

benefit



illinois
action for
children
Building Strong Families
& Powerful Communities™

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If you have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see pages 12-13 for more details.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Illinois Action for Children offers a comprehensive suite of benefits to promote health and financial security for you and your family. This booklet provides you with a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you.

Benefit Basics

As an Illinois Action for Children employee, you are eligible for benefits if you are designated full time or part-time and scheduled to work at least 30 hours per week.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- » Your legal spouse
- » Your domestic partner
- » Your children up to age 26

You may only change coverage within 30 days of a qualified life event.

Qualified Life Events

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- » Marriage
- » Divorce or legal separation
- » Birth of your child
- » Death of your spouse, domestic partner or dependent child
- » Adoption of or placement for adoption of your child
- » Change in employment status of employee, spouse/domestic partner or dependent child
- » Qualification by the Plan Administrator of a child support order for medical coverage
- » Entitlement to Medicare or Medicaid

WHAT IS A DOMESTIC PARTNER?

Your domestic partner is eligible for benefits. Employees may submit registration with state or local government registry. For more information about domestic partner benefits, contact the Human Resources Department at phone 773.564.8826, fax 773.564.8802 or email: hr@actforchildren.org.

You must notify Human Resources within 30 days of the qualified life event. Depending on the type of event, you may be asked to provide proof of the event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event).

For more information about your benefits contact the Human Resources Department at phone 773.564.8826, fax 773.564.8802 or email: hr@actforchildren.org.



Cost of Your Benefits

The Company pays the full cost of many of your benefits; you share the cost for others. You pay the full cost for any voluntary benefits.

Type of Coverage		Total Premium Cost Per Month	Illinois Action for Children Cost Per Month	Employee Cost* Per Pay Period
BAHMO	Employee	\$669.53	\$636.05	\$15.45
	Employee + Spouse	\$1,219.07	\$965.75	\$116.92
	Employee + Child(ren)	\$1,286.00	\$1,005.91	\$129.27
	Family	\$1,802.07	\$1,315.51	\$224.57
HMO	Employee	\$720.22	\$684.21	\$16.62
	Employee + Spouse	\$1,311.29	\$1,038.80	\$125.76
	Employee + Child(ren)	\$1,383.30	\$1,082.02	\$139.05
	Family	\$1,938.38	\$1,415.02	\$241.55
PPO	Employee	\$929.82	\$883.33	\$21.46
	Employee + Spouse	\$1,693.00	\$1,340.86	\$162.53
	Employee + Child(ren)	\$1,786.04	\$1,396.68	\$179.70
	Family	\$2,502.61	\$1,826.91	\$311.86
Dental PPO	Employee	\$35.45	\$26.69	\$4.04
	Employee + 1	\$99.23	\$65.19	\$15.71
	Family	\$124.07	\$80.27	\$20.21
Dental HMO	Employee	\$30.60	\$22.52	\$3.73
	Employee + 1	\$63.84	\$41.69	\$10.22
	Family	\$96.36	\$60.42	\$16.59

*Amounts per pay period (26-week cycle). Employee contributions are pre-taxed.

**Medical – Illinois Action for Children pays 95% of single coverage plus 60% of premium above single coverage.

***Dental – Illinois Action for Children pays 75% of single coverage plus 60% of premium above single coverage.



Medical Coverage

Illinois Action for Children offers a comprehensive health care benefit program including free preventive care services and coverage for prescription drugs.

Plan Provisions	HMO	BAHMO	PPO
Annual Deductible (Individual / Family)	None	None	\$500 / \$1,500
Out-of-Pocket Maximum	\$1,500 / \$3,000 Prescription: \$500 / \$1,000	\$1,500 / \$3,000 Prescription: \$500 / \$1,000	\$1,000 / \$3,000 Prescription: \$500 / \$1,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Primary Physician Office Visit	\$30 copay	\$30 copay	\$30 copay
Specialist Office Visit	\$40 copay	\$40 copay	\$40 copay
Inpatient Hospital Services	Covered at 100%	Covered at 100%	\$300 deductible + 10% coinsurance
Outpatient Facility	Covered at 100%	Covered at 100%	10% coinsurance
Urgent Care	\$30 copay per visit	\$30 copay per visit	10% coinsurance
Emergency Room Care	\$150 copay per visit (waived if admitted)	\$150 copay per visit (waived if admitted)	\$150 copay/visit (waived if admitted)
Laboratory and X-ray Standard Complex (MRI, CT, PET, MRA, etc.)	Covered at 100%	Covered at 100%	Covered at 100%

Retail Prescription Drugs (34-day supply)

Generic	\$15 copay	\$15 copay	\$15 copay
Brand Preferred	\$30 copay	\$30 copay	\$30 copay
Brand Non-preferred	\$50 copay	\$50 copay	\$50 copay
Specialty	\$50 copay	\$50 copay	\$50 copay

Mail Order Prescription Drugs (90-day supply)

Generic	\$30 copay	\$30 copay	\$30 copay
Brand Preferred	\$60 copay	\$60 copay	\$60 copay
Brand Non-preferred	\$100 copay	\$100 copay	\$100 copay

To find a doctor in the BlueCross BlueShield of Illinois network, go to www.bcbsil.com and click "Find a Doctor or Hospital"

- » Select "Find a Doctor"
- » Enter "State" in Search Location
- » Select your Network- PPO or Traditional Network Providers
- » Type in Doctors name and/or filter by zip code if you are searching for a doctor in network

Important Notes

This is a synopsis of coverage only; the benefits summary contains exclusions and limitations that are not shown here. Please refer to the benefits summary for the full scope of coverage.

Dental Coverage

Illinois Action for Children offers you a choice of two dental plans: BCBSIL HMO and PPO

Plan Provision	DHMO	PPO	
	In-Network Copay	In-Network	Out-of-Network
Diagnostic and Preventive			
Dental Examinations	\$0	100% of Maximum Allowance	100% of Usual & Customary
Bitewing X-Rays	\$0		
Prophylaxis – adult and child cleaning	\$0		
Fluoride Treatment	\$0		
Periodontics (includes postoperative evaluation and local anesthetic)			
Gingivectomy or Gingivoplasty – per quadrant (1-3 teeth)	\$35	80% of Maximum Allowance after deductible	80% of Usual & Customary after deductible
Osseous Surgery, Flap Entry and Closure – per quadrant (1-3 teeth)	\$80		
Scaling and Root Planing – per quadrant (1-3 teeth)	\$17		
Periodontal Maintenance	\$18		
Miscellaneous			
Pulp Vitality Tests	\$0	100% of Maximum Allowance	100% of Usual & Customary
Sealant Application – per tooth	\$0		
Space Maintainer – fixed – unilateral	\$0		
Emergency Care (treatment for the relief of pain)	\$0		
Oral Surgery (includes postoperative evaluation and local anesthetic)			
Surgical Removal of Tooth – soft tissue impaction	\$45	80% of Maximum Allowance after deductible	80% of Usual & Customary after deductible
Surgical Removal of Tooth – partial bony impaction	\$60		
Alveoloplasty – without extractions – per quadrant	\$186		
Vestibuloplasty	n/a		
Crowns, Inlays / Onlays			
Inlay – porcelain / ceramic – one surface	\$237	50% of Maximum Allowance After deductible	50% of Usual & Customary after deductible
Onlay – porcelain / ceramic – two surfaces	\$259		
Crown – porcelain fused to noble metal	\$286		
Crown – ¾ porcelain / ceramic	\$296		
Crown – full cast noble metal	\$279		
General Prosthodontic			
Prefabricated Stainless Steel Crown – primary	\$35	50% of Maximum Allowance after deductible	50% of Usual & Customary after deductible
Deep Sedation / General Anesthesia – first 30 minutes	\$47		
Occlusal Adjustment – limited	\$15		

Plan Provision	DHMO	PPO	
	In-Network Copay	In-Network	Out-of-Network

Prosthodontic

Complete Denture – maxillary	\$379	50% of Maximum Allowance after deductible	50% of Usual & Customary after deductible
Mandibular Partial Denture – resin base	\$372		
Pontic – porcelain fused to noble metal	\$263		
Inlay – porcelain / ceramic two surfaces (bridge retainer)	\$225		
Onlay – porcelain / ceramic two surfaces (bridge retainer)	\$245		
Crown – porcelain fused to noble metal (bridge retainer)	\$294		
Crown $\frac{3}{4}$ Porcelain / Ceramic (bridge retainer)	\$299		

Endodontics (includes postoperative evaluation and local anesthetic)

Pulp Cap – direct	\$9	80% of Maximum Allowance after deductible	80% of Usual & Customary after deductible
Root Canal – anterior	\$93		
Root Canal – bicuspid	\$114		
Root Canal – molar	\$147		
Apicoectomy / Periradicular Surgery - bicuspid	\$107		

Orthodontics

Includes consultations, records fee, treatment and retention. Coverage is limited to one course of Phase II treatment. Total coverage period for treatment and retention will be for a maximum of 24 months			
Member	\$1,800	None	None
Spouse	\$1,800	None	None
Eligible Child to Age 19	\$1,800	50% coverage \$1,000 Lifetime Maximum	50% coverage \$1,000 Lifetime Maximum

Important Notes

This is a synopsis of coverage only; the benefits summary contains exclusions and limitations that are not shown here. Please refer to the benefits summary for the full scope of coverage.

To find a dentist in the Blue Cross Blue Shield of Illinois network, go to <https://www.bcbsil.com/providers/dental.htm>

- » Select Plan then you can search via options below:
- » Search by Saved Searches
- » Search by Dentist Name
- » Search by Location
- » Search by County
- » Search by Center Name



Basic Life and AD&D Insurance

Illinois Action for Children provides basic life and AD&D insurance as a cash benefit of \$50,000 to your loved ones in the event of your death, plus an additional cash benefit if you die in an accident; or as a cash benefit if you suffer a covered loss in an accident, such as losing a limb or your eyesight.

Supplemental Life and AD&D Insurance

Illinois Action for Children offers supplemental life and AD&D insurance with options for Employee, Spouse, and/or Child(ren) coverage as a cash benefit to loved ones in the event of death for you, your spouse, or child(ren), plus an additional cash benefit if the death is caused by an accident; or as a cash benefit if you suffer a covered loss in an accident, such as losing a limb or your eyesight.

Employees may elect in increments of \$10,000 up to a maximum of \$500,000, and in increments of \$5,000 up to a maximum of \$50,000 for Spouse. Spouse coverage cannot exceed 50% of Employee's coverage. Child coverage (regardless of the number of children) is available up to \$5,000 up to age 23 or up to age 26 if a full-time student.

Short-Term Disability Insurance

Illinois Action for Children provides short-term disability insurance to employees for non-occupational illnesses and injuries. The benefit is paid after 14 days of being disabled and at the amount of 66.66% of your average weekly salary up to \$1,000 per week. For employees earning over \$80,000 annually, the benefit is paid at the amount of 60% of your average weekly salary up to \$2,000 per week. There is a 13-week maximum benefit period.

Long-Term Disability Insurance

Illinois Action for Children provides long-term disability insurance at no cost to the employee for non-occupational illnesses and injuries. The benefit is paid in the amount of up to 66.66% of your basic monthly salary. The maximum monthly benefit amount is \$6,000.

Vision Discount Program

Blue Cross Blue Shield has a contractual agreement with EyeMed to provide discounts on eye exams and on the purchase of eyewear. When you sign up for medical insurance, you are automatically signed up to receive the vision discount program through EyeMed or partial coverage of (1) exam and a frame allowance, depending on the plan. Check the Summary of Benefits and Coverage for the PPO or HMO plans for details about vision services.

Hospital Indemnity

You have the option to enhance your medical plan with additional hospital benefits from Voya. These benefits are designed to provide financial protection by paying you a benefit for hospital confinement and ICU care. You can use this case benefit to pay for out-of-pocket expenses and extra bills that can occur relating to hospitalization, or use the funds however you see fit. Please speak with a benefit counselor for rate information.

Event	Low Plan	High Plan
First Day Hospital Confinement	\$500 once per year	\$1,000 once per year
Daily Hospital Confinement	\$50 per day, up to 10 days	\$100 per day, up to 10 days
Daily ICU Confinement	\$50 per day, up to 10 days	\$100 per day, up to 10 days

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are designed to save you money on your taxes. They work in a similar way to a savings account. Each pay period, funds are deducted from your pay on a pre-tax basis and are deposited to your Health Care and/or Dependent Care FSA. You then use your funds to pay for eligible health care or dependent care expenses.

Account Type	Eligible Expenses	Annual Contribution Limits	Benefit
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)	Maximum contribution is \$2,750 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)	Reduces your taxable income

Important Information About FSAs

Your FSA elections will be in effect from January 1 through December 31.

Claims for reimbursement must be submitted by March 15 of the following year. Please plan your contributions carefully. Any money remaining in your account after March 31 will be forfeited. This is known as the “use it or lose it” rule and it is governed by IRS regulations.

Note that FSA elections do not automatically continue from year to year; you must actively enroll each plan year in order to make new elections.

The Advantages of an FSA

With an FSA, the money you contribute is never taxed—not when you put it in the account, not when you are reimbursed with the funds from the account, and not when you file your income tax return at the end of the year.

Save on Your Taxes

Here is an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.

	With FSA	Without FSA
Your Taxable Income	\$50,000	\$50,000
Pre-Tax Contribution to Health Care and Dependent Care FSA	\$2,000	\$0
Federal and Social Security Taxes*	\$11,701	\$12,355
After-Tax Dollars Spent on Eligible Expenses	\$0	\$2,000
Spendable Income After Expenses	\$36,299	\$35,645
Tax Savings with the Medical and Dependent Care FSA	\$654	

**This is an example only, and may not reflect your actual experience. It assumes a 25% federal income tax rate marginal rate and a 7.7% FICA marginal rate. State and local taxes vary, and are not included in this example. However, you will also save on any state and local taxes as well.*

401(k) Plan

If you have reached your 90 days of employment with IAFC, you have the opportunity to enroll in our retirement savings plan at any time during the year.

Key Information:

- » New employees will be notified via mail of eligibility and enrollment procedures.
- » Re-hires are eligible for enrollment to the plan, if you were eligible prior to leaving the agency.
- » Illinois Action for Children will match dollar for dollar (100%) on your investment up to 3% of your salary and .50 cents (or 50%) on each dollar you invest up to the next 2% of your salary.
- » Please be aware that you may also make changes to your deferral amount at any time if you are currently enrolled in our 401(k) plan.

www.retirementlink.jpmorgan.com

- » First time visiting "Let's Get Started"
- » Plan Number 168019-01
- » Enter Social Security Number (SSN)
- » Enter your personal identification number (PIN) you should have received in the mail.
- » Can't find your pin? Select "I don't have my pin". Enter your: SSN, zipcode, last name, date of birth and the numeric portion of your street address.

Any questions or concerns can be directed to J.P. Morgan Retirement Services at 855.576.7526.

Please note that the following coverages are only available to enroll during open enrollment

Accident Insurance

Summary

Having an unexpected accident can cause more than physical injury, it can hurt your bank account, too. Accident insurance from Voya includes coverage for accidents that occur either on- or off-the-job.

This policy can help you pay for out-of-pocket expenses associated with an accident by paying you a benefit depending on the injuries you receive. You can then use the money as you see fit, whether to pay for expenses associated with your accident, such as a trip to the emergency room, or to pay for childcare so you can get to the doctor for a follow-up visit. Since the policy does not coordinate with any other coverage, you can still receive benefits on top of what your medical coverage provides.

Highlights

- » Coverage available for you, your spouse, and child(ren)
- » Pays a cash benefit directly to you for covered injuries to use as you like
- » Benefits for multiple covered injuries resulting from the same accident
- » Conveniently paid for with payroll deductions
- » Does not coordinate with other coverage; pays on top of your medical insurance

Illustration

Below is an example of how the policy might pay if you or a loved one suffered an injury.

Fred is 40 years old and fell off a ladder while fixing his house. At the emergency room, he learns that he has fractured his leg and torn his ACL, which will require surgery to repair.

Since Fred is enrolled in medical coverage, he will pay his deductible plus copays for the emergency room and physician visits, plus other expenses and coinsurance. Luckily for Fred, he may receive the following benefits* because he enrolled in an accident insurance policy:

\$150	Emergency Room Benefit
\$200	X-Ray
Up to \$5,000	Fractured Leg
\$250	Appliance (crutches)
\$200	Follow-Up Treatment (2 Visits)
Up to \$5,800	TOTAL BENEFITS PAID

**This example is for illustrative purposes only; your actual benefits may differ. Please see your policy for details.*

Critical Illness Insurance

Summary

No one saves to get sick, which is why a diagnosis of a covered condition can be especially draining, both emotionally and financially. Critical Illness Insurance from Voya protects your family and your assets. You have the option between two levels of coverage so you can make sure you have the right protection for your family.

The policy provides you with a lump-sum cash benefit in the event you or a loved one is diagnosed with a covered condition such as cancer, heart attack, or stroke. It can help provide financial protection so you can focus on what's really important – getting better. Plus, the policy will also pay you a benefit when you complete a qualified health screening.

Highlights

- Coverage available for you, your spouse, and child(ren)
- \$50 health screening benefit
- Pays a lump-sum cash benefit directly to you if diagnosed with a covered illness
- Includes coverage for conditions such as cancer, heart attack, and stroke
- Benefit can be used however you see fit
- Does not coordinate with other coverage; pays on top of your medical insurance

Illustration*

Below is an example of how the policy might pay when a critical illness diagnosis occurs.

Maria meets with a counselor and elects \$10,000 of Critical Illness Insurance. She then undergoes a wellness screening as part of her regular medical check-up. Three months after her wellness screening, Maria suffers a heart attack. Three years later, she is diagnosed with cancer.

Maria's Critical Illness policy provided the following benefits:

\$50	Wellness Benefit
\$10,000	Heart Attack Benefit
\$10,000	Cancer Benefit
\$20,050	TOTAL BENEFITS PAID

**This example is for illustrative purposes only; your actual benefits may differ. Please see your policy for details.*



Lifetime Benefit Term Life Insurance with Long Term Care

Summary

LifeTime Benefit Term Insurance with Long Term Care Coverage from Chubb features premiums guaranteed for life and coverage for qualified long term care expenses like nursing home, assisted living, or home care.

During this enrollment period only, you may be able to elect up to \$75,000 of coverage for yourself and \$25,000 for your child(ren) without answering any medical questions. After answering a few medical questions, you can also enroll your spouse in up to \$75,000 of coverage.

As Life Insurance: LifeTime Benefit Term protects your family with money that can be used any way they choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt, and final expenses.

For Long Term Care: If you become chronically ill, LifeTime Benefit Term will pay you 4% of your death benefit each month you receive Long Term Care. You can use this money any way you choose, and your life insurance premiums will be waived.

Your death benefit will reduce proportionately each month as you receive benefit payments for Long Term Care. Your life insurance will continue to help you protect your assets for 25 months. After 25 months of receiving Long Term Care Benefits, your death benefit will reduce to zero.

For Terminal Illness: After your coverage has been active for two years, you can receive 50% of your death benefit, up to \$100,000, if you are diagnosed as terminally ill.

*Part-time employees are eligible for benefits at 30 hours a week



Important Notices

Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice

HIPAA requires Illinois Act for Children Welfare Benefits Plan to notify you that a privacy notice is available by request. To request a copy of the Plan's privacy notice, contact Human Resources.

Women's Health and Cancer Rights Act (Janet's Law)

On October 21, 1998, Congress passed a bill called the Women's Health and Cancer Rights Act (WHCRA). This law requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. These services include:

- » Reconstruction of the breast upon which the mastectomy has been performed,
- » Surgery/reconstruction of the other breast to produce a symmetrical appearance,
- » Prostheses, and
- » Physical complications during all stages of mastectomy, including lymphedemas

In addition, the plan may not:

- » Interfere with a woman's rights under the plan to avoid these requirements, or
- » Offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and copays consistent with other coverage provided by the plan.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **866.444.EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your state for more information on eligibility.

ALABAMA – Medicaid	MAINE – Medicaid
http://myalhipp.com 855.692.5447	Enrollment: https://www.maine.gov/dhhs/of/ applications-forms 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/of/ applications-forms 800.977.6740 TTY: Maine relay 711
ALASKA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	https://www.mass.gov/info-details/masshealth-premium-assistance-pa 800.862.4840
ARKANSAS – Medicaid	MINNESOTA – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)	https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
CALIFORNIA – Medicaid	MISSOURI – Medicaid
Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Email: hipp@dhcs.ca.gov	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
COLORADO – Medicaid and CHIP	MONTANA – Medicaid
Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084
FLORIDA – Medicaid	NEBRASKA – Medicaid
www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html 877.357.3268	http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
GEORGIA – Medicaid	NEVADA – Medicaid
https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, ext. 2131	http://dhcnp.nv.gov 800.992.0900
INDIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584	https://www.dhhs.nh.gov/oii/hipp.htm 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218
IOWA – Medicaid and CHIP (Hawki)	NEW JERSEY – Medicaid and CHIP
Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
KANSAS – Medicaid	NEW YORK – Medicaid
https://www.kancare.ks.gov/ 800.792.4884	https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
KENTUCKY – Medicaid	NORTH CAROLINA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov	https://medicaid.ncdhhs.gov/ 919.855.4100
LOUISIANA – Medicaid	NORTH DAKOTA – Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)	http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825
	OKLAHOMA – Medicaid and CHIP
	http://www.insureoklahoma.org 888.365.3742
	OREGON – Medicaid
	http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075
	PENNSYLVANIA – Medicaid
	https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx 800.692.7462

RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
http://www.greenmountaincare.org 800.250.8427
VIRGINIA – Medicaid and CHIP
https://www.coverva.org/en/famis-select https://www.coverva.org/hipp/ Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
http://mywvhipp.com/ 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/ programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

Initial Notice About Special Enrollment Rights in Illinois Action for Children's Group Health Plan

The Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Special Enrollment Provision

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

Medicare Part D Certificate of Creditable Coverage

Important Notice from Illinois Action for Children about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Illinois Action for Children and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. **Illinois Action for Children** has determined that the prescription drug coverage offered by **Blue Cross Blue Shield**, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **Illinois Action for Children** coverage will not be affected. For those individuals who elect Part D coverage, you can keep this coverage under **Illinois Action for Children** plan but this plan will not coordinate with Part D coverage. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. If you do decide to join a Medicare drug plan and drop your current Illinois Action for Children coverage, be aware that you and your dependents will be able to get this coverage back at the next open enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Illinois Action for Children and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Submit a request to Human Resources for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Illinois Action for Children changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources at: (773) 564-8826.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

1. Employer name: Illinois Action for Children	2. Employer Identification Number (EIN): 36-2712912
3. Employer address: 4753 North Broadway	4. City: Chicago 5. State: IL 6. ZIP code: 60640
7. Who can we contact about employee health coverage at this job?: Human Resources	8. Phone number: 773.564.8826
9. Email address: HR@actforchildren.org	

Here is some basic information about health coverage offered by this employer:

» As your employer, we offer a health plan to:

☒ **All employees.** Eligible employees are:

All employees working a minimum of 30 hours or more per week

» With respect to dependents:

☒ **We do offer coverage.** Eligible dependents are:

Children up to the age of 26, spouses and domestic partners

✓ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, www.HealthCare.gov will guide you through the process.

DOL Model General (Initial) Notice of COBRA Continuation Coverage Rights

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

Your hours of employment are reduced, or

Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- » Your spouse dies;
- » Your spouse's hours of employment are reduced;
- » Your spouse's employment ends for any reason other than his or her gross misconduct;
- » Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- » You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- » The parent-employee dies;
- » The parent-employee's hours of employment are reduced;
- » The parent-employee's employment ends for any reason other than his or her gross misconduct;
- » The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- » The parents become divorced or legally separated; or
- » The child stops being eligible for coverage under the plan as a "dependent child."

Other Qualified Beneficiaries

Children born to or placed for adoption with the covered employee during COBRA covered period

A child born to, adopted by, or placed for adoption with a covered employee during a period of COBRA coverage is considered a qualified beneficiary provided that, the covered employee is a qualified beneficiary and the covered employee has elected COBRA coverage for himself or herself. The child's COBRA coverage begins when the child is enrolled in the Plan, whether through special enrollment or open enrollment, and it lasts for as long as COBRA coverage lasts for other family members of the employee. To be enrolled in the Plan, the child must satisfy the otherwise applicable Plan eligibility requirements.

Alternate recipients under QMCSOs

A child of the covered employee who is receiving benefits under the Plan pursuant to a qualified medical child support order (QMCSO) received by the plan administrator during the covered employee's period of employment is entitled to the same rights to elect COBRA as an eligible dependent child of the covered employee.

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- » The end of employment or reduction of hours of employment;
- » Death of the employee; or
- » The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to:

Illinois Action for Children Human Resources Department

Attn: Human Resources

Address: 4753 North Broadway Street, Suite 1200

Phone: 773.564.8826)

Fax: 773.564.8802

Email: HR@actforchildren.org

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Loss of Coverage in Anticipation OF Divorce or Legal Separation

If your spouse reduces or eliminates your group health coverage under the Plan in anticipation of a divorce or legal separation, and then later you actually become divorced or legally separated, then the divorce or legal separation may be considered a qualifying event for you even though you previously lost your coverage.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the later of either the date of the qualifying event or the date on which you lose coverage. You must provide this notice using the attached form entitled "Notice of Qualifying Event", and you must follow the Notice Procedures described on the form. If you do not follow the procedures or if you do not provide the notice during the 60-day notice period, you will lose your right to elect or, in the case of a second qualifying event, extend COBRA.

Second Qualifying Events

In addition, if your family experiences another qualifying event during the disability extension, the spouse and dependent children in your family can get up to a maximum of 36 months if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

For more information about the Marketplace, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Attn: Human Resources

Address: 4753 North Broadway Street, Suite 1200

Phone: 773.564.8826

Fax: 773.564.8802

Email: HR@actforchildren.org

Contact Information

Plan	Group #	Phone Number	Website
Medical Plan			
BlueCross BlueShield of Illinois	HMO I – H09944 BAHMO-B09944 PPO-P09944	800.892.2803	www.bcbsil.com
Dental Plans			
BlueCross BlueShield of Illinois	HMO D09944 PPO 250554	800.892-.2803	www.bcbsil.com

About this Guide

This benefit summary provides selected highlights of the Illinois Action for Children employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Patient Protection Model Disclosure Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents. Illinois Action for Children reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time.





This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting