

This document is an amendment to Illinois Educators Risk Management Program Association’s January 1, 2018 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.

Regarding:

- 1. Updates to Plan Options—Prescription Drug Benefits for Eligible Expenses**
- 2. Medical Benefits—Network Information**
- 3. Services Requiring Preauthorization**
- 4. General Plan Administration Information—Responsibilities For Plan Administration and Pharmacy Benefit Manager**
- 5. Addendum A-1—Eligibility, Enrollment, Effective Date And Termination Provisions**
- 6. Addendum A-18—Eligibility, Enrollment, Effective Date And Termination Provisions**

**AMENDMENT TO THE
ILLINOIS EDUCATORS RISK MANAGEMENT PROGRAM ASSOCIATION
GROUP HEALTH PLAN**

The following is an amendment to your **January 2018** Plan Document/Summary Plan Description. Please review this document carefully and keep it with your Plan Document/Summary Plan Description for future reference.

AMENDMENT #5, effective January 1, 2021:

*The following is added at the end of each “**SCHEDULE OF BENEFITS**” section under “**PRESCRIPTION DRUG BENEFITS FOR ELIGIBLE EXPENSES**”, as amended:*

Note: For plans effective or renewing on or after January 1, 2021, a Covered Person’s deductible, copayment and coinsurance amounts (cost sharing) for prescription insulin drugs will not exceed \$100 for a 30-day supply. For plans effective or renewing on or after January 1, 2022 and each subsequent January 1, the limit on the cost-sharing shall increase by a percentage equal to the percentage change from the preceding year in the medical care component of the Consumer Price Index of the Bureau of Labor Statistics of the United States Department of Labor.

*On page 52, under the section “**MEDICAL BENEFITS**”, as amended, “**Complementary Network contact information**” has been added to the network contact information table under the subsection “**PPO High Deductible Health Plan (QHDHP) Option**”. This table now reads as follows:*

Preferred Provider network(s) :	Health Alliance Network with Christie Clinic Providers Effective 7/1/2018: Sarah Bush Lincoln Health Center is considered a Preferred Provider through a direct contract with the Illinois Educators Risk Management Program Association	
Network address:	Through February 28, 2018: 301 S. Vine St., Urbana, IL 61801	As of March 1, 2018: 3310 Fields South Drive, Champaign, IL 61822
Network telephone:	1-800-322-7451	
Network website:	HealthAlliance.org	

Provider network(s):	First Health® Complementary Network
Applicability:	All Covered Persons for health care situations that require immediate care when such care cannot be arranged at a Preferred Provider.

	Accessing this network may reduce the cost a Covered Person pays to a Non-Preferred Provider when that Provider is part of the First Health Network.
Contact information:	Health Alliance Medical Plans, Inc. 3310 Fields South Drive, Champaign, IL 61822 (800) 322-7451 HealthAlliance.org or FirstHealthComplementary.com

On page 53, under the section “MEDICAL BENEFITS”, as amended, “**Complementary Network contact information**” has been added to the network contact information table under the subsection “Point of Service (POS) Plan Option”. This table now reads as follows:

Preferred Provider network(s):	Health Alliance Network with Christie Clinic Providers Effective 7/1/2018: Sarah Bush Lincoln Health Center is considered a Preferred Provider through a direct contract with the Illinois Educators Risk Management Program Association	
Network address:	Through February 28, 2018: 301 S. Vine St., Urbana, IL 61801	As of March 1, 2018: 3310 Fields South Drive, Champaign, IL 61822
Network telephone:	1-800-322-7451	
Network website:	HealthAlliance.org	

Provider network(s):	First Health® Complementary Network
Applicability:	All Covered Persons for health care situations that require immediate care when such care cannot be arranged at a Preferred Provider. Accessing this network may reduce the cost a Covered Person pays to a Non-Preferred Provider when that Provider is part of the First Health Network.
Contact information:	Health Alliance Medical Plans, Inc. 3310 Fields South Drive, Champaign, IL 61822 (800) 322-7451 HealthAlliance.org or FirstHealthComplementary.com

On pages 75-78, under the section “**PREAUTHORIZATION**”, as amended, the subsection “**Services Requiring Preauthorization**” has been deleted in its entirety and replaced. This section reads as follows:

SERVICES REQUIRING PREAUTHORIZATION

The Plan requires Preauthorization of the following Listed Services:

- abdominoplasty/panniculectomy
- ambulance—land/air (non-urgent air and non-urgent ground)
- bariatric surgery
- blepharoplasty and eye brow lift/brow-ptosis
- breast reconstruction surgeries
 - breast implant surgeries
 - gynecomastia surgery
 - reduction mammoplasty
- cardiac imaging and procedures
 - ECHO
 - ECHO stress

- cardiac rhythm implantable devices
- myocardial perfusion imaging
- nuclear medicine
- diagnostic heart catheterization
- chiropractic and massage therapy (**NOTE:** If chiropractic services are subject to a dollar or visit benefit limitation, Preauthorization is not required. See the “SCHEDULE OF BENEFITS” section.)
- clinical trials—Phase I, II, III and IV
- cosmetic and reconstructive surgery
- dental services (if done in a facility rather than in a Provider’s office)
- Durable Medical Equipment (select)
- electrical stimulation for gastroparesis
- endothelial keratoplasty
- experimental and investigational services
- genetic testing—select (including molecular diagnostics) (visit HealthAlliance.org for specific CPT/HCPCS codes)
- hyperbaric oxygen therapy
- Imaging
 - CT
 - CTA
 - MRI
 - MRA
 - PET
 - 3D (3D mammography does not require Preauthorization)
 - obstetrical and diagnostic ultrasound (**NOTE:** Breast ultrasounds and venous duplex (Doppler) scans do not require Preauthorization.)
- Infertility services (all diagnostic tests, medications, treatments, etc.)
- inpatient rehabilitative services
- interstim: implantable sacral nerve stimulation for urinary dysfunction
- Interventional Pain Management
- joint surgery (select) (visit HealthAlliance.org for specific CPT/HCPCS codes)
- laser treatment of psoriasis
- Oncology Pathways (inpatient chemotherapy does not require Preauthorization)
- out-of-network referral for HMO
- port wine stain removal
- radiation therapy, including but not limited to:
 - proton beam therapy
 - stereotactic radiosurgery
- rehabilitative therapies
 - occupational therapy
 - physical therapy
 - speech therapy
- select surgical procedures requiring an elective inpatient stay may require Preauthorization (visit HealthAlliance.org for specific CPT/HCPCS codes)
- Skilled Nursing Facility
- sleep diagnostics, evaluations and supplies

- Specialty Pharmacy—select (including home infusion drugs) (visit HealthAlliance.org for specific CPT/HCPCS codes)
- spinal surgery (select) (visit HealthAlliance.org for specific CPT/HCPCS codes)
- transcranial magnetic stimulation (TMS) treatment
- transplant services
- urgent inpatient stays (medical/surgical, Substance Use Disorder) (notification required; no review)
- uvulopalatopharyngoplasty (UPPP)
- vision therapy

*On pages 125–126, under the section “**GENERAL PLAN ADMINISTRATION INFORMATION—RESPONSIBILITIES FOR PLAN ADMINISTRATION**”, the last paragraph under the subsection “**(4) Certification of Employer.**” has been updated to add a new recipient who is authorized to receive Protected Health Information under the Plan.*

The following members of the Employer’s workforce are designated as authorized to receive Protected Health Information from the Plan in order to perform their duties with respect to the Plan: Plan Sponsor Board Members, Plan Sponsor Executive Board Members, Plan Sponsor Officers, Plan Administrator Officers, Nurse Navigator.

*On page 130, under the section under the section “**GENERAL PLAN ADMINISTRATION INFORMATION**”, the subsection “**PHARMACY BENEFIT MANAGER**” has been deleted in its entirety and replaced. This subsection now reads as follows:*

PHARMACY BENEFIT MANAGER

CVS Caremark
1-833-956-1787 (National Accountable Care Research Foundation)

*The section “**ADDENDUM A-1—ELIGIBILITY, ENROLLMENT, EFFECTIVE DATE AND TERMINATION PROVISIONS**” has been deleted in its entirety and replaced. This section now reads as follows:*

ADDENDUM A-1

Addendum A-1 Employer effective date: September 1, 2015

Addendum A-1 Employer termination date: December 31, 2020

*The section “**ADDENDUM A-18—ELIGIBILITY, ENROLLMENT, EFFECTIVE DATE AND TERMINATION PROVISIONS**” has been deleted in its entirety and replaced. This section now reads as follows:*

ADDENDUM A-18

Addendum A-18 Employer effective date: July 1, 2017

Addendum A-18 Employer termination date: December 31, 2020

IMPORTANT

Section 1557 of the PPACA, a federal law, requires that you be provided this notice.

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

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

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

DISCRIMINATION IS AGAINST THE LAW

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

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

If you need these services, contact customer service.

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

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

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

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

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

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

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

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

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

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

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

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

ધ્યાન: તમે વાત તો ગુજરાતી, ભાષા સહાય સેવાઓ, મફત, તમારા માટે ઉપલબ્ધ છે. IA, IL, IN, OH: કોલ (800) 851-3379, WA: કોલ (877) 750-3515 (TTY: 711).

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

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

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

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