

OPEN ENROLLMENT – EFFECTIVE JANUARY 1, 2024

FREQUENTLY ASKED QUESTIONS

Q1. WHEN IS BAYADA’S OPEN ENROLLMENT PERIOD?

Open Enrollment will be held October 18, 2023 – November 8, 2023. Enrollment dates and deadlines are communicated via company communications, emails, mailers, the benefit website, and the Employee Workday portal. Please refer to the company communications and other Open Enrollment updates for detailed information or to speak with a Benefits Counselor, call 877-318-1764 Monday through Friday 8:00 am - 6:00 pm EST for more information.

Q2. WHEN WILL I RECEIVE INFORMATION ABOUT OPEN ENROLLMENT?

Employees will receive information about the annual Open Enrollment period beginning in October. Information will be shared via company communications and emails, physical postcard mailers, and via the Benefit site and employee Workday portal. Please refer to the Company communications and other Open Enrollment updates for detailed information.

Q3. HOW DO I ENROLL or MAKE CHANGES DURING OPEN ENROLLMENT?

Mainland and Hawaii based employees may enroll and/or make changes to benefit elections during Open Enrollment online via the Workday portal, or via phone by calling 877-318-1764. For instructions on navigating the Workday portal, click [here](#). Employees can also make an appointment with our Benefit Counselors to enroll over the phone, by visiting <https://bayada.mybenefits.pro/>.

Q4. CAN I MAKE CHANGES DURING THE YEAR, OUTSIDE OF OPEN ENROLLMENT?

The choices you make upon eligibility or during Open Enrollment remain in effect through the end of the plan year: December 31. Once you are enrolled, you must wait until the next open enrollment period to change your benefit elections, add, or remove coverage for yourself or your dependents, unless you have a qualifying life event as defined by the IRS.

A qualified life event is a change in circumstances that may allow you to enroll in benefits outside of Open Enrollment. Examples of a qualified life event include, but are not limited to, the following:

- Marriage, divorce, legal separation, or annulment
- Birth or adoption of a child
- Change in employment status (eg, full-time to part-time status)
- Gain/loss of other health insurance coverage
- Dependent gaining/losing other health insurance coverage.

The IRS mandates that a change to your coverage, due to a qualifying life event, must be made within 31 days of that life event. Proof of the qualifying life event is required (eg, marriage certificate, divorce decree, birth certificate, or loss of coverage letter). Note: Any change you make to your coverage must be consistent with the qualified life event.

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Q5. WHAT BENEFITS AM I ABLE TO ENROLL IN OR CHANGE DURING OPEN ENROLLMENT?

Benefit eligibility varies based on employment status and role. Employees may be eligible for a combination of medical, dental, vision, and/or supplemental voluntary benefits. Please refer to Workday or contact a Benefits Counselor at 877-318-1764 Monday through Friday 8:00 am – 6:00 pm EST if you are unsure of your eligibility.

Q6. I DO NOT WANT TO MAKE ANY CHANGES TO MY MEDICAL, DENTAL OR VISION INSURANCE. WHAT DO I HAVE TO DO?

We always suggest taking a few minutes to review current elections, contact information, and all beneficiary information.

BAYADA is having an active enrollment for electing benefits. Enrollment or re-enrollment action is required if you want to keep your current benefits coverage.

NOTE – Current elections will not carry over as there are changes that can occur every year. BAYADA chooses not to make an assumption on how you wish to navigate your healthcare elections.

Q7. WILL MY WEEKLY PAYROLL RATES INCREASE JANUARY 1, 2024?

There will be no increases to the employee mainland contributions effective January 1, 2024. However, please be sure to review the new Aetna APCN+ medical plans.

An increase to employee and employer contributions will apply to the Kaiser Permanente, and HMSA medical plans. Rates can be viewed in Workday when completing your enrollment.

Q8. DID BAYADA MAKE ANY CHANGES TO THE HEALTH INSURANCE PLANS FOR 2024?

Yes, the Aetna plan changes include:

- **Aetna APCN+ Network Changes:** The Aetna plans are moving from the traditional 2-tier network to a 3-tier network. The APCN+ network consists of two separate in-network tiers that provides you with a variety of network access, opportunities for savings, and higher quality of care.
 - **Tier 1 – Maximum Savings:** Providers in the Tier 1 network will have the maximum savings. Look for these providers whenever possible. By utilizing the Tier 1 network, you will receive **higher quality care** and lower out of pocket costs.
 - **Tier 2 – Standard Savings:** By accessing Providers in the Tier 2 broader network, you will receive **standard savings** on more providers. If you are enrolled today, this

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is the network you are utilizing. By utilizing the Tier 2 network, you will receive **lower discounts** while paying higher out of pocket costs compared to the Tier 1 network.

- **Tier 3 – Out-of-Network**: If you don't use a provider who resides in the Tier 1 or Tier 2 network, you will be using a provider who is out-of-network. You will not receive any discounts or savings, and will pay higher out of pocket costs.
- **Important**: Make sure to use the Aetna APCN+ Provider Finder find in-network providers in year area and determine if they fall in the Tier 1 or Tier 2 network.
- **Aetna APCN+ Plan Design Changes**:
 - Providers in the Tier-1 network have enhanced benefits and will provide the maximum savings for you and your dependents. Tier 1 providers have lower deductibles, out-of-pocket maximums, copays, and coinsurance.
 - Please review the benefit comparison charts to see an outline of the benefit design changes.
- **Weight Loss Drugs**
 - **Prior Authorization**: Weight loss drugs will now require a prior authorization to determine medical necessity. The prior authorization processes and criteria may differ depending on the type of weight loss drug. Please refer to your benefit booklet for specific information on the prior authorization requirements to obtain the medication.

Hawaii benefit options with HMSA and Kaiser remain intact.

Delta Dental, EyeMed vision, the Employee Assistance Program (EAP) and other supplemental benefits remain intact.

Q9. WHEN WILL THE CHANGES I MAKE DURING OPEN ENROLLMENT BECOME EFFECTIVE?

The effective date of new coverage or any changes to your benefit plan made during Open Enrollment will be January 1, 2024 – December 31, 2024

Q10. DUE TO THE SHORTENED PLAN YEAR HOW WILL THAT IMPACT MY DEDUCTIBLE AND COINSURANCE?

Deductibles and out-of-pocket maximums will reset effective January 1, 2024

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Q11. HOW DO I ENROLL OR MAKE CHANGES TO MY VOLUNTARY BENEFITS (CRITICAL ILLNESS, HOSPITAL INDEMNITY, ACCIDENT INSURANCE, AND DISFLEX – SHORT TERM DISABILITY)?

To enroll or make changes, please contact a Benefit Counselor at 877-318-1764 or visit <https://bayada.mybenefits.pro/> to schedule an appointment.

Q12. I AM CURRENTLY ENROLLED IN AN FSA/HSA. WHAT DO I HAVE TO DO?

You **must** re-enroll in the Health Savings Account (HSA)/Flexible Spending Account (FSA) annually, as enrollment or re-enrollment is required. You may change contribution amounts during this time as well.

NOTE – The FSA/HSA annual maximums will be adjusted to the new IRS limits. Please be sure to check Workday for the update maximum effective January 1, 2024.

Q13. I HAVE SPECIFIC QUESTIONS RELATED TO THE NEW AETNA PRESCRIPTION PLAN CHANGES, WHO CAN I SPEAK WITH?

Aetna's Concierge services can assist with all medical and prescription plan questions. Please contact Aetna 800-922-5863.

Q14. WILL NEW INSURANCE ID CARDS BE MAILED TO ME?

New ID cards should arrive around January 1. Mainland employees may also download or print copies of their cards from Aenta.com. Hawaii employees should contact HMSA or Kaiser to obtain cards.

Q15. WHERE CAN I GET MORE INFORMATION ABOUT MY INSURANCE OPTIONS?

If you have additional questions, we are here to help! We encourage you to schedule an appointment to speak to a dedicated Benefit Counselor by clicking [here](#). Support is also available by email: HRCareCenter@bayada.com or by phone: 877-318-1764.

Q16. WHY DID BAYADA MAKE CHANGES TO COVERING SPOUSES AND DOMESTIC PARTNERS?

While the concept of employers restricting spousal/domestic partner dependent eligibility coverage if the spouse/partner has access to their own employer-sponsored plan has been around for the decades, it has become more common in recent years for employers to restrict access to coverage for those spouses or domestic partners who have their own plan available. As we review our plans for market competitiveness and equity, this change allows employees an opportunity to compare and evaluate which plan aligns with their family's health needs.

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Q17. ARE DEPENDENT CHILDREN STILL ELIGIBLE FOR COVERAGE?

Dependent children are considered eligible dependents under the plans up to the age of 26 regardless of employment or student status. This spouse/partner eligibility change does not apply to children coverage. Children may continue to be enrolled in the BAYADA plans even in the event of having coverage available through a school-sponsored or employer-sponsored plan.

Q18. WILL WE HAVE TO DO A SPOUSE/DEPENDENT VERIFICATION ON AN ANNUAL BASIS?

Once you've completed your spouse and/or dependent verification, it does not need to be completed again for the same covered dependent. Dependent Eligibility Verification will be required for any new dependents being added to your coverage as a result of a change.