

What Changes are Happening for 2025?

1. IS MY PHARAMCY COVERAGE CHANGING?

Effective 1/1/2025, we have negotiated a new CVS contract that will now be carved out from the Medical. Since we will be remaining with CVS, there will be minimal impact to the employees; however, there will be a few changes.

Please read the FAQ for what will be changing and what will not be changing.

2. ARE THERE CHANGES TO THE MINIMUM ESSENTIAL COVERAGE PLANS THROUGH NATIONWIDE?

Your minimum essential coverage medical plan offered through Nationwide now has two new plan options! These two new plans are offered alongside to the two current plans that are already in effect.

- The **MEC Copay** plan covers primary care, specialist and urgent care visits with a copay. It also has coverage for outpatient diagnostic labs and x-rays.
- The **MEC Copay Plus** plan covers the above, along with typical healthcare plan benefits like emergency room and inpatient hospital coverage.

All MEC plans will offer a virtual primary care program where you can schedule virtual primary care visits, psychiatrist visits, and therapy visits.

3. LIFE AND AD&D ENHANCEMENTS

Basic Life & AD&D: Caregivers and Clinicians basic life and AD&D benefit has increased from **\$5,000 to \$15,000**.

Voluntary Life: We are significantly enhancing our voluntary life coverage benefit

- **Caregivers and Licensed Clinicians** are now able to enroll in voluntary life coverage for up to **\$300,000**.
 - ❖ If you previously waived coverage or were enrolled in coverage from \$0 - \$90,000, you will be subject to Evidence of Insurability if you elect an amount greater than \$100,000.
 - ❖ If you were previously enrolled in coverage for \$100,000, then you will not be subject to Evidence of Insurability if you elect an amount greater than \$100,000.
- This is especially exciting for **non-licensed caregivers**, meeting 30+ hours eligibility requirements, who now have access to Voluntary Life insurance for the first time, with the option to enroll **without Evidence of Insurability**.

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4. KAISER AND HMSA – PLAN ENHANCEMENT

There are a few plan enhancements for Kaiser and HMSA medical plans for 1/1/2025.

Kaiser: \$0 primary care doctor office visit for children through age 17. The plan will continue to have a \$15 copay for adults 18+.

HMSA: HMSA now offers an **Oral Chemotherapy Specialty Drug** for \$100, or 10%, whichever is less. Cardiac rehabilitation will not be a covered benefit at the same cost-share as the Physical Therapy and Occupational Therapy benefits.

5. WHAT NEW RESOURCES ARE AVAILABLE FOR ENROLLING IN MEDICARE?

We are offering **Alliant Medicare Solutions (AMS)** to guide you on your path through Medicare. The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

Call **877-888-0165** to speak to a licensed insurance agent. If Medicare is the best option, AMS helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

You may reach out for support during the below timeframes:

- 9am – 7pm EST Monday – Thursday
- 9am – 6pm EST Friday

6. WHAT NEW RESOURCES ARE AVAILABLE FOR FINDING MARKETPLACE COVERAGE?

We are partnering with **Alliant Individual Health Solutions (AIHS)** to guide you in finding marketplace coverage if you waive the BAYADA medical plans. The AIHS team can help you find a plan to replace the company sponsored group health plan if you're child is turning 26 and no longer eligible for the plan, if you leave the company and want to explore options outside of COBRA, and if your eligibility for the medical coverage changes.

Call **877-328-1195** to speak to a licensed insurance agent.

You may reach out for support during the below timeframes:

- 9am – 7pm EST Monday – Thursday
- 9am – 6pm EST Friday

What Changes are Happening for 2025?

7. WHAT IS REMAINING THE SAME?

- ✓ **Enrollment:** All employees must enroll to maintain coverage effective January 1, 2025.
- ✓ **Dependent Verification:** All employees enrolling a brand new dependent will need to go through the dependent verification process.
- ✓ **Plans:** BAYADA is remaining with the same carriers below at no plan design changes
 - ✓ Aetna Major Medical
 - ✓ Dental
 - ✓ Vision
 - ✓ Spending Accounts
 - ✓ EAP
 - ✓ Disability
 - ✓ Identity Theft
 - ✓ Worksite Benefits

Open Enrollment – Effective January 1, 2025

Frequently Asked Questions

Open Enrollment

1. WHEN IS BAYADA'S OPEN ENROLLMENT PERIOD?

Open Enrollment will be held **October 16, 2024 – November 6, 2024**. 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 (7am – 12pm HST.)

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

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

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. Employees who do not elect benefits during this enrollment period will lose access to their current benefits on December 31, 2024.

3. WHEN WILL I RECEIVE INFORMATION ABOUT OPEN ENROLLMENT?

Employees will receive information about the annual Open Enrollment period beginning in September. Information will be shared via company communications and emails, physical postcard mailers, and via the Benefit site bayada.com/benefits/ and employee Workday portal [Workday Login](#). Please refer to the company communications and other Open Enrollment updates for detailed information.

4. HOW DO I ENROLL OR MAKE CHANGES DURING OPEN ENROLLMENT?

Mainland and Hawaii employees may enroll and/or make changes to benefit elections during Open Enrollment online via the Workday portal [Workday Login](#), 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, 877-318-1764 Monday through Friday 8:00 am – 6:00 pm EST/7:00 am – 12:00 pm HST or by visiting bayada.mybenefits.pro/ to schedule an appointment.

Open Enrollment – Effective January 1, 2025

Frequently Asked Questions

Open Enrollment

5. WHEN WILL MY CHANGES BECOME EFFECTIVE?

The effective date of new coverage or any changes to your benefit plan made during Open Enrollment will be January 1, 2025 – December 31, 2025.

6. 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/7:00 am – 12:00 pm HST if you are unsure of your eligibility.

7. 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 (e.g., 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 (e.g., 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.

Contact a Benefits Counselor at 877-318-1764 or email HRCareCenter@bayada.com. You can also login to Workday to process a Qualifying Life Event.

Open Enrollment

8. 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 bayada.mybenefits.pro/ to schedule an appointment. You can also enroll directly through the Workday portal. For instructions on navigating the Workday portal, click [here](#).

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

You **must** 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, 2025.

Dependent Eligibility

1. WHY IS BAYADA VERIFYING DEPENDENTS?

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 from market competitiveness and equity, this allows employees an opportunity to compare and evaluate which plan aligns with their family's health needs.

2. 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.

3. WHAT PLANS DOES DEPENDENT VERIFICATION APPLY TO?

Only the BAYADA medical plans (i.e. Aetna, Nationwide). Your spouse/partner and children can remain enrolled as a covered dependent on all other plans.

4. IF MY SPOUSE OR DOMESTIC PARTNER WORKS AND HAS COVERAGE AVAILABLE TO THEM THROUGH THEIR EMPLOYER, ARE THEY ELIGIBLE FOR MEDICAL COVERAGE?

If your covered dependent spouse or domestic partner has coverage access through their employer's benefits plan, they will no longer be considered an eligible dependent and cannot be enrolled in the BAYADA health plans. If your spouse or domestic partner's access to coverage through their employer's plan terminates, they would have access to re-enroll in the BAYADA health plans at that point in time as a qualified life event. **This would not be applicable to Hawaii.**

5. 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.

Dependent Eligibility

6. WHAT HAPPENS IF MY SPOUSE OR DOMESTIC PARTNER'S EMPLOYER DOESN'T OFFER AN EMPLOYER-SPONSORED PLAN, OR IS UNEMPLOYED, OR SELF-EMPLOYED?

If your spouse/partner does not have coverage available through their own employer-sponsored health plan, they will continue to be covered as a dependent under the BAYADA plan. You will need to provide proof that they do not have access to coverage available through an employer-sponsored benefits plan. Acceptable proof of documentation is a letter from the spouse/partner's employer.

If the spouse/partner is unemployed or is self-employed, the BAYADA employee must produce confirmation in writing. All documentation can be sent to HRCareCenter@bayada.com.

7. WHAT HAPPENS IF MY SPOUSE OR DOMESTIC PARTNER IS ALSO AN EMPLOYEE OF BAYADA AND IS COVERED UNDER MY PLAN UNDER THE EMPLOYEE + SPOUSE OR EMPLOYEE + FAMILY PLAN TIERS?

If an employee and spouse/partner both work at BAYADA, the dependent spouse can remain on the plan with the primary insured. They will likely receive notification during the upcoming dependent audit requesting documentation and would simply need to send written notification at that time.

8. WILL A QUALIFIED LIFE EVENT LETTER BE PROVIDED TO EMPLOYEES WHOSE SPOUSE/PARTNER WILL BE LOSING COVERAGE THROUGH BAYADA TO PROVIDE TO THEIR EMPLOYER TO ENROLL IN THEIR OWN EMPLOYER'S HEALTH COVERAGE?

You can request a letter by emailing HRCareCenter@bayada.com.

Open Enrollment – Effective January 1, 2025

Frequently Asked Questions

CVS Pharmacy

1. IS MY PHARAMCY COVERAGE CHANGING?

Effective 1/1/2025, we have negotiated a new CVS contract that will now be carved out from the Medical. Since we will be remaining with CVS, there will be minimal impact to the employees; however, there will be a few changes.

Please read the FAQ for what will be changing and what will not be changing.

2. IS THE FORMUALRY CHANGING?

The formulary will be remaining as the Advanced Control Plan. However, there may be mandatory 4th quarter changes that will happen to all plans that use this formulary. You can access the formulary https://www.caremark.com/portal/asset/Advanced_Control_Formulary.pdf

3. IS MY NETWORK CHANGING? HOW DO I FIND AN IN-NETWORK PROVIDER?

Your network will not be changing from the APCN+. To find an in-network pharmacy provider, you will need to register an account on www.caremark.com, login to your account, and then you will be able to find a pharmacy provider near you.

4. IS THERE A CHANGE TO HOW MY SPECIALTY DRUGS ARE FILLED?

You will now need to fill your specialty drugs through CVS Specialty Pharmacies instead of the Aetna Specialty Performance Pharmacy Network.

BAYADA and CVS are partnering to ensure all specialty medication open refills are carried over to the new pharmacy plan. Employees will not experience an interruption.

5. IS THERE A CHANGE TO FILLING PRESCRIPTIONS VIA MAIL ORDERS?

Mail order will remain through CVS Caremark Mail Service or CVS Pharmacy.

6. HOW IS MY CURRENT PRIOR AUTHORIZATION AND SPECIALTY MEDICATIONS BEING MANAGED?

BAYADA and CVS are partnering to ensure all prior authorization and specialty medication open refills are carried over to the new pharmacy plan. Employees will not experience an interruption.

Open Enrollment – Effective January 1, 2025

Frequently Asked Questions

CVS Pharmacy

7. WILL I BE RECEIVING A NEW ID CARD?

Yes, all members will be receiving a new ID card for 2025. New ID Cards should arrive on or around January 1st. You will have 1 ID card with the Aetna medical and CVS pharmacy information.

Mainland employees may also download or print copies of their cards from www.Aenta.com.

8. IS THERE GOING TO BE A NEW CUSTOMER CARE NUMBER TO CALL WITH QUESTIONS?

No, the customer care number will remain as 800-922-5863 and will be listed on the back of your ID card.

9. IS MY MEMBER PORTAL ACCESS CHANGING?

All members will need to re-register on www.Caremark.com due to Aetna carriers being blocked from accessing the website. You will still use the Aetna portal to log in for your medical benefits.

10. ARE WE REQUIRED TO USE CVS FOR ALL PRESCRIPTIONS OR JUST FOR SPECIALTY MEDICATIONS?

Specialty medications will need to be filled through CVS Specialty and Maintenance medications will need to be filled as a 90-day supply at CVS retail or mail order pharmacy after three, 30-day supplies are filled. Out-of-Network pharmacies are not covered.

11. WHAT HAPPENS IF THE SPECIALTY DRUG ISN'T AVAILABLE AT CVS OR IS ON BACKORDER?

If not available through CVS Specialty, you'll be able to fill at another pharmacy that has the medication available.

Open Enrollment – Effective January 1, 2025

Frequently Asked Questions

General Questions

1. WHAT IMPORTANT WEBSITES SHOULD I BOOKMARK?

- ✓ BAYADA Benefits Site – bayada.com/benefits/
- ✓ [Workday](#) Portal – [Workday Login](#)
- ✓ Workday Navigation – bayada.com/benefits/learn-about-online-enrollment
- ✓ Benefit Counselor link – bayada.mybenefits.pro/
- ✓ Ask Alex Decision Support Tool – start.myalex.com/bayada-home-health-care
- ✓ Aetna APCN+ Provider Finder – www.aetnadocfind.com/2025-apcn-plus-mt-cpii/

2. 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.

3. I HAVE SPECIFIC QUESTIONS RELATED TO MY AETNA CLAIM, WHO CAN I SPEAK WITH?

Aetna's Concierge services can assist with all medical and prescription plan questions. Please contact Aetna 800-922-5863 8:00am – 6:00pm EST.

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

Everyone enrolling in the Aetna plan will be receiving new ID cards with the updated pharmacy information. Employees may also download or print copies of their cards from www.Aenta.com.

Employees enrolling in the new MEC plans or switching plans will receive new ID cards.

Hawaii employees should contact HMSA or Kaiser to obtain cards.

General Questions

5. 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.

6. WILL MY WEEKLY PAYROLL RATES INCREASE JANUARY 1, 2025?

At BAYADA, our commitment to providing comprehensive benefits to our diverse workforce remains stronger than ever. As we head into 2025, we are shouldering a significant portion of the rising healthcare costs, while also implementing strategic cost management solutions. Our focus continues to be on enhancing the employee experience, ensuring that our workforce feels supported now and well into the future

- **Aetna:** There will be contribution changes to plan costs across the board. Depending on which plan and tier you are in, you will see a reduction, increase, or no change to rates.
- **Nationwide:** The current **MEC Preventive** and **MEC Enhanced** plans will have a slight reduction in the current rates. If you buy-up to the **MEC Copay** or **MEC Copay Plus**, then you will pay more from your paycheck.
- **Kaiser:** There will not be a change to the employee contributions
- **HMSA:** There will be a slight increase to the employee and employer contributions

Rates can be viewed in Workday when completing your enrollment.

7. DO ANY OF THE MEC PLANS COVER VIRTUAL VISITS?

All four of our plans include a virtual primary care program, allowing employees to conveniently schedule virtual visits with primary care doctors, psychiatrists, and therapists.

8. WHEN WILL I RECEIVE MY FIRST UPDATED PAYROLL DEDUCTION?

Employees will receive their first 2025 deduction on January 2nd, 2025.

General Questions

9. WHEN WILL MY DEDUCTIBLE AND COINSURANCE RESET?

Deductibles and out-of-pocket maximums will reset effective January 1, 2025. Your deductible and out-of-pocket maximum will accumulate through December 31, 2025.

10. HOW DOES THE DEDUCTIBLE WORK

The amount of money you pay out of your own pocket for covered medical expense before your insurance begins to contribute.

11. WHAT IS AN OUT-OF-POCKET MAXIMUM?

The maximum amount you will pay for in-network covered healthcare expenses within a plan year. Once you reach this limit, your health insurance plan will pay 100%.

12. WHAT IS THE DIFFERENCE WITH A COINSURANCE AND COPAY

Copayment is a fixed cost you will pay for covered services

Coinsurance is the percentage of cost that will be covered by the health insurance plan after the deductible has been met.

13. WHAT IS A BENEFICIARY?

A beneficiary is a person that will receive you Life Insurance benefit in the event of death.

14. I'M CURRENTLY 25 AND GOING TO TURN 26, WHEN CAN I ENROLL ON THE BAYADA PLAN?

You can enroll now if you want to switch coverage, or remain on your parents' coverage

If you decide to remain on your parent's plan, you will need to ask your parents company if the coverage remains until the day turned 26, end of the month turning 26, or end of the year. Then you will need to reach out to the BAYADA benefit team to submit a qualifying life event documentation to enroll onto the plan.

Spending Accounts

1. WHAT HAPPENS TO THE MONEY CONTRIBUTED TO THE FLEXIBLE SPENDING ACCOUNT IF YOU GET LAID OFF BEFORE YOU USE IT ALL

If you are laid off, you will only be able to access the money in your FSA account if you decide to enroll in COBRA coverage. If you do not elect COBRA coverage, then you will forfeit the amount in your FSA.

2. HOW LONG DO I HAVE TO SUBMIT EXPENSES FOR THE FSA IF I LEAVE THE COMPANY?

The FSA benefit is terminated as of the date of separation. Employees will have until the final runout date to submit for expenses that incurred during the time the employee was active.

The final filing date for the 2024 plan year is 03/31/2025.

3. IF AN EMPLOYEE LEAVES BAYADA, WHAT HAPPENS TO MY HSA / FSA BALANCE?

If you leave BAYADA, you will retain the balance within your HSA account. Unlike the HSA, you would have to forfeit the amount in your FSA account.

4. CAN I USE MY FSA ON MY SPOUSE OR CHILD IF THEY ARE NOT COVERED AS DEPENDENTS?

The FSA can be used on a spouse or child even if they are not on the same plan.

5. IF I SWITCH FROM HDHP TO THE PPO WHAT HAPPENS TO THE CURRENT HSA BALANCE? CAN WE STILL USE THE DEBIT CARD TO PAY FOR EXPENSES?

If you move from HDHP to PPO you can use your HSA funds to pay for any qualified medical expense. You cannot contribute to the H.S.A. once you are enrolled in a PPO.

Spending Accounts

6. IF I MOVE FROM HDHP TO PPO, WILL I STILL BE ABLE TO USE MY HSA BALANCE ALONG WITH MY FSA?

You can't use the funds for the same expense. We recommend individuals use FSA funds first since that is a “use it or lose it” account. Once those funds have been exhausted you can use your HSA funds.

7. IF I AM CURRENTLY ENROLLED IN THE PPO PLAN WITH FUNDS IN MY FSA, BUT WANT TO CHANGE TO THE HDHP PLAN AND ENROLL IN THE HSA, WHAT HAPPENS TO MY FUNDS IN THE FSA?

You must spend down your entire FSA funds to a \$0 balance before the end of plan year 12/31/2024 (before the grace period starts). If you do not, then you will forfeit the funds at the end of the plan year. Once you do this, you are immediately HSA eligible if you have enrolled in the HDHP and meet all other qualifications.

You can use the following website to help find eligible expenses for your FSA

<https://fsastore.com/fsa-eligibility-list>.