

2026 Benefits Enrollment Guide

At Carle Health, we value our team members. Your dedication and passion drive our mission to provide exceptional care and service to our communities. To support you both professionally and personally, we are proud to offer a comprehensive package of benefits designed to promote your well-being, security and growth.

We encourage you to explore this guide and take full advantage of the benefits Carle Health has to offer. Thank you for your commitment to our organization and for making a difference every day.

How to use this guide:

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

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

- Check out updated plan details and support information on benefits.carle.org.
- Visit [My Care Compass](#) for resources for using your benefits.
- 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 Dr. Champaign, IL 61822

(217) 902-5300

MyHR.HelpDesk@carle.com

Enrollment Checklist

Before Enrollment

- Review all your benefit enrollment choices.
 - Medical Insurance.
 - Dental Insurance.
 - Vision Insurance.
 - Medical Flexible Spending Account (FSA).
 - Dependent Care Flexible Spending Account (DCFSA).
 - Health Savings Account (HSA).
 - AFLAC Disability Coverage.
 - Critical Illness Insurance.
 - Accident Insurance.
 - Hospital Indemnity Insurance.
 - Legal Assistance.
 - Identity Theft Coverage.
 - Supplemental Life Insurance.
- Collect a list of healthcare providers and facilities you and your family use or plan to use.
- Confirm which network tier your chosen providers are included in order to make the best decisions.
- If you plan on enrolling new dependents, start gathering social security numbers and required documentation.

During Enrollment

- Enroll in benefits through Workday during these timeframes:
 - Between Nov. 4- 20, 2025, for annual open enrollment.
 - Within 31 days of hire date for new hires.
 - Within 31 days of event date for qualifying life events.
- Designate Life Insurance Beneficiaries through Workday Benefits Hub.
- Designate Retirement Beneficiaries through your [Net Benefits](#) account at Fidelity.

After Enrollment

- Watch for ID cards in late December, which will be mailed to your address on record.
- Provide dependent verification documentation for any new dependents added during open enrollment within 60 days.
- Review Evidence of Insurability and complete applicable tasks (if applicable).
- For new hire and qualified life event enrollment; based on timing of your enrollment, benefit deductions may not be taken out of your first few paychecks. Those deductions will be doubled on future paycheck(s) until you are caught up.

Eligibility

Who is eligible?

Team Member Benefits Eligibility

- Full Time – 30+ hours per week.
- Part Time – 20-29 hours per week.

Family Members (Dependent)

Eligible dependents can be covered on many of our benefit plans. Carle Health requires eligibility documentation for any newly added dependent. This chart lists eligible dependents and which documents can be used to prove dependent eligibility for insurance coverage.

Please note the following:

- 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 at the date of their active-duty orders.
- Team members must cancel dependent coverage when the dependent no longer meets the eligibility requirements.

DEPENDENT TYPE AND DEFINITION	REQUIRED DOCUMENTATION
SPOUSE The covered team member's spouse according to the laws of the state where the team member lives or was married.	OPTION 1 Copy of most recent federal tax return showing spouse (front and signature pages only). OPTION 2 Marriage certificate; AND Proof of joint ownership dated within the past 60 days (e.g. joint bank statement, credit card, mortgage, etc.). Social Security numbers and financial information can be marked out.

DEPENDENT TYPE AND DEFINITION	REQUIRED DOCUMENTATION
<p>DOMESTIC PARTNER The covered team member's domestic partner according to the laws of the state where the team member lives.</p>	<p>The Team member and the individual must have a signed and notarized Affidavit of Domestic Partnership and at least two of the following items:</p> <p>A joint mortgage or lease agreement;</p> <p>A notarized mutual assignment of Power of Attorney for financial and medical purposes;</p> <p>A joint checking or credit account;</p> <p>A formal commitment ceremony document, which is subject to validation;</p> <p>A primary beneficiary designation for will, life insurance and/or retirement benefits.</p>
<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: Birth certificate.</p> <p>ADOPTED CHILD: Amended birth certificate naming team member as parent; OR</p> <p>Copy of adoption papers.</p>
<p>STEPCHILDREN (if a natural parent remains married to and resides with the team member).</p>	<p>STEPCHILD Birth certificate; AND</p> <p>Proof of marriage to a natural parent (see required documents for spouse above).</p>
<p>Any child of a plan participant who is an alternate recipient under a QUALIFIED MEDICAL CHILD support order shall be considered having a right to dependent coverage under this plan.</p>	<p>COURT-ORDERED COVERAGE FOR DEPENDENT: Final court order with presiding judge's signature; OR</p> <p>Qualified Medical Child Support Order (QMCSO) showing date of birth.</p>

DEPENDENT TYPE AND DEFINITION	REQUIRED DOCUMENTATION
<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 Birth certificate; AND</p> <p>Physician letter with a statement of Total and Permanent Disability, completed and signed by the dependent's physician (stamped signature not acceptable); AND</p> <p>Copy of current federal tax return (front and signature pages only); AND</p> <p>Copy of Supplemental Security Income (SSI) award, if eligible.</p>

When and how can I make changes?

Once you enroll, the choices made will stay the same through 2026. You can only make a change if you have an IRS-Qualifying Life Event.

Here is a summary of the events and related required documentation that must be submitted within 31 days of the event.

MARRIAGE OR NEW DOMESTIC PARTNERSHIP

- Marriage certificate, marriage license or domestic partnership affidavit (domestic partnership only).

DIVORCE OR DISSOLUTION OF DOMESTIC PARTNERSHIP

- Divorce decree, legal separation documentation or affidavit of termination (domestic partnership only).

BIRTH

- Birth certificate, hospital records or certificate of live birth.

ADOPTION

- Adoption records or amended birth certificate with the team member listed as the parent.

CHANGE IN EMPLOYMENT FOR YOU OR YOUR SPOUSE/ DOMESTIC PARTNER.

- If your status changes or the status of a spouse/domestic partner who works for Carle Health changes, documentation is not required. Simply indicate if you or your spouse/domestic partner is the team member experiencing the status change.

INVOLUNTARY LOSS OF OUTSIDE COVERAGE, WHICH COULD INCLUDE THROUGH A SPOUSE OR DOMESTIC PARTNER'S EMPLOYMENT CHANGE OR OPEN ENROLLMENT, LOSS OF MEDICAID ELIGIBILITY, DIVORCE OR DISSOLUTION OF DOMESTIC PARTNERSHIP.

- Verification letter from your spouse/domestic partner's employer or the coverage provider, detailing: why coverage ended, when coverage ended, what coverage was lost and who was covered.

GAINING OUTSIDE COVERAGE, WHICH COULD INCLUDE THROUGH A SPOUSE OR DOMESTIC PARTNER'S EMPLOYMENT CHANGE OR OPEN ENROLLMENT, GAINING MEDICAID ELIGIBILITY AND ELECTING COVERAGE, MARRIAGE OR NEW DOMESTIC PARTNERSHIP.

- Verification letter from your spouse/domestic partner's employer or the coverage provider, detailing: coverage was enrolled, when coverage started, what coverage was elected and who is being covered.

PASSING OF A DEPENDENT

- Death certificate.

Please remember that if you do not submit a change with supporting documents by the 31-day deadline, you must wait until the next open enrollment period to make benefit changes.

Health Plan

Details and Options

Carle Health provides two health plan options managed by Allegiance Benefit Plan Management: A Traditional Plan and a High-Deductible Health Plan (HDHP). For definitions of key terms related to these plans, please refer to page 14.



Selecting the most suitable health plan – Traditional or HDHP – will depend on your individual healthcare needs, financial situation and risk preferences. A traditional medical plan may be preferable for those who value predictable expenses, frequent provider visits and comprehensive coverage. Conversely, an HDHP may appeal to individuals seeking lower premium costs, tax-advantaged savings opportunities and who generally have fewer healthcare needs.

Similarities between both plans include:

- Coverage of 100% of in-network preventative care expenses, such as annual physicals, screenings and immunizations, ensuring the health and well-being of you and your family.
- Protection against significant medical costs through annual out-of-pocket maximum limits.
- Inclusion of prescription drug coverage administered by RxPreferred.
- Carle Health subsidizes a substantial portion of the plan premiums.

TRADITIONAL	HIGH-DEDUCTIBLE HEALTH PLAN
Lower, embedded deductible and out of pocket maximum.	Lower premium with higher, aggregate deductible and out of pocket maximum.
Copays for office, Emergency Department visits, outpatient lab and radiology diagnostic services.	Coinsurance, after meeting deductible, for office or Emergency Department visits.
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 laboratory or radiology.	Everything you pay for medical, laboratory, radiology and prescription services applies towards meeting your deductible.
Opportunity to sign up for Flexible Spending Account (FSA) to help pay using pre-tax dollars for expenses not covered by the plan.	Take advantage of triple tax savings through the use of a Health Savings Account (HSA). Contributions, earnings and withdrawals for qualified purchases are tax-free (up to IRS limit).

When choosing a health plan, it's important to understand the difference between the Traditional Health Plan and the High-Deductible Health Plan. Each has unique features, advantages and considerations. Below is additional information to help you make an informed decision.

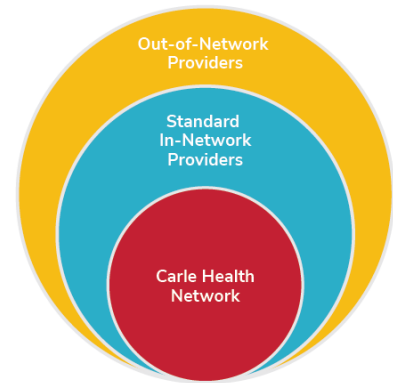
TRADITIONAL HEALTH PLAN		HIGH-DEDUCTIBLE HEALTH PLAN
<p>Office visits are subject to copay (except for preventive care services, which are covered at 100%).</p> <p>This amount is applied toward the annual out-of-pocket maximum.</p>	OFFICE VISITS	<p>You pay the full cost of in-network office visits (except for preventive care services, which are covered at 100%) until you meet your annual deductible.</p> <p>Once you satisfy the annual deductible, the plan will begin sharing the cost with you.</p> <p>This amount is applied towards the annual out of pocket maximum.</p>
<p>Prescription Drugs are subject to a copay (except for eligible preventive medications, which are covered at 100%).</p>	PRESCRIPTION DRUGS	<p>You pay the full cost of prescription drugs covered by the plan (except for eligible preventive medications, which are covered at 100%).</p> <p>Once you satisfy the annual deductible, the plan will begin sharing the cost with you.</p>
<p>For services subject to the annual deductible, after one covered family member meets the deductible, the plan begins paying benefits for that individual.</p> <p>Once any combination of covered family members meets the family deductible, the plan begins paying benefits for all covered family members.</p>	FAMILY DEDUCTIBLE	<p>If you cover any dependents, the entire family deductible must be met before the plan begins paying benefits for any covered family member.</p>
<p>You are eligible to contribute pre-tax dollars to the Medical Flexible Spending Account (FSA).</p> <p>There is no employer contribution to your FSA.</p>	TAX SAVINGS	<p>You are eligible to contribute money to a Health Savings Account (HSA).</p> <p>Carle Health will contribute up to \$250 to your HSA.</p>

Provider Networks

The Carle Health team member medical plan is designed to give team members flexibility and access to high-quality care. The plan features a three-tier provider network structure, offering different benefit levels based on the providers you choose for your healthcare needs.

Carle Network

This tier provides cost savings for team members. It includes providers who are directly employed by Carle Health. By choosing high quality Carle Network providers, team members maximize their medical plan benefits, including potentially lower out-of-pocket costs and comprehensive coverage.



Standard In-Network

This tier offers a standard in-network benefit level and broadens access to care by including providers in the Cigna Open Access Plus Network. Team members selecting providers from this tier receive quality coverage at in-network rates. Most OSF and Christie Clinic providers and facilities are excluded from Standard In-Network coverage and are otherwise considered out-of-network. Some exceptions include Christie Clinic - Medical Hills, OSF and Christie Clinic Behavioral Health providers and select OSF Pediatric Specialties. Please contact Allegiance Customer Service after Nov. 3 to verify a provider's participation.

Out-of-Network

All providers not included in the Carle Network or Standard In-Network tiers are covered here. While these providers are still covered by the medical plan, the benefits are less than those in the previous tiers. Team members may experience higher out-of-pocket costs and reduced coverage when utilizing out-of-network providers.

	TRADITIONAL HEALTH PLAN			HIGH-DEDUCTIBLE HEALTH PLAN (HDHP) WITH A HEALTH SAVINGS ACCOUNT (HSA)		
	Carle Network	Standard In- Network	Out-of- Network	Carle Network	Standard In-Network	Out-of- Network
Annual Deductible	\$1,000 Single \$3,000 Family	\$1,200 Single \$3,600 Family	\$2,000 Single \$6,000 Family	\$1,900 Single \$3,800 Family	\$2,000 Single \$4,000 Family	\$4,000 Single \$8,000 Family
Out-of-Pocket Max	\$5,000 Single \$13,000 Family	\$5,000 Single \$13,000 Family	\$25,000 Single \$75,000 Family	\$5,500 Single \$11,000 Family	\$5,500 Single \$11,000 Family	\$25,000 Single \$75,000 Family
Primary Care Physician Visits	\$15 copay	\$20 copay	50%	10%	20%	50%
Specialty Care Physician Visits	\$20 copay	\$40 copay	50%	10%	20%	50%
Mental Health Physician Visits	\$15 copay	\$15 copay	50%	10%	10%	50%
Virtual Visits (per member)	Visits 1-3: \$0 Visits 4+: \$15 copay	Visits 1-3: \$0 Visits 4+: \$20 copay	Not Covered	20%	20%	Not Covered
Preventive Care	\$0	\$0	50%	\$0	\$0	50%
Childbirth/Delivery Facility & Professional Fees	15%	20%	20%	20%	20%	50%

	TRADITIONAL LOW-DEDUCTIBLE COPAY PLAN			HIGH-DEDUCTIBLE HEALTH PLAN (HDHP) WITH A HEALTH SAVINGS ACCOUNT (HSA)		
	Carle Network	Standard In- Network	Out-of- Network	Carle Network	Standard In- Network	Out-of- Network
Emergency Room Visit (per member per year)	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: \$200 Copay + Deductible + 20% Visits 3+: \$500 Copay + Deductible + 20%	Visits 1-2: 20% Visits 3+: 30%	Visits 1-2: 20% Visits 3+: 30%	Visits 1-2: 20% Visits 3+: 30%
Outpatient Surgery Facility & Surgeon Fees	10%	20%	50%	10%	20%	50%
Inpatient Hospitalization Facility & Physician Fees	10%	20%	50%	10%	20%	50%
Fertility Services (\$25,000 lifetime max)	50%	50%	50%	50%	50%	50%

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

This is not a full listing of all plan benefits. The summary plan description will be made available prior to Jan. 1, 2026.

2025 PLAN MEMBERS

With the transition to Allegiance, members on the 2025 medical plan will have benefit maximums reset on Jan. 1, 2026. In addition, any approved pre-authorizations will be honored until Dec. 31, 2026.

Prescription Drugs

Prescription drug benefits are included in both Carle Health health plan options and RxPreferred administers our coverage. No separate enrollment for prescription coverage is needed.



The network includes over 67,000 pharmacies, including all major chains, grocery stores, regional drug stores and independent pharmacies. Mail order services are available for maintenance medications, providing added convenience for ongoing prescriptions. CarleRx Pharmacy remains the preferred pharmacy for specialty prescriptions.

Your cost depends on your health plan, pharmacy, type of drug and supply amount (typically 30 or 90 days). Preferred pharmacies may offer additional savings and formulary lists determine which drugs fall into each tier.

- In the Traditional Health Plan, prescriptions require a copay or coinsurance before the annual deductible is met. Once you reach your out-of-pocket maximum, covered prescription costs are usually paid in full by the plan.
- For the High-Deductible Health Plan (HDHP), you pay the full cost of prescriptions until your annual deductible is reached. After meeting the deductible, you pay the copay or coinsurance on covered drugs, with costs varying by medication type and supply size. This plan is designed to work with health savings accounts (HSAs), allowing you to use HSA funds for eligible prescription expenses.

TIER	30-DAY	60-DAY	90+ DAY
1 – Generic	\$5.00	\$10.00	\$13.74
2 – Preferred Brand Name	\$40.00	\$80.00	\$110.00
3 – Nonpreferred Brand Name	\$60.00	\$120.00	\$165.00
4 – Specialty	You pay 30%	You pay 30%	You pay 30%

**Certain preventive drugs are provided at no cost per the Affordable Care Act.*

2026 TEAM MEMBER HEALTH PLAN BIMONTHLY PREMIUMS

For full-time team members, Carle Health covers over 80% of premium costs.

	TRADITIONAL	HDHP
FULLTIME RATES 30 – 40 HOURS PER WEEK		
Team Member	\$86.33	\$55.09
Team member & Spouse/Domestic Partner	\$199.99	\$150.71
Team Member + Child(ren)	\$164.34	\$118.24
Family	\$265.65	\$210.26
PART-TIME RATES 20 – 29.99 HOURS PER WEEK		
Team Member	\$172.65	\$123.94
Team Member & Spouse/Domestic Partner	\$399.98	\$301.41
Team Member + Child(ren)	\$328.67	\$236.48
Family	\$531.30	\$420.51

TOBACCO SURCHARGE

The Carle Health Plan charges a bimonthly \$25 tobacco user surcharge if one or more members use nicotine. The tobacco user surcharge applies to team members and their dependents who are enrolled in the health plan and use tobacco products or e-cigarettes that contain nicotine. During Benefits Open Enrollment, team members can indicate their and their covered dependents non-tobacco user status by completing the Tobacco Use Affidavit. Carle makes available a reasonable alternative standard for team members and/or covered dependents to avoid the tobacco-user surcharge. If it is medically inadvisable for a team member and/or covered dependents to participate in the smoking cessation program, team members are afforded the opportunity to comply with the recommendations of the individual's personal physician.

If a plan member's tobacco user status changes, the team member must contact the MyHR.HelpDesk@carle.com or call (217) 902-5300. The tobacco surcharge will be refunded for the full plan year for those plan members who meet the reasonable alternative standard.

Health Plan Terms to Know

AGGREGATE DEDUCTIBLE

Under an aggregate deductible, the family shares one total deductible amount. The plan does not start paying benefits for any individual until the combined spending by all family members reaches the family deductible. The High-deductible plan uses this type of deductible.

COINSURANCE

Percentage of the cost for eligible medical expenses that you pay after you meet the deductible.

COPAY

A fixed dollar amount you pay for certain medical expenses such as an office visit or prescriptions.

DEDUCTIBLE

The dollar amount an individual or family must pay for covered medical expenses per calendar year before the medical plan pays benefits.

ELIGIBLE EXPENSE

An eligible expense is an expense that is defined in a health insurance plan as eligible for coverage.

EMBEDDED DEDUCTIBLE

In a plan with an embedded deductible, each family member has an individual deductible in the overall family deductible. If one person meets their individual deductible, the insurance starts covering their expenses, even if the total family deductible has not been met. Once the family deductible is reached collectively, coverage begins for all members, regardless of their individual totals. The Carle Health Traditional Plan uses this type of deductible.

FORMULARY

A list of your plan's preferred drugs – valued and priced for their cost effectiveness.

OUT-OF-POCKET MAXIMUM

The annual dollar limit an individual or family pays in copays, deductible and coinsurance toward eligible expenses in a calendar year. The plan pays 100% of the eligible expenses once the out-of-pocket maximum is reached.

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 medical, dental or vision plans – deductibles, coinsurance/copays, glasses/contacts, braces and eligible over-the-counter items.
- Contribute up to the 2026 IRS limit of \$3,400 to your account.
- 100% 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.
- Funds up to the designated IRS limit of \$680 with a minimum balance of \$50 will carry over year to year.
- Team members must reelect the Medical Flex to get the carryover.

THIS PLAN MAY BE RIGHT FOR YOU IF:

- You're participating in the traditional health plan.
- You're participating in an HDHP but choose not to participate in an 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.

Limited Flex Plan Highlights

- Used to pay for dental and vision expenses only.
- Same contribution limit and reimbursement guidelines as the Medical Flex.
- Funds up to the designated IRS limit of \$680 with a minimum balance of \$50 will carry over year to year.
- Team members must reelect the Limited Flex to get the carryover.

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

- Qualified expenses include before- and after-school programs, nursery or pre-school, licensed day care or adult day care.
- Contribute up to \$7,500 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 roll over year to year. Expenses must be incurred by Dec. 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 (HSA)

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 2026 IRS limit of \$4,400 (single) and \$8,750 (family) – 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 up to a \$250 contribution in the year's first quarter. Mid-year enrollees receive a prorated contribution.
- Use to pay for expenses not covered by medical 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 nonmedical purposes with a 20% tax penalty.
- No deadlines – there's no cut-off for when eligible expenses can be paid through an 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.

Dental Plan

Details and Options

The Carle Health Dental Plan offers a choice of two dental plans administered by Cigna. Both plans cover most types of preventative care and early treatment at 100% of usual and customary charges. Other types of dental care and treatment, such as fillings, crowns, bridges, dentures and root canal therapy, are paid at a percentage, detailed here.



You have the flexibility to choose any dental provider you prefer. However, Cigna offers additional savings and advantages when you opt for a dentist in their network. Network providers have agreed to discounted rates negotiated by Cigna, which means you pay less for services compared to non-network providers.

If you choose to visit a dental provider who is not part of the Cigna network, you are still entitled to plan benefits. However, your coverage will be limited to what is considered "customary and usual charges" for dental services in your area.

To locate a Cigna Network Dental Provider, visit the Cigna website or contact their customer service for assistance.

Dental plan benefits are separate from your medical benefits 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
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	50% after deductible

2025 PLAN MEMBERS

With the transition to Cigna, members on the 2025 dental plan will have benefit maximums reset on Jan. 1, 2026. In addition, any approved pre-authorizations will be honored until Dec. 31, 2026.

Additional Benefits of Cigna Dental Insurance Plans

ROUND-THE-CLOCK DENTAL CARE ACCESS

Both the Standard and Enhanced Dental insurance plans offered by Cigna Healthcare provide members with robust additional benefits. One standout feature is Dental Virtual Care, which gives members 24/7/365 access to dental consultations. This means that you can speak with a licensed dentist via video call at any time—especially helpful for situations that arise outside of regular dental office hours.

Dental Virtual Care is designed to help with urgent dental concerns such as toothaches, infections, swelling, bleeding and more. The virtual dentist can assess your situation, provide guidance and recommend care, helping you avoid unnecessary trips to the emergency room or waiting until a dental office opens. If necessary, they can also assist in connecting you with a Cigna network provider for in-person treatment.

DENTAL ORAL HEALTH INTEGRATION PROGRAM (OHIP)

Another valuable additional benefit is Cigna's Dental Oral Health Integration Program (OHIP). This program is specifically for members who have certain medical conditions that could increase their risk of oral health problems. If you qualify, OHIP offers extra plan benefits and services tailored to help manage and reduce your risk, supporting your overall health in addition to your dental well-being.

To qualify, you must have a dental plan with Cigna Healthcare and have been diagnosed by a doctor for any of the following conditions:

- Heart Disease
- Stroke.
- Diabetes.
- Maternity.
- Chronic kidney disease.
- Organ transplants.
- Radiation for head or neck cancers.
- Rheumatoid arthritis.
- Sjogren's syndrome.
- Lupus.
- Parkinson's disease.
- Amyotrophic lateral sclerosis (ALS).
- Huntington's disease.
- Opioid misuse and addiction.

2026 TEAM MEMBER DENTAL PLAN BIMONTHLY PREMIUMS

	STANDARD	ENHANCED
FULL TIME RATES 30 – 40 HOURS PER WEEK		
Team Member	\$9.11	\$12.98
Team member and Spouse/Domestic Partner	\$18.22	\$25.97
Team Member and Child(ren)	\$17.37	\$24.75
Family	\$26.48	\$37.74
PART TIME RATES 20 – 29.99 HOURS PER WEEK		
Team Member	\$11.38	\$15.26
Team Member and Spouse/Domestic Partner	\$22.78	\$30.52
Team Member and Child(ren)	\$21.70	\$29.09
Family	\$33.11	\$44.36

Dental Plan Terms to Know

PREVENTIVE CARE

Diagnostic services such as exams, X-rays and cleanings (two per calendar year).

BASIC CARE

Restorative and periodontics services such as fillings or removal of diseased gum tissue.

MAJOR CARE

Supplemental and prosthetic services such as implants or bridges.

ORTHODONTIA

Orthodontic services (for unmarried dependent children under 25).

POLICY YEAR BENEFIT MAXIMUM

The limit for the number of claims paid per covered member per year.

Vision Plan

Details and Options

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

Basic Vision

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

- Vision screenings and examinations only at Carle Health Eye Department for prescribing glasses or for determining the refractive state of the eyes (specialty office visit copay for traditional 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 a PLUS provider from EyeMed's large network including:

- Target Optical.
- LensCrafters.
- Vision Point Eye Center.
- Chittick Eyecare.
- Bloomington Eye Professionals.
- Illinois Eye Center.
- Focus on Eyes.
- Olney Eye Care.



You can also purchase online from Glasses.com and Contacts Direct. For a complete list of providers near you, use the Provider Locator on eyemedvisioncare.com and choose the INSIGHT network. For LASIK providers, call (877) 5LASER6. At this time Carle Health providers aren't in the network through EyeMed.

THIS PLAN MAY BE RIGHT FOR YOU IF:

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

VISION CARE SERVICES THROUGH EYEMED	IN-NETWORK TEAM MEMBER COST	OUT-OF NETWORK REIMBURSEMENT
EXAMS (EVERY 12 MONTHS)		
Exam with dilation at PLUS Providers	\$0 copay	Up to \$40
Exam with dilation	\$10 copay	Up to \$40
Retinal Imaging	Up to \$39	
Contact Lens Fit and Follow-Up Standard < age 19	\$0 copay	Up to \$32
Contact Lens Fit and Follow Premium < age 19	\$0 copay, 10% off retail price, then apply \$40	Up to \$32
FRAMES (EVERY 12 MONTHS)		
Any available frame at PLUS Providers	\$0 copay; 20% off balance over \$200 allowance	Up to \$45
Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$45
STANDARD PLASTIC LENSES (IN LIEU OF CONTACTS ONCE EVERY CALENDAR YEAR)		
Single Vision	\$10 copay	Up to \$40
Bifocal	\$10 copay	Up to \$60
Trifocal/Lenticular	\$10 copay	Up to \$80
Progressive Lens – Standard	\$35 Copay	Up to \$60
Progressive Lens – Premium Tier I, II or III	\$55, \$65 or \$80 copay	Up to \$60
Progressive Lens – Premium Tier IV	\$225 copay	Up to \$60
LENS OPTIONS		
UV Treatment	\$12 copay	Up to \$5
Tint (Solid or Gradient)	\$0 copay	Up to \$5
Standard Plastic Scratch Coating	\$12 copay	Up to \$5
Anti-reflective Coating – Standard	\$45 copay	Up to \$5
Anti-reflective Coating- Premium Tier I, II or III	\$57, \$68 or \$100 copay	Up to \$5
Photochromic – Nonglass	\$0 copay	Up to \$5
Polycarbonate – Standard	\$30 copay	Up to \$5
All other lens options	20% off retail price	

VISION CARE SERVICES THROUGH EYEMED	IN-NETWORK TEAM MEMBER COST	OUT-OF NETWORK REIMBURSEMENT
CONTACT LENSES		
Conventional at PLUS Providers	\$0 copay, 15% off balance over \$170 allowance	Up to \$90
Conventional	\$0 copay; 15% off balance over \$120 allowance	Up to \$90
Disposable at PLUS Providers	\$0 copay, 100% of balance over \$170 allowance	Up to \$90
Disposable	\$0 copay; 100% of balance over \$120 allowance	Up to \$90
Medically Necessary	\$0 copay, paid in full	Up to \$200

ADDITIONAL DISCOUNTS ABOVE THE PLAN BENEFITS INCLUDE:

- 40% off additional pairs of glasses.
- 20% off any item not covered by the plan including nonprescription sunglasses.
- 15% off retail price or 5% off promotional price for LASIK or PRK from US Laser Network.
- Up to 66% off hearing aids, with an extended warranty and free batteries through Ampifon Hearing Health Care Network.

2026 Team Member Voluntary Vision Plan Bimonthly Premiums

TEAM MEMBER	\$4.13
FAMILY	\$9.79

Other Optical Options

- Carle Eye Department offers a 50% discount on frames and lenses, and 25% off contact lenses for team members and dependents. That includes name brands like Gucci and Kate Spade nonprescription sunglasses for 50% off. There's no limit to the number of pairs you get each year. Call (217) 902-2020 to order contacts by phone.
- Payroll deduction is an available payment option for glasses, and you can use your Flex Spending Account or Health Savings Account.

Additional Benefits

Company-Paid Disability Benefits

Short-term and long-term disability is an insurance benefit that is fully paid by the company and administered by The Hartford. It is designed to provide financial protection by replacing a portion of your wages if you are unable to work due to a qualifying illness or injury. To be eligible, you must complete six months of employment and work at least 30 hours a week.

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

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 calendar 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 team members working 20-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.
- Preexisting 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 pregnancy.

Voluntary Short-Term Disability Monthly Premium

AFLAC RATE	\$1.59 per \$100 of coverage up to a maximum of \$3,000 monthly benefit.
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Critical Illness Coverage

Critical illness insurance provides extra coverage for diagnoses of certain diseases or conditions.

Money received through this coverage can be used however you like – for example deductibles or out-of-pocket medical expenses, additional childcare while a caregiver is ill or everyday household expenses.

Critical Illness 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.

Critical Illness Monthly Premiums (per \$1,000 of coverage)

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

*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 two. 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/Premiums

\$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.

Extra Medical Coverage

Critical illness insurance pays a lump-sum benefit if you're diagnosed with a covered disease or condition including:

- Cancer.
- Heart attack.
- Stroke.
- Multiple sclerosis.
- Parkinson's.
- Alzheimer's.
- Hepatitis B or C.
- Occupational HIV.
- Major organ transplant.
- Infectious disease.

Accident Insurance*

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.

Accident Insurance 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, accidents, hospital care and follow-up care.
- Coverage is portable, meaning you can take it with you should you leave your employer or retire.
- To encourage a healthy lifestyle, this plan also provides an annual benefit of \$50 for completing a health-screening test.

Accident Insurance Premiums

BIMONTHLY PREMIUMS	
Team Member Only	\$5.09
Team Member and Spouse/Domestic Partner	\$8.35
Team Member and 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.

HOSPITAL INDEMNITY 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 (One times the daily benefit amount, up to 30 days maximum per confinement)/\$100.
- Critical Care Unit (CCU) confinement (Two times the daily benefit amount, up to 15 days maximum per confinement)/\$200.
- Rehabilitation facility confinement (Half 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.

Hospital Indemnity Premiums

COVERAGE TYPE	BIMONTHLY
Team Member	\$9.16
Team Member and Spouse	\$17.75
Team Member and Children	\$13.45
Team Member and Family	\$22.04

*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.

Legal Assistance

Carle Health has partnered with ARAG to offer professional legal advice for a wide array of legal matters.

This type of insurance isn't just for serious issues, it's for your everyday needs, too. It helps you address common situations like creating wills, buying a home or dealing with a traffic ticket.

With ARAG® legal insurance, your network attorney fees are 100% paid in full for a wide variety of covered legal matters.

Legal Assistance Plan Highlights

WHAT DOES LEGAL INSURANCE COVER?

Count on a broad range of coverage and services, including, but not limited to :

- Wills and estate planning.
- Real estate and home ownership.
- Traffic tickets and license suspension.
- Disputes with a landlord.
- Family law matters.
- Small claims court.
- Consumer fraud.
- Personal property disputes.
- Student loan debt.
- Bankruptcy.
- Tax audit.
- Criminal matters.
- Services for parents/grandparents.

For any legal matters not covered and not excluded under the plan, you are eligible to receive at least 25% off the network attorney's normal rate.

HOW LEGAL INSURANCE BENEFITS YOU?

- Work with a network attorney and attorney fees are 100% paid in full for most covered matters, saving you hundreds, possibly thousands, of dollars on legal matters by avoiding costly legal fees.
- Contact Customer Care who will promptly connect you to a telephone attorney who is familiar with your state's laws to get general advice, help to determine if your situation needs further action and document preparation and review.
- Choose a local attorney easily in ARAG's network – many who average 20+ years of experience.
- Work virtually, over the phone or in person with a local network attorney who can provide legal advice, review and draft documents and represent you, even in court if needed.
- Use DIY Docs® to create a variety of legally valid documents, including state-specific templates.
- Take advantage of services for parents and grandparents that include caregiving services, legal advice, wills, power of attorney, document preparation and review and a reduced fee benefit for most elder law issues.

Legal Assistance Premiums

- Bimonthly premium of \$7.66.

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, phone or mobile app based on your preference.

Your identity is valuable, regardless of what you own or how much money you make. LifeLock helps protect your finances by monitoring your personal information for possible identity theft and financial fraud. They block thousands of digital threats every minute – even before they can infect your computers, phones and tablets.

Choose from two plans

WITH THE LIFELOCK BENEFIT ESSENTIAL PLAN, YOU'LL GET:

- Buy now pay later fraud monitoring.
- Credit, checking and savings account application and activity alerts.
- Credit monitoring.
- Reduced pre-approved credit card offers.
- 401(k) and investment account activity alerts.
- Recurring charges and unusual charge alerts.
- Child identity protection in the family plan.
- Dark web monitoring.
- Data breach notifications.
- Fictitious identity monitoring.
- Identify Lock.
- Identity and social security alerts.
- Phone takeover monitoring.
- Sex offender registry reports.
- Social media monitoring.
- Utility monitoring.
- USPS address change verification.
- Stolen wallet protection.
- PC SafeCam.
- Private browser.
- Privacy monitor.
- Secure VPN.

WITH LIFELOCK BENEFIT PREMIER PLUS, YOU'LL ALSO GET:

- Bank account takeover alerts.
- Alerts on crimes committed in your name
- Home title monitoring.
- Norton AntiTrack.

WITH LIFELOCK BENEFIT ESSENTIAL AND PREMIER PLUS, 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.

Identity Theft Protection Bimonthly Premiums

LIFELOCK BENEFIT ESSENTIAL		LIFELOCK BENEFIT PREMIER PLUS
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 in Workday.

Life Insurance 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 team members) at no cost to you.
- Supplemental (team member-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 (team member-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 (team member-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.

Life Insurance Monthly Premiums

SUPPLEMENTAL COVERAGE – TEAM MEMBER ONLY*	
AGE	Purchase in increments of \$10,000 (rates per \$1,000/month)
Under 25	\$0.05
25 – 29	\$0.06
30 – 34	\$0.08
35 – 39	\$0.09
40 – 44	\$0.11
45 – 49	\$0.15
50 – 54	\$0.36
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)
Under 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
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.

HELPFUL TIPS

- You can divide benefits among your beneficiaries however you choose – it doesn't have to be equal.
- You're allowed to name a contingent beneficiary. That means, should your primary beneficiary die before you, your designated contingent beneficiaries would automatically get the primary's share.
- Be sure to keep all your beneficiaries up to date on any plan changes due to a life-changing event like marriage or divorce.

Final Steps and 2026 Benefits Overview

As you complete your 2026 benefit elections, please use the checklist below to ensure you have reviewed and updated all necessary information. Follow each step carefully to make sure your choices are submitted correctly and on time.

Checklist

- **Review Your Current 2025 Benefit Elections:** Log into Workday to view your existing benefit selections for the upcoming year.
- **Add or Update Dependent Information:** Confirm that all eligible dependents (spouse, children, etc.) are listed and their information is accurate.
- **Open Your Workday Enrollment Task:** Locate and open the open enrollment task, which will be assigned to you on Nov. 4 in Workday.
- **Review Each Benefit Option:** Carefully consider the options for each benefit. Decide whether you want to enroll in or waive each benefit offered.
- **Assign Life Insurance Beneficiaries:** Make sure to designate or update your beneficiaries for basic and supplemental life insurance policies within Workday.
- **Assign Retirement Beneficiaries:** Log into your Fidelity account and review or update your retirement plan beneficiary designations.
- **Submit Your Elections:** Once all selections are made, review your choices and submit them to finalize your 2025 benefit elections in Workday.
- **Assign Life Insurance Beneficiaries:** Make sure to designate or update your beneficiaries for basic and supplemental life insurance policies within Workday.
- **Assign Retirement Beneficiaries:** Log into your Fidelity account and review or update your retirement plan beneficiary designations.

More detailed instructions on navigating and completing your Workday enrollment will be provided before open enrollment begins.

Remember: Completing your open enrollment task is essential to secure your coverage for 2026. If you have questions or need assistance, please contact Human Resources.

Our commitment to diversity, equity and inclusion.

Carle Health is committed to being an inclusive space for our team members. We know receiving the best care and service in the most culturally responsive way is vital to our team members. Our benefits include access to providers who will care for you and your dependents in a gender-inclusive, respectful way and coverage for domestic partners based on your state's laws.

Summary of Benefits

The following table lists both employer-paid and voluntary benefits available to you:

BENEFIT	TYPE / ELIGIBILITY	DESCRIPTION
Medical Insurance	Voluntary Full- and Part-time	Comprehensive health and prescription coverage plans.
Dental Insurance	Voluntary Full- and Part-time	Optional dental coverage for preventive, basic, and major services.
Vision Insurance	Voluntary Full- and Part-time	Optional vision coverage for exams, lenses, frames, and contacts.
Basic Life	Employer-Paid Full- and Part-time	Company-paid life insurance for eligible employees.
Supplemental Life Insurance	Voluntary Full- and Part-time	Additional life insurance coverage is available for employees and dependents.
Short-Term Disability	Employer-Paid Full-time	Income protection for eligible employees during short-term illness or injury.
Long-Term Disability	Employer-Paid Full-time	Income protection for eligible employees during extended illness or injury.
AFLAC Disability	Voluntary Full- and Part-time	Income protection for eligible employees during short-term illness or injury.
Critical Illness Insurance	Voluntary Full- and Part-time	Lump-sum payment to help cover costs associated with a serious illness, such as cancer, heart attack, or stroke.
Hospital Indemnity Insurance	Voluntary Full- and Part-time	Provides a fixed cash benefit for hospital stays to help offset out-of-pocket expenses.
Legal Insurance	Voluntary Full- and Part-time	Access to legal services, including consultations, document review, and representation for personal matters.
Identity Theft Protection	Voluntary Full- and Part-time	Monitoring and support services to help detect, prevent, and resolve identity theft issues.
Flexible Spending Accounts (FSA)	Voluntary Full- and Part-time	Tax-advantaged accounts for eligible health care and dependent care expenses.
Health Savings Account (HSA)	Voluntary Full and Part-time	Tax-advantaged savings for employees enrolled in a high-deductible health plan.
Accident	Voluntary Full and Part-time	Lump-sum payment to help cover costs associated with an injury from an accident such as fractures, burns, or lacerations.

Vendor Contact Information

PLAN ADMINISTRATOR	SERVICES	CONTACT
AFLAC	Short-Term Disability	(800) 433-3036 Customer Service (866) 849-2974 Claims Fax Groupclaimsfilings@aflac.com
Allegiance	Medical Plan	Information is coming soon.
ARAG Legal Insurance	Legal Services (2025)	Visit ARAGlegal.com/myinfo and enter access code 19208car (800) 247-4184
Busey Wealth Management	Retirement	(217) 365-4874 RetirementPlans@busey.com
Chard Snyder	Health Care FSA Day Care FSA Limited FSA Health Savings Account	Phone: (800) 982-7715 Fax: (888) 245-8452 askpenny@chard-snyder.com https://www.chard-snyder.com/
Cigna	Dental	Information is coming soon.
EyeMed	Voluntary Vision	(866) 723-0514 eyemedvisioncare.com
Farmers Insurance	Auto Home	(800) 438-6381 farmers.com/groupselect
Fidelity	Retirement Plan	Fidelity NetBenefits® (800) 343-0860
LifeLock	Identity Theft	(866) 917-2555
Resolutions EAP	Employee Assistance Program	(800) 228-6380 (217) 383-3202 carleresolutions.com
RxPreferred	Pharmacy Benefits	Information is coming soon.
The Hartford	Long-Term Disability Life Insurance Short-Term Disability	(888) 277-4767 https://abilityadvantage.thehartford.com/ GBInformationUpload@thehartford.com
Voya Financial/ReliaStar Life Insurance Company	Critical Illness Insurance Accidental Injury Hospital Indemnity Coverage	(877) 236-7564 https://presents.voya.com/EBRC/carlehealth