

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: Wig after Chemotherapy or Radiation Therapy

**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 #5, effective May 1, 2024:

*In the section entitled “**PREFERRED PROVIDER OPTION (PPO) PLAN—SCHEDULE OF BENEFITS—MEDICAL AND PRESCRIPTION DRUG BENEFITS, PLAN: PPO PLAN OPTION”**, as amended, the following subsections are revised:*

1. *On page 14, the subsection entitled “**MAXIMUM BENEFITS**”, is revised to include “**Wig after chemotherapy or radiation therapy**”. This subsection now reads as follows.*

| MAXIMUM BENEFITS | Your Maximum Benefits when using Preferred Providers and/or Non-Preferred Providers (combined) |
|--|---|
| Individual Maximum Benefit | Unlimited per Covered Person, per Lifetime, except as otherwise specified |
| Inpatient rehabilitation and Skilled Nursing Care (combined) | 120 days per Covered Person, per Benefit Period |
| Chiropractic services ¹ | \$750 per Covered Person, per Benefit Period |
| Home health care | 100 visits per Covered Person, per Benefit Period |
| Infertility services (<i>enhanced</i> Infertility services) ¹ | \$25,000 per Covered Person, per Lifetime |
| Outpatient rehabilitative therapy services (occupational, physical and speech therapies) | 60 visits (all therapies combined) per Covered Person, per Benefit Period |

| | |
|---|---|
| Temporomandibular joint (TMJ) disorder treatment ¹ | \$5,000 per Covered Person, per Lifetime |
| Tobacco cessation products | One product per 12-month period, per Covered Person |
| Tobacco cessation programs | One program in a 12-month period per Covered Person, and further limited to three programs per Covered Person, per Lifetime |
| Wig after chemotherapy or radiation therapy | One per Covered Person, per Lifetime |

2. On page 17, in the “**TYPE OF MEDICAL EXPENSE**” table, the subsection entitled “**OTHER SERVICES/BENEFITS—Durable Medical Equipment and orthopedic appliances**” is revised to include a footnote indicator #2 after the word “protheses” for the addition of “**Wig after chemotherapy or radiation therapy**”. This subsection now reads as follows.

| TYPE OF MEDICAL EXPENSE | You Pay Preferred Providers | You Pay Non-Preferred Providers |
|--|-----------------------------------|-----------------------------------|
| Other Services/Benefits | | |
| Durable Medical Equipment and orthopedic appliances (including but not limited to prostheses ² and orthotics) | 20% Coinsurance, after Deductible | 50% Coinsurance, after Deductible |

In the section entitled “**PREFERRED PROVIDER OPTION (PPO) PLAN—SCHEDULE OF BENEFITS—MEDICAL AND PRESCRIPTION DRUG BENEFITS, PLAN: PPO HIGH DEDUCTIBLE HEALTH PLAN (HDHP) OPTION**”, as amended, the following subsections are revised:

1. On page 22, the subsection entitled “**MAXIMUM BENEFITS**”, is revised to include “**Wig after chemotherapy or radiation therapy**”. This subsection now reads as follows.

| MAXIMUM BENEFITS | Your Maximum Benefits when using Preferred Providers and/or Non-Preferred Providers (combined) |
|--|---|
| Individual Maximum Benefit | Unlimited per Covered Person, per Lifetime, except as otherwise specified |
| Inpatient rehabilitation and Skilled Nursing Care (combined) | 120 days per Covered Person, per Benefit Period |
| Chiropractic services ¹ | \$750 per Covered Person, per Benefit Period |
| Home health care | 100 visits per Covered Person, per Benefit Period |
| Infertility services (enhanced Infertility services) ¹ | \$25,000 per Covered Person, per Lifetime |
| Outpatient rehabilitative therapy services (occupational, physical and speech therapies) | 60 visits (all therapies combined) per Covered Person, per Benefit Period |
| Temporomandibular joint (TMJ) disorder treatment ¹ | \$5,000 per Covered Person, per Lifetime |
| Tobacco cessation products | One product per 12-month period, per Covered Person |
| Tobacco cessation programs | One program in a 12-month period per Covered Person, and further limited to three programs per Covered Person, per Lifetime |
| Wig after chemotherapy or radiation therapy | One per Covered Person, per Lifetime |

2. On page 25, in the “**TYPE OF MEDICAL EXPENSE**” table, the subsection entitled “**OTHER SERVICES/BENEFITS—Durable Medical Equipment and orthopedic appliances**” is revised to include a footnote indicator #2 after the word “*protheses*” for the addition of “*Wig after chemotherapy or radiation therapy*”. This subsection now reads as follows.

| TYPE OF MEDICAL EXPENSE | You Pay Preferred Providers | You Pay Non-Preferred Providers |
|--|-----------------------------------|-----------------------------------|
| Other Services/Benefits | | |
| Durable Medical Equipment and orthopedic appliances (including but not limited to prostheses ² and orthotics) | 20% Coinsurance, after Deductible | 50% Coinsurance, after Deductible |

On pages 65–66 of the section entitled “**MEDICAL BENEFITS—BENEFITS**”, as amended, the subsection entitled “**Protheses**” is revised to include coverage for wig after chemotherapy or radiation therapy. This subsection now reads as follows:

- **Protheses:**
 - Prosthetic devices, such as artificial limbs, due to an Illness or Injury. For purposes of this subsection, “prosthetic device” means a fabricated substitute for a diseased or missing part of the body such as a limb or an eye.
 - Prosthetic devices must be prescribed by a Physician.
 - Expenses incurred and associated with the purchase of a wig after chemotherapy or radiation therapy.
 - Benefits are subject to the limitation specified in the “**SCHEDULE OF BENEFITS—MAXIMUM BENEFITS**” section.
 - The Durable Medical Equipment and orthopedic appliance Deductible and Coinsurance amounts shown in the “**SCHEDULE OF BENEFITS—MEDICAL AND PRESCRIPTION DRUG BENEFITS**” section apply.
 - To be consistent with changes in medical technology, the Third Party Administrator maintains a list of eligible and excluded items and the maximum amount payable under this benefit. Benefits can be verified by calling the Third Party Administrator whose phone number can be found in the “**GENERAL PLAN INFORMATION**” section, or customer service at the phone number on the Plan ID Card.
 - See also “Durable Medical Equipment, orthopedic appliances and devices” and “Hair loss care and treatment” in the “**PLAN EXCLUSIONS**” section.

On page 74 of the section entitled “**PLAN EXCLUSIONS**”, the subsection entitled “**Hair loss care and treatment**” is revised and now reads as follows:

- **Hair loss care and treatment:** Care and treatment for hair loss, including wigs (except for wig after chemotherapy or radiation therapy), hair transplants, or any drug that promises hair growth, whether or not prescribed by a Physician.

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.**

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