

**This document is an Amendment to your Plan’s Summary Plan Description.**

**An amendment adds, modifies, deletes or otherwise changes a benefit listed in your Summary Plan Description. You can make the most of your coverage by reading your amendments and keeping them with your Summary Plan Description for future reference.**

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**Regarding: Addendum A-11—Eligibility, Funding, Effective Date And Termination Provisions (“Effective Date of Employee Coverage”)**

**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 #2, effective June 1, 2019:**

***This information only applies to Rantoul City Schools District #137:***

***Under the section “**ADDENDUM A-11—ELIGIBILITY, FUNDING, EFFECTIVE DATE AND TERMINATION PROVISIONS**”, the subsection “**Effective Date of Employee Coverage**” has been revised.***

# **IMPORTANT**

**Section 1557 of 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**

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  - 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

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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 1-800-851-3379, WA Llame: 1-877-750-3515 (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 1-800-851-3379, WA: 呼叫 1-877-750-3515(TTY: 711)。

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**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 1-800-851-3379, WA: Gọi 1-877-750-3515 (TTY: 711).

**주의:** 당신이한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 1-800-851-3379 IA, IL, IN, OH: 전화 WA: 1-877-750-3515 전화 (TTY: 711).

**ВНИМАНИЕ:** Если вы говорите русский, вставки услуги языковой помощи, бесплатно, доступны для вас. IA, IL, IN, OH: Вызов 1-800-851-3379, WA: Вызов 1-877-750-3515 (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 1-800-851-3379, WA: Tumawag 1-877-750-3515 (TTY: 711).

**انتباه:** إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. إيلينوي، إنديانا، أو هايو: اتصل بالرقم 1-800-851-3379، ولاية واشنطن: اتصل بالرقم: 1-877-750-3515 (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 1-800-851-3379, WA: Anruf 1-877-750-3515 (TTY: 711).

**ATTENTION:** Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. IA, IL, IN, OH: Appelez 1-800-851-3379, WA: Appelez 1-877-750-3515 (TTY: 711).

**ધ્યાન:** તમે વાત તો ગુજરાતી, ભાષા સહાય સેવાઓ, મફત, તમારા માટે ઉપલબ્ધ છે. IA, IL, IN, OH: કોલ 1-800-851-3379, WA: કોલ 1-877-750-3515 (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。1-800-851-3379 IA, IL, IN, OH: コール 1-877-750-3515 WA: コール (TTY: 711)。

**LET OP:** Als je spreekt pennsylvania nederlandse, taalkundige bijstand diensten, gratis voor u beschikbaar zijn. IA, IL, IN, OH: Bel 1-800-851-3379, WA: Bel 1-877-750-3515 (TTY: 711).

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