Physical	1 physical (\$0 covered under preventive care)	\$0	1 physical (\$0 covered under preventive care)	\$0
Cost Summary (yearly total medical cost based on above scenario)		\$10,592.16		\$13,848.88
Tax Savings Opportunity	Flexible Spending Account		Health Savings Account	

Scenario 7 (Emergency Department visit)

Kelly is 28 years old, working full time and is in good health. Kelly had a minor accident over the weekend and needed to go to the Emergency Department for medical care, but was not admitted to the hospital. This is Kelly's first visit to the Emergency Department this year.

	PPO		HDHP	
	Service Provided	Cost Incurred	Service Provided	Cost Incurred
4 trips to Convenient Care (\$600 total charges)	\$20 copay X 4 visits = \$80 copay	+\$80	4 visits (standard convenient/ urgent care visit-\$150)	+\$600
Emergency Department Visit for Minor Injury with Stitches (\$5,000 total charges)	\$200 copay + \$1,000 deductible + \$760 (20% of remaining charges)	+\$1,960	\$2,000 deductible + \$720 (20% of remaining charges)	+\$2,120
Follow up with Primary Care Provider (\$200 total charges)	\$20 copay	+\$20	20% coinsurance	+\$40
Less Company-Provided HSA Money	HSA not applicable with PPO Plan	\$0	Annual amount provided by Carle Health	(\$250)
Annual Premiums	\$76.08 bi-weekly premium (x24 pay periods)	+\$1,825.92	\$50.97 bi-weekly premium (x24 pay periods)	+\$1,223.28
Annual Physical	1 physical (\$0 covered under preventive care)	\$0	1 physical (\$0 covered under preventive care)	\$0
Cost Summary (yearly total medical cost based on above scenario)		\$3,885.92		\$3,733.28
Tax Savings Opportunity	Flexible Spending Account		Health Savings Account	

Comparing Your Choices

PPO VS. HDHP: HIGHLIGHTS AND DEDUCTIBLES

No matter which plan you choose, both include these features:

- No-cost preventive care, including annual physicals, immunizations, mammograms and more.
- Free flu vaccinations for team members and covered dependents.
- 20 percent coinsurance on most medical services after deductible is met.
- In-network providers (/coverage/medical-plans/provider-networks) based on your home ZIP code.
- Coverage on prescription drugs.
- A significant portion of the premium covered by Carle Health.

PPO

Low-deductible copay plan

Plan Highlights

- Lower, embedded deductible and out-of-pocket maximum
- Copays for office and Emergency Department visits
- Copays for outpatient lab and radiology diagnostic services.
- In-network office visits are covered in full after you pay a low copayment. There's no deductible or coinsurance unless your doctor performs a procedure or orders services such as lab or X-ray.
- Opportunity to sign up for a Flexible Spending Account (/health-dental-vision-benefits/medical-plans/flexible-spending-accounts) (FSA) to help pay using pre-tax dollars for expenses not covered by the plan.

HDHP

High deductible coinsurance plan with Health Savings Account

Plan Highlights

- Lower premium with higher, aggregate deductible and out-of-pocket maximum
- No copays for office visits or Emergency Department visits. Everything you pay for medical services and prescription drugs applies towards meeting your deductible.
- Take advantage of triple tax savings through the use of a Health Savings Account (/health-dental-vision-benefits/medical-plans/health-savings-accounts) (HSA). Contributions (up to IRS limit), earnings and withdrawals (for qualified expenses) are all tax-free.

Provider Networks

Carle Health plans offer both in-network and out-of-network coverage. Using in-network providers means lower co-pays/coinsurance, deductibles and out-of-pocket maximums.

Your home address determines which in-network providers your covered family members have access to:

LOCAL CARLE HEALTH NETWORK

If your ZIP code appears online, you have in-network coverage with all Carle providers (including those affiliated with the Carle Health Physician Partners), FirstCarolinaCare provider network plus Health Alliance-contracted behavioral health/substance abuse providers.

For the complete list of ZIP codes, please see the list on benefits.carle.org under Provider Networks.

HEALTH ALLIANCE NETWORK

If you live in Illinois but beyond the ZIP codes listed online, your in-network providers include all Carle providers and Health-Alliance-contracted providers (excluding Christie Clinic and OSF) plus the FirstHealth network.

NATIONAL NETWORK

If you live outside the ZIP codes listed online and outside the state of Illinois or Cook County Illinois, your in-network providers include those who contract with the FirstHealth national network.

COLLEGE EXTENDED NETWORK

Dependent children who leave our service area for 90 consecutive days or more to attend a college, university, technical school or vocational school can get access to in-network care through the national FirstHealth network while at school for no additional cost. Your dependent student can search the FirstHealth network through YourHealthAlliance (<https://login.healthalliance.org/Account/Login>). All other family members on the plan will continue using the standard provider networks. Please contact Health Alliance at membership@healthalliance.org (<mailto:membership@healthalliance.org>) for more information.



Flexible Spending Accounts

Three different types of Flexible Spending Accounts (FSAs) allow you to pay for expenses not covered by other medical, dental or vision coverage.

MEDICAL FLEX

Plan Highlights

- You don't need to be enrolled in a Carle Health insurance plan to have a Medical Flex account.
- Used to pay for expenses not covered by health, dental or vision plans — deductibles, coinsurance/co-pays, glasses/contacts, braces and eligible over-the-counter items.
- Contribute up to the IRS limit each year to your account.
- 100 percent of the fund amount you've chosen is immediately available to use — even if you haven't made all the contributions — though you'll still have to submit receipts.
- Use a Flex Card (like a debit card) to immediately pay for expenses or submit a manual reimbursement.
- Starting in 2024, funds up to the designated IRS limit will roll over year to year.

This plan may be right for you if:

- You're participating in the PPO plan.
- You're participating in a HDHP but choose not to participate in a HSA.
- You can estimate your medical expenses for the year.
- You like the freedom of having the entire amount available immediately.
- You have regular monthly costs for prescriptions.
- You're comfortable locking in the amount in your account at the beginning of the year. You won't be able to change it unless you have an IRS Qualifying Life Event like marriage, divorce, birth or change in employment status.

Check out the FSA Store to find qualifying purchases to use your FSA dollars on hearing, vision, pain relief and other items to help you feel better or stay healthy.

LIMITED FLEX

Plan Highlights

- Used to pay for dental and vision expenses ONLY.
- Same contribution limit and reimbursement guidelines as the Medical Flex.
- Starting in 2024, funds up to the designated IRS limit will roll over year to year.

This plan may be right for you if:

- You're participating in the HDHP and participating in a Health Savings Account (HSA).
 - You expect to incur vision and/or dental expenses.
 - You want to have the committed fund amount available at the beginning of the year.
-

DEPENDENT CARE FLEX

Plan Highlights

- Contribute up to the IRS limit each year to your account. Or you could claim those expenses for the dependent-care credit when you file your tax return — but you can't do both. If your spouse has a similar account, there's one combined household limit.
- You must first contribute to the account to use any funds.
- Funds don't rollover year to year. Expenses must be incurred by December 31 of the plan year — you have until the following March 31 to submit a claim for reimbursement.

This plan may be right for you if:

- You have daycare expenses for children under 13 or elderly dependents while you or your spouse work or attend school.





Health Savings Accounts

The High Deductible Health Plan (HDHP) can be paired with a Health Savings Account (HSA) to save pre-tax money from your paycheck for out-of-pocket medical expenses now or in the future. Money in the savings account grows tax free year to year and is yours to keep. Plus, eligible accounts earn a tax-free employer contribution.

Plan Highlights

- Contribute up to the IRS limit – this includes all contributions made by you and contributions made by Carle Health. And, if you're between 55 and 65 years old you can contribute up to an additional \$1,000 per year.
- Employer contribution – eligible team members get a \$250 contribution in the year's first quarter. Mid-year enrollees receive a prorated contribution.
- Use to pay for expenses not covered by health or dental plans – medical care, tests and other health services, prescription drugs
- Triple Tax Advantage – contributions and withdrawals to pay deductibles and qualified medical, dental and vision expenses are never taxed. Interest and any investment growth is tax free if used to pay for qualified medical expenses.
- You can take money out for non-medical purposes with a 20 percent tax penalty.
- No deadlines – there's no cut-off for when eligible expenses can be paid through a HSA as long as you're enrolled.
- No reimbursement forms to submit at the time funds are used – you're responsible for maintaining all records and receipts to track that distributions are made for qualified medical expenses.
- Unused money in the HSA can be carried over year to year and continue to grow in the account so you can save money for future expenses.
- The account is individually owned by you and can be taken with you if you leave Carle Health.

This plan may be right for you if:

- You're participating in a HDHP with HSA and your spouse doesn't have a Medical Flex Spending account.
- You want the option to change your monthly contributions throughout the year.
- You're comfortable having only what's been contributed to date available for expenses.
- You like knowing up front what the maximum expense is going to be under the HDHP with HSA and can plan to save accordingly.
- You want the advantage of current and future tax savings.



Care Coordination

How can I get help coordinating my health care?

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. (<https://hally.com/>)

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.

Care coordination may be helpful if you or a covered family member:

- Have a new or ongoing health condition.
- Need help with diabetes, high blood pressure, chronic obstructive pulmonary disease (COPD), congestive heart failure or other chronic conditions.
- Want support with complex or complicated conditions.
- Need specialty care.

To get started or get more information, call the number on the back of your health plan ID card or (800) 851-3379 (TTY 711).

Dental Plan

The Carle Health Dental Plan covers most types of preventive care and early treatment at 100% of usual and customary charges with no deductible. Other types of dental care and treatment, such as fillings, crowns, bridges, dentures and root canal therapy are paid at a percentage, detailed here. Administered by Health Alliance, you can choose any dental provider.

Dental plan benefits are separate from your medical benefits (/health-dental-vision-benefits/medical-plans/plan-details) and **will need to be elected separately for coverage to be effective.**

DEDUCTIBLE AND COVERAGE INFORMATION		
	Standard	Enhanced
Annual deductible	Individual: \$50 Family: \$150 Any combination of family members may satisfy the family deductible	Individual: \$50 Family: \$150 Any combination of family members may satisfy the family deductible
Lifetime Deductible for Orthodontia	Individual: \$50	Individual: \$50
Policy Year Benefit Maximum	\$1,500	\$2,500
Lifetime Benefit Maximum for Orthodontia Services	\$1,500	\$3,000
Preventive Care	0% Limited to two per calendar year	0% Limited to two per calendar year
Basic Care	20% after deductible	20% after deductible
Major Care	50% after deductible	50% after deductible
Orthodontia	50% after deductible Limited to covered dependents under the age of 25	50% after deductible Limited to covered dependents under the age of 25

2024 TEAM MEMBER DENTAL PLAN PREMIUMS (BI-WEEKLY, 24 PAY PERIODS)

Full-Time Rates 30 – 40 hours per week		
	Standard	Enhanced
Team Member	\$8.84	\$12.60
Team Member & Spouse/Domestic Partner	\$17.69	\$25.21
Team Member + Child(ren)	\$16.86	\$24.03
Family	\$25.71	\$36.64
Part-Time Rates 20 – 29.99 hours per week		
	Standard	Enhanced
Team Member	\$11.05	\$14.81
Team Member & Spouse/Domestic Partner	\$22.11	\$29.63
Team Member + Child(ren)	\$21.07	\$28.24
Family	\$32.14	\$43.07



SCENARIOS

Scenario 1 (oldest child with braces)

Alex is 45 years old, working full-time with two children covered on the Dental Plan. This year, Alex's oldest needed braces.

	STANDARD		ENHANCED	
	Service Provided	Cost Incurred	Service Provided	Cost Incurred
Orthodontia Services (\$5,000 Total Charges)	\$50 deductible \$4,950 (50% coinsurance of remaining charges up to lifetime limit)	+\$50 +\$3,450	\$50 deductible \$4,950 (50% coinsurance of remaining charges up to lifetime limit)	+\$50 +\$2,475
Annual Premiums	\$16.86 bi-weekly premium (x24 pay periods)	+\$404.64	\$24.03 bi-weekly premium (x24 pay periods)	+\$576.72
Annual Exam and Cleaning	(\$0 covered under preventive care)	\$0	(\$0 covered under preventive care)	\$0
Tax Savings Opportunity	Flexible Spending Account		Health Savings Account	
Cost Summary		\$3,904.64		\$3,101.72

Scenario 2 (Basic and major care needs for spouse)

Eric is 30 years old and works full-time covering a spouse on dental coverage. This year Eric's spouse needed a filling and two crowns.

	STANDARD		ENHANCED	
	Service Provided	Cost Incurred	Service Provided	Cost Incurred
Filling for one tooth (\$250 total charges)	\$50 deductible \$40 (20% coinsurance on remaining charges)	+\$90	\$50 deductible \$40 (20% of remaining charges)	+\$90
Crown for one tooth (\$2,000 total charges)	\$1,000 (50% coinsurance)	+\$1,000	\$1,000 (50% coinsurance)	+\$1,000
Crown for one tooth (\$1,200 Total Charges)	50% coinsurance up to the annual limit	+\$860 Annual limit met	50% coinsurance up to the annual limit	+\$600
Annual Cleanings	\$0 (Covered at 100% under preventive care)	+\$0	\$0 (Covered at 100% under preventive care)	+\$0
Annual Premiums	\$17.69 bi-weekly premium (x24 pay periods)	+\$424.56	\$25.21 bi-weekly premium (x24 pay periods)	+\$605.04
Tax Savings Opportunity	Flexible Spending Account		Health Savings Account	
Cost Summary		\$2,374.56		\$2,295.04

Vision Plans

You have two options when it comes to caring for you and your family.

BASIC VISION

Basic Vision benefits are included in both health plans and feature:

- Vision screenings and examinations only at Carle Eye Department for prescribing glasses or for determining the refractive state of the eyes (specialty office visit copay for PPO plan or coinsurance after deductible is applied for HDHP)*

*Due to provider based billing, you will be charged a facility fee in addition to any copay and/or coinsurance.

VOLUNTARY VISION

Voluntary Vision is offered through an EyeMed package for an additional premium. You'll receive the most from this benefit when using an in-network provider from EyeMed's large network including:

- Target Optical
- LensCrafters
- All About Eyes
- Chittick Eyecare

You can also purchase online from Glasses.com (<https://www.glasses.com>) and Contacts Direct (<https://www.contactsdirect.com>). For a complete list of providers near you, use the Provider Locator on eyemedvisioncare.com (<https://eyemed.com/en-us>) and choose the SELECT network or call (866) 299-1358. For LASIK providers, call (877) 5LASER6. At this time Carle providers aren't in network through EyeMed.

This plan may be right for you if:

- You or your family members need coverage for contact lens, frames or lenses.
- You need additional coverage for diabetic vision services.
- You use another provider outside of Carle.



IN NETWORK	
Exams	
Exam with Dilation	\$10 Copay (once every 12 months)
Contact Lens Fit and Follow-Up	Standard: Up to \$40; Premium: Up to 10% off retail (once every 12 months)
Frames (every 12 months)	
Any Available Frame at Provider Location	\$0 Copay; \$150 Allowance, 20% off balance over \$150
Standard plastic lenses	
Single Vision / Bifocal / Trifocal	\$10 Copay
Standard Progressive Lens	\$35 Copay
Premium Progressive Lens	\$35 Copay + 80% charge less \$120 allowance
Lens options	
UV Treatment	\$12 Copay
Tint (Solid and Gradient)	\$0 Copay
Plastic Scratch Coating	\$12 Copay
Antireflective Coating	\$45
Photochromatic/Transitions (Adults)	80% of retail price
Photochromatic/Transitions (Kids under 19)	\$0
Polarized	20% off retail price
Contacts	
Conventional	\$0 Copay, \$120 allowance, 15% off balance over \$120
Disposable	\$0 Copay, \$120 allowance, plus balance over \$120
Medically Necessary	\$0 Copay, paid in full

2024 TEAM MEMBER VOLUNTARY VISION PLAN PREMIUMS (BI-WEEKLY, 24 PAY PERIODS)

Team Member	\$4.14
Family	\$9.81



Time off and Disability

Vacation Time

All team members working at least 20 hours per week accrue time off each pay period. Vacation accrual is based on actual hours paid, excluding overtime, and rolls over, year to year up to a set maximum. Vacation time can be used after you've been employed for 90 days.

Additionally, new parents are given one week of paid leave. You'll find more details in the Parent Resources (/living-well/parent-resources) section.

VACATION TIME ACCRUAL			
Length of employment	Factor per hour paid	Max hours accrued per pay period	MAX ACCUMULATION
0-3 years	0.065385	5.231	204.05
4-9 years	0.084615	6.769	263.95
10-14 years	0.094231	7.538	293.96
15-20 years	0.103846	8.308	323.97
Over 20 years	0.123077	9.846	383.95

VOLUNTARY VACATION TIME CASH-IN

Carle Health encourages team members to use their earned vacation time throughout the year to relax, rest and return to work more productive. However, we also believe in providing options that allow team members to have greater flexibility in their total compensation package. Team members can choose to cash in a minimum of 10 hours and a maximum of 80 hours per year in 10-hour increments. This process happens twice per year for payout in January and July . Team members cashing in hours will incur a 5% rate reduction per IRS guidelines. Team members must also retain at least 40 hours in their vacation bank. Additional details are in Policy HR211.

Sick Time

Eligible team members, which are those who work at least 30 hours per week (A1, A2 or A3 status), accrue sick time hours based on actual hours paid up to a maximum of 48 hours. Accrual rate is 0.03125 per hour to a maximum of 2.5 hours per 80-hour pay period. However, team members are not eligible to use sick time until after three (3) months of employment.

PERSONAL SICK DAY

All full-time team members in an employment status of A1, A2 or A3 are eligible to use eight hours of their sick time benefits for a personal sick day. Use this time for an unplanned absence to support your physical or mental health and well-being.

Personal Holiday

To recognize personal or religious holidays within our diverse workforce, team members working 36 hours or more per week get an additional eight-hour personal holiday each calendar year. The personal holiday can be used at anytime to celebrate a holiday or event that is meaningful to you. Unused personal holidays aren't carried over or paid out upon termination, so it's best to use this time off first.



Happy Holidays

Full-time team members working 36 hours or more per week get these eight-hour paid holidays each year:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day
- Personal Holiday

You can always find the dates for holidays listed on the Human Resources page on [CLICK](#).

Disability

Administered by The Hartford, this insurance replaces a percentage of wages when you can't work due to an illness or injury. To be eligible, you must complete six months of employment and work at least 30 hours a week.

Once approved, you may receive between 60 and 100 percent of your regular pay during the first 180 days of disability through a combination of accrued vacation, sick time and short-term disability. After 180 days, disability coverage provides up to 50 percent of pay for approved disabilities.

TIME OFF NEEDED (for injury or illness)	BENEFIT YOU USE
0 to 11 calendar days	Use your accrued vacation and/or sick time and receive up to 100% of your regular pay.
After 11 calendar days	If approved, you may receive 60% of your pre-disability income through the Carle Health short-term disability insurance, or you may be able to supplement up to 100% of pay using your accrued vacation and sick time.
After 180 calendar days	If approved, you may receive 50% of your pre-disability income

COMPANY PAID SHORT-TERM DISABILITY

Carle Health provides short-term disability at no cost after six months of employment for team members working at least 30 hours per week.

You're eligible to receive benefits starting on the tenth day after your disability begins. The benefit pays 60% of income for up to 180 days.

Team members have the option to supplement their 60% of pay with either sick time or vacation time in order to receive 100% of their pay.

VOLUNTARY SHORT-TERM DISABILITY

Aflac Short-term Disability is a voluntary benefit available for all team members working at least 20 hours a week. This income protection ensures a portion of your monthly salary in the event you're unable to work due to an injury, illness or maternity.

You're eligible to receive benefits starting on the 15th day after your disability begins and benefit payments continue for as long as you continue to be disabled, up to three months.

Aflac Short-Term Disability pays out in addition to the short-term disability that Carle Health provides to its employees working 30-plus hours per week.

Plan Highlights

- **Guaranteed-issue** – No medical evidence is required, and the policy is guaranteed to be issued as long as you are actively employed.
 - **Coverage is nonoccupational** – The plan covers disability due to off-the-job injuries and illnesses.
 - **Pre-existing condition benefit** – If a condition is considered pre-existing during the first 12 months of coverage, the plan will still pay 50% of the monthly disability benefit, including for pregnancy.
 - **Aflac Rate** – \$1.59 per \$100 of coverage per month. Log in to the enrollment platform to see coverage and rate options.
-

COMPANY PAID LONG-TERM DISABILITY

Carle Health provides long-term disability at no cost after six months of employment for team members working at least 30 hours per week.

You're eligible to receive benefits starting on the 181st day after your disability begins. The benefit pays 50% of income.



Leave of Absence

Work is important and necessary; however, there are other things in life that are far more important: a new baby or an ailing relative, for example.

Fortunately, Carle Health team members have access to several different types of leaves of absence available. A leave of absence is defined as an approved extended period away from work.

An approved leave of absence does not determine how a team member is paid; compensation while on a leave of absence is dependent on time-off benefits such as vacation, sick time, short-term disability, or long-term disability.

Giving reasonable notice of your leave is essential. It allows your leader to plan ahead and keep operations running smoothly. However, as many of these leaves are intended to address unexpected, emergency situations, it is understood that advance notice is not always possible.

Please see benefits.carle.org for more details about the following leaves of absence:

Family & Medical Leave Act (FMLA)

Military Exigency Leave (FMLA)

Military Caregiver Leave (FMLA)

Military Leave (USERRA)

Victim's Economic Security and Safety Act Leave (VESSA)

Medical Leave of Absence Non-FMLA

Personal Leave of Absence - Non-Medical

Educational Leave



Retirement

Earn for Your Future

To help you prepare for the future and have the financial resources you need when you retire, Carle Health has several retirement plan options and resources that you can take advantage of.

First, it's important to know that Carle Health uses EPIC Retirement Plan Services as the recordkeeper and investment manager for the 403(b) and 401(k) plans. Please note that EPIC Retirement Plan Services is an external vendor Carle Health uses and is not the same Epic that team members use in the delivery of patient care.

Second, there are two types of retirement accounts offered based on where you work. Team members working for a nonprofit entity (i.e., Carle Foundation Hospital, Carle Hoopeson Regional Health Center, Carle Richland Memorial Hospital, Carle Physician Group, Carle BroMenn Medical Center, Carle Eureka Hospital, Carle West Physician Group, Carle Health Methodist Hospital, Carle Health Pekin Hospital and Carle Health Proctor Hospital) are in the 403(b) plan; those who work for a for-profit entity (i.e., Health Alliance, FirstCarolinaCare and Stratum Med) are in the 401(k) plan. Both are administered by EPIC Retirement Plan Services.

Third, Carle Health partners with Busey Wealth Management to provide retirement planning, advice and rollover support for your Carle 403(b) or 401(k) plan. Busey can be reached at RetirementPlans@busey.com or (217) 365-4874.

Eligibility

All team members working for Carle Health are eligible to contribute to the retirement plan regardless of hours worked per week.

Your Contribution

New team members and rehires are automatically enrolled after 30 days of employment at a pre-tax contribution rate of 3% per paycheck. You can opt out of auto-enrollment and choose a different contribution rate at any time.

- To help you save, if you're auto-enrolled, your contribution amount will automatically increase by 1% each July until you make a change or reach 6%.
- Contributions can be made in whole percentages between 1% and 95% per pay period, subject to IRS limits.
- If you're 50 or older and make the maximum allowable contribution to your plan, you're entitled to contribute an additional "catch-up contribution."

Carle Health Contributions

EMPLOYER 2% MATCH

After one year of employment in which you have worked 500 hours and are age 21 or older, Carle Health may match up to 2% of your eligible compensation if you're contributing. Matching begins on January 1 or July 1 upon meeting the requirements.

ANNUAL DISCRETIONARY CONTRIBUTION

After two years of employment in which you have worked 500 hours and are age 21 or older, Carle Health may provide a discretionary contribution up to 5% of your eligible compensation to your retirement account each year. You need to have been actively employed on the last normal working day of the plan year and worked at least 500 hours. Team members age 62 that retire prior to the last normal working day of the plan year are still eligible to receive the annual contribution regardless of the hours they have worked. Contribution dollars are deposited after the first quarter of the calendar year for the previous year.

Earnings Opportunity

Don't miss out on free money. Take advantage of your employer match and the power of compounding over time. As you can see, the longer you have to invest, the greater the potential benefits of compounded earnings.

EARNING FOR YOUR FUTURE		
MONTHLY SAVINGS	YEARS	TOTAL*
\$250	10	\$40,970
\$250	20	\$115,510
\$250	30	\$251,129
\$250	40	\$497,872

**A \$250 monthly savings equates to 5% employee deferral with a 2% employer matching for a person with an annual salary of \$43,000. This chart is hypothetical and for illustrative purposes only. The example assumes a 6% annual rate of return.*



Additional Benefits

Critical Illness Coverage

Critical illness insurance provides extra coverage for diagnoses of certain diseases to conditions. Money received through this coverage can be used however you like – for example deductibles or out-of-pocket medical expenses, additional child care while a caregiver is ill or everyday household expenses.

PLAN HIGHLIGHTS

- Benefits are paid directly to you and coverage is in addition to any existing medical benefits.
- Coverage is portable, meaning you can take it with you should you leave your employer or retire.
- You can purchase up to \$30,000 in coverage for yourself, \$15,000 for your eligible spouse and \$10,000 for eligible children.
- Coverage for children ends on their 26th birthday.

To encourage a healthy lifestyle, this plan also provides an annual benefit of \$100 for completing a health-screening test.

MONTHLY PREMIUMS

NON-TOBACCO USER		
AGE	TEAM MEMBER	SPOUSE/ DOMESTIC PARTNER
Under 30	\$0.48	\$0.58
30–39	\$0.60	\$0.69
40–49	\$1.13	\$1.30
50–59	\$2.20	\$2.72
60–64	\$3.18	\$4.15
65–69	\$4.09	\$4.75
70+	\$5.52	\$7.16

TOBACCO USER		
AGE	TEAM MEMBER	SPOUSE/ DOMESTIC PARTNER
Under 30	\$0.65	\$0.80
30–39	\$0.80	\$0.91
40–49	\$1.43	\$1.61
50–59	\$3.07	\$3.92
60–64	\$4.75	\$6.20
65–69	\$5.81	\$6.98
70+	\$8.54	\$9.26

*1 To calculate the total cost per pay period, take the total coverage amount desired divided by \$1,000, multiply by monthly amount and divide by 2.
Example: For someone under age 30 who elects \$30,000 of coverage the per pay period cost would be \$7.20. Coverage amount: \$30,000 / \$1,000 = 30 * 0.48 = \$14.40 / 2 = \$7.20 per pay period.*

CHILD RATES

\$1.46 per month for \$5,000 of coverage or \$2.90 per month for \$10,000 coverage.

**Administered by ReliaStar Life Insurance Company, Compass Critical Illness Insurance is a limited benefit policy. This isn't health insurance and doesn't satisfy the requirement of minimum essential coverage under the Affordable Care Act. See the product brochure, certificate of coverage and any applicable riders for complete provisions, exclusions and limitations. Insurance products are issued by ReliaStar Life Insurance Company, a member of the Voya® family of companies, 20 Washington Avenue South, Minneapolis, MN 55401. Compass Critical Illness Policy form #: RL-CI3-POL-12; Compass Critical Illness Certificate form #: RL-CI3-CERT-12. Form numbers, provisions and product availability may vary by state.*

We can't add a dependent to your coverage if they're:

- In the armed forces. However, those on active military duty are eligible for coverage under TRICARE effective the date of their active-duty orders.
- An ex-spouse. Team members must cancel dependent coverage when the dependent no longer meets the eligibility requirements.

Accident Coverage*

Administered by ReliaStar Life Insurance Co., accident insurance pays cash for specific injuries and events resulting from a covered accident. You can use this money however you like – for example, deductibles or out-of-pocket medical expenses, additional child care while a caregiver is injured, or everyday expenses like housecleaning, groceries or utilities.

PLAN HIGHLIGHTS

- 24-hour coverage.
 - Coverage is guaranteed, meaning there are no medical exams or tests to take.
 - Examples of common injuries include: dislocations, fractures, accident hospital care and follow-up care.
 - Coverage is portable, meaning you can take it with you should you leave your employer or retire.
-

BIWEEKLY PREMIUMS (24 PAYS)

Team Member Only	\$5.09
Team Member & Spouse/ Domestic Partner	\$8.35
Team Member & Child(ren)	\$9.65
Family	\$12.91

**Compass Accident Insurance is a limited benefit policy. This isn't health insurance and doesn't satisfy the requirement of minimum essential coverage under the Affordable Care Act. See the product brochure, certificate of coverage and any applicable riders for complete provisions, exclusions and limitations. Insurance products are issued by ReliaStar Life Insurance Company, a member of the Voya® family of companies, 20 Washington Avenue South, Minneapolis, MN 55401. Compass Accident Policy form #: RL-ACC2- POL-12; Compass Accident Certificate form #: RL-ACC2-CERT-12. Form numbers, provisions and product availability may vary by state.*

Hospital Indemnity Coverage

With hospital indemnity insurance, you'll receive a fixed daily benefit if you have a covered stay in a hospital intensive care unit that occurs on or after your coverage effective date.

Benefit amounts are listed below and depend on the type of facility and number of days of confinement.

When you are admitted to a covered medical facility, you become eligible for an admission benefit for the first day of confinement. This benefit is payable once per confinement, up to a maximum of eight admission(s) per calendar year.

PLAN HIGHLIGHTS

Type of Admission/ Benefit Amount

Hospital Admission/ \$1,000

Critical Care Unit (CCU) Admission/ \$2,000

Beginning on day two of your confinement, for each day that you have a stay in a covered facility, you'll be eligible for a fixed daily benefit payment. The benefit amount and maximum number of days per confinement varies by facility:

- Hospital confinement (1 x the daily benefit amount, up to 30 days maximum per confinement)/ \$100.
- Critical Care Unit (CCU) confinement (2 x the daily benefit amount, up to 15 days maximum per confinement)/ \$200.
- Rehabilitation facility confinement (1/2 of the daily benefit amount, up to 30 days maximum per confinement)/ \$50.

Hospital Indemnity Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Coverage Type	Bi-Weekly Rates (24 Pay Period)
Team Member	\$9.16
Team Member + Spouse	\$17.75
Team Member + Children	\$13.45
Team Member + Family	\$22.04

Legal Assistance

Carle Health has partnered with MetLife to offer professional legal advice for a wide array of legal matters for a bi-weekly premium (24 pays) of \$8.75. The plan includes telephone and office consultations for an unlimited number of personal legal matters with an attorney of your choice. Additional online services include:

- Attorney locator for in-network attorneys
- Law firm e-panel
- Law guide
- Free, downloadable legal documents
- Financial planning, insurance and work/life resources

PLAN HIGHLIGHTS

- **Divorce services** – Provides 20 hours of divorce services each calendar year
- **Estate planning** – Powers of attorney, will preparation, trusts
- **Family issues** – Adoption, prenuptial agreements, name change
- **Immigration services** – Advice and consultation, review of documents
- **Real estate matters** – Sale, purchase or refinance of property, zoning, property tax, rental agreements
- **Defense of situations** – Traffic misdemeanor charges, juvenile court proceedings, civil issues and criminal misdemeanor charges (excludes DUI)
- **Financial matters** – Identity theft, credit negotiations, tax audit representation, personal bankruptcy, foreclosure, debt collection
- **Document preparation** – Affidavits, deeds, mortgages, demand letters, promissory notes

Assistance is also available for disputes over personal property or goods and services, and small claims.

Identity Theft Protection

Carle Health partners with LifeLock, which proactively monitors an extensive network for the use of your personal information. Suspicious activity is alerted through their patented LifeLock Identity Alert® system via text, email or phone based on your preference.

Though no one can prevent all identity theft, LifeLock monitors for fraudulent use of your Social Security number, name, address or date of birth in applications for credit, services, financial activity, criminal infractions committed in your name and more.

The more data you enter into the site, the more LifeLock can protect you, including your 401(k)/ 403(b) accounts, auto loans and bank accounts; some levels of coverage even help with "opt-out" programs for credit card pre-approvals.

Choose from two plans

With the LifeLock Benefit Essential plan you'll get:

- LifeLock Skill for Amazon Alexa.
- Credit, bank and utility account freezes.
- Identity verification monitoring.
- Dark web monitoring – password combo list.
- Dark web monitoring – gamer tags.
- Transaction monitoring – recurring charge alert.
- Identity lock.
- LifeLock Identity Alert System.
- LifeLock for Norton 360 Mobile App (Android and iOS).
- Dark web monitoring.
- Privacy monitor.
- USPS address change verification.
- Stolen wallet protection.
- Reduced pre-approved credit card offers.
- Fictitious identity monitoring.
- Data breach notifications.
- Bank and credit card activity alerts.
- 401(k), 403(b) and investment account activity alerts.
- File sharing network searches.
- Sex offender registry reports.
- Prior identity theft remediation.
- U.S.-based identity restoration specialists.
- 24/7 live member support.
- Million Dollar Protection Package.
- Credit application alerts.
- Credit monitoring.

With LifeLock Benefit Premier, you'll also get:

- Home title monitoring.
- Credit on demand.
- Checking and savings account application alerts.
- Bank account takeover alerts.
- Credit monitoring from three bureaus.
- Annual credit reports and credit scores.
- Monthly credit score tracking.

With LifeLock Benefit Essential and Premier, you'll also get the following Norton Device Security Features:

- Secures PCs, Mac and mobile devices.
- Online threat protection.
- Password manager.
- Parental control.
- Smart firewall.
- Cloud backup.
- SafeCam.

BIWEEKLY PREMIUMS (24 PAYS)

	LIFELOCK BENEFIT ESSENTIAL	LIFELOCK BENEFIT PREMIER
Team Member Only	\$4.00	\$10.49
Family	\$7.99	\$20.99

Life Insurance

Having the right amount of life insurance can help protect your loved ones and provide for their future. Eligible team members are provided with basic employer-paid life insurance and also have the option of purchasing additional supplemental coverage.

A beneficiary is the person or people you choose to receive payment of your life insurance upon your death. Naming them establishes your plan as a legal contract – in fact, these beneficiaries are actually honored over whomever you've named in your will. Without naming them, your benefits may have to go through the court system, significantly delaying transferring funds to your loved ones.

To complete your enrollment, you must have a current beneficiary on file. You can change them at any time by accessing the beneficiary designation form through My Care Compass.

PLAN HIGHLIGHTS

- **Basic** (Carle Health-paid) coverage for full-time team member provides a lump-sum death benefit equal to your annual earnings (flat \$15,000 for part-time employees) at no cost to you.
- **Supplemental** (Carle Health-paid) coverage is available in increments of \$10,000 up to a (combined with basic) maximum of five times your salary, not to exceed \$1 million. Rates are based on your age.
- **Spouse/Domestic Partner** (employee-paid) coverage is available in increments of \$1,000 starting at a minimum of \$5,000 and a maximum benefit of \$50,000. Rates are based on your spouse or domestic partner's age.
- **Dependent** (employee-paid) coverage provides life insurance for your child(ren) under the age of 21 with no limits on the number of dependents covered. Rates are based on the dollar amount of coverage selected.

SUPPLEMENTAL COVERAGE – TEAM MEMBER ONLY*

AGE	Purchase in increments of \$10,000 (rates per \$1,000/month)
Up to age 30	\$0.04
30 – 34	\$0.05
35 – 39	\$0.07
40 – 44	\$0.12
45 – 49	\$0.21
50 – 54	\$0.35
55 – 59	\$0.55
60 – 64	\$0.85
65 – 69	\$1.53
70+	\$2.74

**Minimum of \$10,000 – max of 5x basic annual earnings of \$1 million combined with basic benefit.*

SUPPLEMENTAL SPOUSE/ DOMESTIC PARTNER COVERAGE*

AGE	Purchase in increments of \$1,000 (rates per \$1,000/month)
Up to age 25	\$0.055
25 - 29	\$0.063
30 - 34	\$0.084
35 - 39	\$0.095
40 - 44	\$0.103
45 - 49	\$0.175
50 - 54	\$0.261
55 - 59	\$0.501
60 - 64	\$0.805
65 - 69	\$1.610
Over 70	\$2.605

**Minimum of \$5,000 – max of \$50,000.*

DEPENDENT CHILD(REN) COVERAGE*

CHOICE OF:
\$5,000 \$0.05 per pay period
\$10,000 \$0.10 per pay period
\$15,000 \$0.15 per pay period

**Unlimited number of dependent children. Only available through age 21.*

Tuition Reimbursement

INVEST IN YOUR CAREER

- Tuition reimbursement will allow team members to be paid back for eligible tuition costs after completing their classes.
- In 2024, Nursing positions (ADN, BSN, APN) and Methodist College degrees will receive \$5,250 per year for full-time team members and \$2,625 for part-time team members.
- Clinical degrees (surgical technology, radiology tech, therapy, EMT, medical assistant, etc.) will receive \$4,000 per year for full-time team members and \$2,000 for part-time team members.
- Other degrees (IT, business related, etc.) will receive \$2,000 for full-time team members and \$1,000 for part-time team members.

*Team members already enrolled in the Carle Health tuition assistance program will be eligible for their current maximum amount or the new amount, whichever is greater.

PARTNERSHIPS

Carle Health has partnered with area and online colleges and universities to provide additional grants, scholarships and discounts.

To learn more about the higher education institutions that Carle Health partners with on tuition discounts, visit [CLICK>Human Resources>Career Center](#).

TUITION IO

Carle Health has partnered with Tuition IO to assist our team members in navigating the financial terrain of paying for schooling. Tuition IO offers assistance with:

- College payments options.
- Cost calculations.
- Refinancing.
- Repayments strategies.
- Student loan coaching.

Get started today by visiting carle.tuition.io to create and login to your account.

PARKLAND SCHOLARS

The Carle Foundation is pleased to offer financial assistance for educational expenses to students enrolled in health careers and office professional programs at Parkland College. Students may apply for an initial installment of \$2,500 per semester, and an additional application may be submitted for a total assistance amount of \$5,000. Please contact Parkland College's Office of Financial Aid and Veteran Services at (217) 351-2222 or finaid@parkland.edu for more information.



Well-Being

Carle Health Well-Being Program

You make choices every day to live your best life. We're right there with you through the Carle Health Well-Being Program. Use it however you like because whatever you do isn't only good for you. It's good for all of us.

We acknowledge that our personal and professional lives can be complicated. Finding time for self-care, budgeting, giving back and embracing healthier lifestyles are all things we can strive for as goals.

Each of us has different things we want to focus on or improve. 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 focuses on fitness, diet and nutrition.
- Mind focuses on emotional well-being, spiritual support, mental health and intellectual growth.
- Money focuses on financial goals, resources, discounts and total rewards.
- Mission focuses on career development, community service and social engagement.

Carle Health offers a variety of programs and challenges year-round for people of all ages and skill levels. Many challenges are team-based for a little more fun and support. You'll earn rewards and learn healthy habits for positive lifestyle changes.

UNDERSTAND YOUR HEALTH

Gain a new perspective on your health and wellness. Health Alliance members can sign up for a free telephonic wellness consult with a health coach. This call is designed to help you better understand your overall health through a wellness lens. The consult can help you better understand areas of opportunity related to:

- Nutrition
- Weight loss
- Physical activity
- Management of chronic diseases like diabetes and hypertension

During the call the health coach also will make sure you understand your wellness benefits. This will include a review of recommended wellness screenings and information about additional free support available through the health plan.

Resolutions EAP

Your Resolutions Employee Assistance Program (EAP) is a free, confidential assessment, counseling and referral service for you and your family members. To make an appointment or for more information, please call (217) 383-3202 or (800) 228-6380.

Six free, confidential sessions (per issue, per year) with a designated licensed provider are available should anyone in your household need help in any of the following areas:

COUNSELING

- Marital and family issues
- Alcohol and other drug dependency
- Stress-related issues
- Grief or loss
- Workplace issues
- Health
- Personal growth
- Budget counseling

Resources

VENDOR CONTACT INFORMATION		
PLAN ADMINISTRATOR	SERVICES	CONTACT
AFLAC	Short-Term Disability	(800) 433-3036 Customer Service (866) 849-2970 Claims Fax Groupclaimsfilings@aflac.com
Benefit Planning Consultants (BPC)	Health Care FSA Day Care FSA Limited FSA Health Savings Account	(877) 272-8880 (217) 531-9000 bpcinc.com
Busey Wealth Management	Retirement	(217) 365-4874 RetirementPlans@busey.com
EyeMed	Voluntary Vision	(866) 723-0514 eyemedvisioncare.com
Farmers Insurance	Auto Home	(800) 438-6381 farmers.com/groupselect
Health Alliance Medical Plans (HAMP)	Medical Prescription Drug Basic Vision Dental	(800) 322-7451 healthalliance.org
MetLife Legal Plans	Legal Services	(800) 821-6400 info.legalplans.com
LifeLock	Identity Theft	(866) 917-2555
Resolutions EAP	Employee Assistance Program	(800) 228-6380 (217) 383-3202 carleresolutions.com
The Hartford	Long-Term Disability Life Insurance Short-Term Disability	(888) 277-4767 abilityadvantage.thehartford.com GBInformationUpload@thehartford.com
Voya Financial/ReliaStar Life Insurance Company	Critical Illness Insurance Accidental Injury Hospital Indemnity Coverage	(877) 236-7564

