



2025 BENEFITS GUIDE

A high-angle, top-down photograph of a large, diverse crowd of people of various ages and ethnicities. They are arranged in a large, stylized heart shape on a light-colored, possibly white, surface. The people are dressed in casual, colorful clothing. The overall scene is bright and positive, symbolizing community and health.

HEALTHIER TOGETHER

HEALTH AND WELLBEING | FINANCIAL SECURITY | WORK/LIFE BALANCE



Improving access to healthcare and wellness

At Amedisys, we are deeply committed to offering quality, affordable benefits to all our eligible caregivers. We believe that improving health is a collective effort—one that requires strong partnerships between us and our caregivers. By working together, we can improve our collective health while managing our costs, ensuring we can provide affordable and competitive benefits for many years to come.

We're here to help

Call the Amedisys Benefits Center at 888-528-7066 to speak with a benefits counselor between 7 a.m. – 7 p.m. CST, Monday – Friday.

What's new for 2025?

GET PRIMARY CARE WITH INCLUDED HEALTH:

All medical plans now give you access to primary care doctors with your Included Health benefits. See the same doctor each time for convenient virtual appointments at an affordable cost.

EARN WELLNESS REWARDS FASTER:

Rewards for annual activities—like completing your RealAge® Test or a biometric screening—will now be paid out on a quarterly basis.

GET SUPPORT FOR YOUR NUTRITION JOURNEY:

All medical plans include FREE access to Sharecare's Eat Right Now® program to help you successfully lose weight.

MEDICAL COVERAGE CHANGES:

New deductibles, copay amounts, out-of-pocket maximum amounts, and coverage limits for dialysis and infusion drug services will apply to all medical plan options.

PHARMACY COVERAGE CHANGES:

Brand-name drugs and supplies will be removed from the \$0 preventive drug list. You will pay your deductible and then either the brand-drug copay or up to 30% coinsurance when you fill these prescriptions, such as GLP-1 medications for diabetes, glucometers, test strips, insulin, and more. Consider enrolling in Virta for free test strips and diabetes support.



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Enrollment and eligibility

Open Enrollment is your once-a-year opportunity to make sure you have the benefits you need for next year.

If you don't do anything during Open Enrollment:

- Your 2024 medical, dental, vision, life insurance, disability, accident, critical illness, hospital, and identity theft coverages will automatically continue in 2025.
- You will NOT be able to participate in an FSA next year.
- You will NOT receive the Amedisys HSA contribution unless you are enrolled and contributing at least \$100 to your HSA. Note: You can enroll or change your HSA contributions at any time during the year.

You can change your benefits during the year—generally within 31 days of a qualified life event. These include:

- Change in marital status;
- Birth, adoption, or placement for adoption of a child;
- Death of a dependent; and/or
- Change in your work status or your spouse's work status that affects benefits eligibility.

Are you eligible?

You can enroll in Amedisys health insurance, life insurance, disability insurance, and other voluntary benefits if you are classified as a full-time, Baylor, or part-time eligible employee and regularly scheduled to work at least 30 hours per week.

You can also enroll these dependents:

- Your legal spouse;
- Your children under the age of 26; and/or
- Your children over age 26 who are not able to support themselves due to a physical or mental disability.

Dependent documentation

We will ask for copies of documents—such as a birth certificate or a marriage license—to verify that any newly enrolled dependents meet our eligibility requirements. This allows us to continue to provide all eligible employees and their dependents with comprehensive and competitive coverage.

You do not need to provide these documents until after you enroll your dependents. You will receive detailed instructions on how to verify any newly enrolled dependents in February 2025.

If you're on a leave of absence during Open Enrollment:

Call the Amedisys Benefits Center at [888-528-7066](tel:888-528-7066) to complete your enrollment.

Here's what you CAN do:

Make medical, dental, vision, HSA, Healthcare FSA, and Identity Theft elections during Open Enrollment. You won't be able to change these when you return to work.

Here's what you CAN'T do:

Enroll in life, disability or voluntary benefits while on leave. However, you are allowed to drop or keep these coverages during Open Enrollment. You will have the chance to enroll or make changes to these benefits when you return to work.

You must call the Amedisys Benefits Center at [888-528-7066](tel:888-528-7066) within 31 days of your return-to-work date if you wish to enroll or make changes to your life, disability, and/or voluntary insurance benefits.

If you are on an intermittent leave of absence, you can enroll or make changes to any of your benefits during the Open Enrollment period. Complete your enrollment online or over the phone by calling the Amedisys Benefits Center.



Ready to enroll?

Enroll for benefits between
October 28 – November 15, 2024

You must elect your benefits by 7:00 p.m. CST on Friday, November 15, 2024.

Three ways to enroll

1. Online 24/7

Whenever it's convenient for you, log in to the People Portal at people.amedisys.com, select the Open Enrollment tab and click on the Benefits Enrollment link. Follow the prompts to make your elections.

2. With a benefits counselor

Go to cleartrackhr.as.me/AmedisysOE or use the QR code below to schedule your appointment. A benefits counselor will call you at your scheduled time. Appointments available on a first-come, first-served basis.



Scan to schedule your appointment with a benefits counselor.

3. Through the Amedisys Benefits Center

Call the Amedisys Benefits Center at 888-528-7066 to enroll over the phone with a benefits counselor from 7 a.m. – 7 p.m. CST, Monday – Friday.

Enroll early and win \$100!

During the first two weeks of Open Enrollment, we will select five winners each weekday to receive a \$100 prize which will be added to a Lifestyle Spending Account with Bank of America. **The earlier you complete your benefits enrollment, the more chances you have to win!**

BENEFITS CHECKLIST

- ✓ Think about your needs for 2025.
- ✓ Review your medical plan options on pages 6-9.
- ✓ Review prescription drug plan changes on pages 11-13 and confirm coverage for your current medications.
- ✓ Gather the social security numbers and birth dates for any dependents you need to add to your benefits.
- ✓ Use the Sharecare app to complete wellness activities by December 31 to earn up to \$500 in Wellness Rewards.
- ✓ Compare your Amedisys plan to other coverage options you may have available through a spouse's employer or Medicare.
- ✓ Enroll in your 2025 benefits by 7:00 p.m. CST on Friday, November 15, 2024!



Health and wellbeing



IN THIS SECTION

NEW: Virtual primary care
Medical plans
Included Health healthcare concierge
Prescription drug coverage
Behavioral health
Diabetes and nutrition support
The Amedisys Wellness Program
FSAs and HSAs
Dental
Vision

Healthcare without the headache



Getting the care you need, when you need it, shouldn't add stress to your already busy life. Included Health brings your primary care provider right to your fingertips—all virtually, from a single app. From colds to anxiety, and everything in between, Included Health's virtual primary care option is a game-changer for feeling your best—giving you the convenience, accessibility, and personalized care you deserve. It's available to all team members and dependents enrolled in an Amedisys health plan.

Through secure, user-friendly digital platforms, you can connect with experienced physicians who can address a wide range of health needs without the hassle of traditional office visits. Here are just a few of the ways virtual primary care can help you feel your best, from anywhere, at any time:

Unmatched Convenience.

Say goodbye to long waits and trips to the doctor's office. With virtual primary care, you can schedule appointments that fit effortlessly into your busy life.

Personalized attention.

You'll build a meaningful relationship with your dedicated primary care doctor who will understand your medical history and health goals, ensuring you receive the most effective and individualized care for everything from annual screenings to treatment for a chronic condition like diabetes.

Comprehensive mental healthcare.

Licensed therapists can provide online mental health support when you need it. And board-certified psychiatrists can provide accurate diagnoses, medication management, and more.

Seamless pharmaceutical integration.

Your primary care doctor knows your insurance and can help you find the lowest cost medications to support your health. Your prescriptions can be sent to any local pharmacy of your choice.



How to get started:

1. Download the Included Health app.
2. Activate your account or log in.
3. Get the healthcare help you need.



The logo for Included Health, featuring a blue stylized 'H' icon followed by the text 'Included HEALTH' in blue.

Scan to download the app
includedhealth.com/amedisys
855-429-7330



Medical plans

Rising medical costs are challenging for everyone. We're committed to helping you navigate healthcare costs with affordable and high-quality care options and benefit programs. Review this guide to learn ways you can save on your healthcare needs.



PPO PREMIER PLAN



MORE COMES OUT OF YOUR PAYCHECK



BUT YOU PAY LESS FOR CARE

Your cost per paycheck

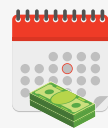
	WEEKLY	BI-WEEKLY
EMPLOYEE ONLY	\$57	\$114
EMPLOYEE + SPOUSE	\$182	\$364
EMPLOYEE + CHILD(REN)	\$121	\$242
EMPLOYEE + FAMILY	\$249	\$498

All four plans include these FREE services and support:

- + Annual wellbeing visits and preventive screenings
- + 24/7 Included Health support
- + Amedisys Wellness Program and rewards
- + Second opinions from experts
- + Immunizations, vaccines, and flu shots
- + 1-on-1 coaching to lose weight, quit tobacco, change habits, and support your mental health



PPO VALUE PLAN



LESS COMES OUT OF YOUR PAYCHECK



BUT YOU PAY MORE FOR CARE

Your cost per paycheck

	WEEKLY	BI-WEEKLY
EMPLOYEE ONLY	\$41	\$82
EMPLOYEE + SPOUSE	\$140	\$280
EMPLOYEE + CHILD(REN)	\$90	\$180
EMPLOYEE + FAMILY	\$189	\$378

All four plans limit coverage for:

- + Specialty infusion drugs billed through Highmark BCBS – see [amedisys.com/benefits](https://www.amedisys.com/benefits) for a current list of drugs and max coverage amounts
- + Dialysis services to \$550 max per procedure per day
- + Physical, speech, and occupational therapy visits (up to a combined 90 visits per year)
- + Infertility treatment to one cycle, administered as a \$40,000 lifetime max (\$30,000 medical and \$10,000 Rx)



Need help deciding?

Answer a few questions and PLANselect will provide a recommendation. Visit myplanselect.com (user name and password: Amedisys) or call Included Health at **855-429-7330** to learn about your plan options.



Scan to use
PLANselect

HSA PREMIER PLAN

MORE COMES OUT OF YOUR PAYCHECK

BUT YOU PAY LESS FOR CARE

HSA VALUE PLAN

LESS COMES OUT OF YOUR PAYCHECK

BUT YOU PAY MORE FOR CARE

Your cost per paycheck		
	WEEKLY	BI-WEEKLY
EMPLOYEE ONLY	\$32	\$64
EMPLOYEE + SPOUSE	\$112	\$224
EMPLOYEE + CHILD(REN)	\$71	\$142
EMPLOYEE + FAMILY	\$152	\$304

Your cost per paycheck		
	WEEKLY	BI-WEEKLY
EMPLOYEE ONLY	\$19	\$38
EMPLOYEE + SPOUSE	\$82	\$164
EMPLOYEE + CHILD(REN)	\$48	\$96
EMPLOYEE + FAMILY	\$112	\$224

Save your health, save your money!

Remember, if you have used any form of tobacco (includes vaping) within the past six months, you will pay a **tobacco surcharge of \$50 per month** if you enroll in an Amedisys medical plan.

You can avoid this surcharge by successfully completing the tobacco cessation activity in the Amedisys Wellness Program at no cost to you.

New ID cards for 2025

Check your mail for new ID cards in December for the following benefits:

- Medical - Highmark BCBS
- Mental Health - Optum Behavioral Health
- HSA/FSA debit card - Optum Financial (only when your card expires)

Download the Included Health app for easy access to your ID card information on your phone!

Your medical plans compared



All four plans use the National BCBS PPO network with Highmark BCBS for medical services and the Optum Behavioral Health network for mental health and substance use treatment services. **NEW: Cost-sharing has changed for all plans, so please review carefully.**



PPO PREMIER PLAN

ANNUAL DEDUCTIBLE

- \$1,000 per person
- \$2,000 per family, max

COINSURANCE

- 20% after deductible

ANNUAL OUT-OF-POCKET MAXIMUM

- \$3,500 per person
- \$7,000 per family, max

You pay this much for services:

TELEMEDICINE BY INCLUDED HEALTH

- **NEW:** Primary care: \$20
- General care: \$20
- Dermatology: \$20
- Therapist (25 min.): \$20

OFFICE VISIT

- Primary care physician: \$40
- Specialist: \$70

URGENT CARE OR EMERGENCY ROOM VISIT

- Urgent care: \$70
- ER: 20% after deductible



PPO VALUE PLAN

ANNUAL DEDUCTIBLE

- \$1,500 per person
- \$3,000 per family, max

COINSURANCE

- 20% after deductible

ANNUAL OUT-OF-POCKET MAXIMUM

- \$4,300 per person
- \$8,600 per family, max

You pay this much for services:

TELEMEDICINE BY INCLUDED HEALTH

- **NEW:** Primary care: \$30
- General care: \$30
- Dermatology: \$30
- Therapist (25 min.): \$30

OFFICE VISIT

- Primary care physician: \$60
- Specialist: \$90

URGENT CARE OR EMERGENCY ROOM VISIT

- Urgent care: \$90
- ER: 20% after deductible

Please note:

The coverage listed for all plans are for IN-NETWORK providers only. Plans do not provide any out-of-network coverage, unless it's a qualified emergency or covered by the No Surprises Act or other applicable laws or regulations. For complete details, refer to the SBC documents online at amedisys.com/benefits. All plan deductibles and out-of-pocket max amounts are reset every year on January 1.

Included Health Care Services

Use Included Health to get general health, dermatology, and mental health telemedicine care, in addition to 24/7 support from your personal care team. **NEW for 2025:** Use Included Health for affordable primary care services.



Scan to download the app
includedhealth.com/amedisys



NOTE! There is no out-of-network coverage for any of our medical plans. As a result, you may see plan names or ID cards referring to an Exclusive Provider Organization (EPO) plan, even though our plans use the National BCBS PPO network. Use the Included Health app or call **855-429-7330** to confirm your providers are in-network.



HSA PREMIER PLAN

ANNUAL DEDUCTIBLE

- Employee-only coverage: \$2,200
- All other coverage tiers: \$4,400 (shared, true family deductible)

COINSURANCE

- 20% after deductible

ANNUAL OUT-OF-POCKET MAXIMUM

- \$5,500 per person
- \$11,000 per family, max

You pay this much for services:

TELEMEDICINE BY INCLUDED HEALTH

- **NEW:** Primary care: \$65 (\$13 after deductible)
- General care: \$49 (\$9.80 after deductible)
- Dermatology: \$49 (\$9.80 after deductible)
- Therapist (25 min.): \$70 (\$14 after deductible)

OFFICE VISIT

- 20% after deductible

URGENT CARE OR EMERGENCY ROOM VISIT

- 20% after deductible

AMEDISYS CONTRIBUTES \$500 OR \$1,000 TO YOUR HEALTH SAVINGS ACCOUNT, REDUCING YOUR DEDUCTIBLE TO:

- Employee-only coverage: \$1,700
- All other coverage tiers: \$3,400



HSA VALUE PLAN

ANNUAL DEDUCTIBLE

- Employee-only coverage: \$3,800
- All other coverage tiers: \$7,600 (shared, true family deductible)

COINSURANCE

- 20% after deductible

ANNUAL OUT-OF-POCKET MAXIMUM

- \$6,800 per person
- \$13,600 per family, max

You pay this much for services:

TELEMEDICINE BY INCLUDED HEALTH

- **NEW:** Primary care: \$65 (\$13 after deductible)
- General care: \$49 (\$9.80 after deductible)
- Dermatology: \$49 (\$9.80 after deductible)
- Therapist (25 min.): \$70 (\$14 after deductible)

OFFICE VISIT

- 20% after deductible

URGENT CARE OR EMERGENCY ROOM VISIT

- 20% after deductible

AMEDISYS CONTRIBUTES \$500 OR \$1,000 TO YOUR HEALTH SAVINGS ACCOUNT, REDUCING YOUR DEDUCTIBLE TO:

- Employee-only coverage: \$3,300
- All other coverage tiers: \$6,600





Your healthcare concierge

With Included Health, you get the care you need, the way you want. Plus, our services are available to Amedisys employees and their eligible dependents enrolled in a Amedisys medical plan.

Use Included Health to:

Understand your benefits

- Confirm your benefits coverage, explain your options, and coordinate complex issues between your insurance and doctor.
- Help you stay up-to-date on preventive tests.
- Schedule appointments.
- Coordinate the transfer of medical records.

Manage your health

- Get answers about symptoms, a health condition, and treatment options.
- Receive support for chronic conditions, pregnancy, lifestyle improvement, care coordination, and more.
- Get expert second opinions for any diagnosis or treatment recommendation.

Included Health, in your own words

“ This was my first time using Included Health and it saved me a ton of time.

Everyone I have spoken with is extremely helpful and not judgmental. I am very pleased to have such a great team working with me!

My nurse case manager has been absolutely fantastic with reaching out to me and making sure I have all the support that I need. This is so special to me during the most trying time of my life. I really appreciate her and the kindness she has shown me. ”

Find care

- Find in-network virtual, urgent, physical, or mental healthcare services whenever you need them.
- Find a primary care doctor or specialist who meets your personal preferences.

Save money on healthcare costs

- Compare the prices of in-network providers and find high-quality care at the right price.
- Locate the lowest-cost prescription drug options.

Resolve insurance claim issues

- View your healthcare insurance claims all in one place.
- Get help from a team of healthcare billing experts available for live support.
- Get help with prior authorization or pre-certification requirements at Highmark, Optum BH, or CVS.
- Get assistance making sure everything is resolved between your insurance and healthcare provider.

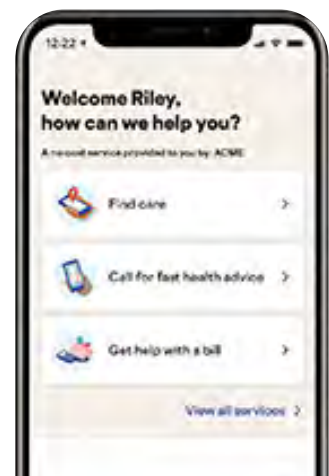


**Included
HEALTH**

Scan to download the app

includedhealth.com/amedisys

855-429-7330



Prescription drug coverage



NEW: Maintenance drug coverage changes

- Brand-name maintenance drugs and diabetic supplies will no longer be covered at 100%. Regular brand-name drug copays and coinsurance will apply after you meet your deductible.
- Generic maintenance drugs will no longer be covered at 100%. These generics will cost \$4 per 30-day fill at a retail pharmacy. Your deductible does not apply to these medications.

NEW: GLP-1 drug coverage

If you are taking a GLP-1 medication for diabetes, your doctor must provide medical records to confirm your diabetes diagnosis before you can fill your prescription. GLP-1 medications are high-cost brand drugs, so you must pay your deductible and 30% coinsurance before our plan begins to pay for your prescription.

NEW: High-cost brand and specialty drugs

In addition to GLP-1 medications, you will pay 30% coinsurance after the deductible for other high-cost drugs like CGRP migraine medications, Paxlovid, and all specialty drugs. Some specialty drugs are free if you enroll in the PrudentRx program. Go to [amedisys.com/benefits](https://www.amedisys.com/benefits) for the current list of high-cost brand drugs, which may change quarterly.

What's covered?

Review covered drugs at [amedisys.com/benefits](https://www.amedisys.com/benefits) or call CVS Caremark to confirm coverage for your prescription, as formulary updates are made every quarter. If you are impacted by a formulary change, CVS Caremark will inform you about 30 days before the change takes effect.

Weight loss drug coverage

Medications prescribed for weight loss are not covered by any of our plans. If you fill a weight loss medication, you will be responsible to pay the full cost, which will not count towards your deductible or out-of-pocket maximum.

A prescription for savings

You will automatically receive the lower of our benefit plan price OR the GoodRx price for participating drugs. This happens automatically when you fill your prescription at participating pharmacies, and your cost will count towards your deductible, even if the GoodRx price is used.

Talk to your doctor about cost

Some doctors can look up your cost and find cheaper options during your appointment. Confirm your doctor prescribes the generic version, if available.

Stay at home and save

Use the CVS Mail Order Pharmacy to save money with 90-day supplies for your regular prescriptions. You can call CVS to opt out if you want to pick up 30-day supplies at your local pharmacy, but you may pay more.

Go shopping

Check prices online with the Check Drug Costs tool at [caremark.com](https://www.caremark.com). You can also use manufacturer copay coupons or financial assistance programs. Any financial assistance amounts will not count towards your deductible or out-of-pocket maximum, unless otherwise required by applicable regulations.



Scan to download the
CVS Caremark app

Your prescription drug coverage compared


Your medical plan includes prescription drug coverage through CVS Caremark.


NEW: Due to significant increases in our pharmacy costs, there are several changes to the prescription drug benefits for all four plans, so please review carefully.

 PPO PREMIER PLAN	 PPO VALUE PLAN
ANNUAL DEDUCTIBLE <ul style="list-style-type: none"> • \$100 per person • \$200 per family, max 	ANNUAL DEDUCTIBLE <ul style="list-style-type: none"> • \$200 per person • \$400 per family, max
OUT-OF-POCKET MAXIMUM <ul style="list-style-type: none"> • \$2,000 per person • \$4,000 per family, max 	OUT-OF-POCKET MAXIMUM <ul style="list-style-type: none"> • \$2,500 per person • \$5,000 per family, max
You pay this much for prescription drugs:	
MAINTENANCE DRUGS (GENERIC ONLY) <ul style="list-style-type: none"> • \$4 for 30-day supply at retail • \$10 for 90-day supply using mail order. • Deductible does NOT apply. See eligible Rx list at amedisys.com/benefits. 	MAINTENANCE DRUGS (GENERIC ONLY) <ul style="list-style-type: none"> • \$4 for 30-day supply at retail • \$10 for 90-day supply using mail order. • Deductible does NOT apply. See eligible Rx list at amedisys.com/benefits.
RETAIL PRESCRIPTION DRUGS (30-DAY SUPPLY) <ul style="list-style-type: none"> • Generic: \$10 after deductible • Brand name: \$60 after deductible 	RETAIL PRESCRIPTION DRUGS (30-DAY SUPPLY) <ul style="list-style-type: none"> • Generic: \$20 after deductible • Brand name: \$80 after deductible
MAIL ORDER PRESCRIPTION DRUGS (90-DAY SUPPLY) <ul style="list-style-type: none"> • Generic: \$25 after deductible • Brand name: \$150 after deductible 	MAIL ORDER PRESCRIPTION DRUGS (90-DAY SUPPLY) <ul style="list-style-type: none"> • Generic: \$50 after deductible • Brand name: \$200 after deductible
HIGH-COST BRAND AND SPECIALTY DRUGS <ul style="list-style-type: none"> • 30% after deductible • Some specialty drugs are FREE with PrudentRx enrollment. 	HIGH-COST BRAND AND SPECIALTY DRUGS <ul style="list-style-type: none"> • 30% after deductible • Some specialty drugs are FREE with PrudentRx enrollment.



NEW: Brand-name maintenance drugs and diabetic supplies will no longer be covered at 100% in 2025. You must pay your deductible and the applicable brand-name copay or coinsurance before the plan provides coverage for brand-name maintenance drugs.

 HSA PREMIER PLAN
ANNUAL DEDUCTIBLE <ul style="list-style-type: none"> • Combined with medical
OUT-OF-POCKET MAXIMUM <ul style="list-style-type: none"> • Combined with medical
You pay this much for prescription drugs:
MAINTENANCE DRUGS (GENERIC ONLY) <ul style="list-style-type: none"> • \$4 for 30-day supply at retail • \$10 for 90-day supply using mail order. • Deductible does NOT apply. See eligible Rx list at amedisys.com/benefits.
RETAIL PRESCRIPTION DRUGS (30-DAY SUPPLY) <ul style="list-style-type: none"> • 20% after deductible, no maximum
MAIL ORDER PRESCRIPTION DRUGS (90-DAY SUPPLY) <ul style="list-style-type: none"> • 20% after deductible, no maximum
HIGH-COST BRAND AND SPECIALTY DRUGS <ul style="list-style-type: none"> • 30% after deductible • Some specialty drugs are FREE with PrudentRx enrollment.

 HSA VALUE PLAN
ANNUAL DEDUCTIBLE <ul style="list-style-type: none"> • Combined with medical
OUT-OF-POCKET MAXIMUM <ul style="list-style-type: none"> • Combined with medical
You pay this much for prescription drugs:
MAINTENANCE DRUGS (GENERIC ONLY) <ul style="list-style-type: none"> • \$4 for 30-day supply at retail • \$10 for 90-day supply using mail order. • Deductible does NOT apply. See eligible Rx list at amedisys.com/benefits.
RETAIL PRESCRIPTION DRUGS (30-DAY SUPPLY) <ul style="list-style-type: none"> • 20% after deductible, no maximum
MAIL ORDER PRESCRIPTION DRUGS (90-DAY SUPPLY) <ul style="list-style-type: none"> • 20% after deductible, no maximum
HIGH-COST BRAND AND SPECIALTY DRUGS <ul style="list-style-type: none"> • 30% after deductible • Some specialty drugs are FREE with PrudentRx enrollment.

Covered drug lists (also known as a formulary) are updated quarterly by CVS Caremark. Go to amedisys.com/benefits to access the current drug formulary and list of high-cost brand-name drugs subject to 30% coinsurance.



Behavioral health

Your mental health is just as important as your physical health. That's why we offer Optum Behavioral Health benefits as part of our medical plan coverage to you and your enrolled family members.

Thankfully, whether you need short-term emotional support or treatment for a chronic mental health condition, you have access through Optum Behavioral Health to:

- A national network of mental health providers
- Individually tailored treatment plans
- Online appointments
- 24/7 phone support

How to use your mental health benefits

1. Find an in-network provider for mental healthcare services at liveandworkwell.com. Use Amedisys as the access code to get started.
2. Download or print your Optum Behavioral Health ID card. Your provider will need this to file claims directly with Optum. Tip: If you forgot your card, your provider can look up your coverage using your 8-digit employee ID number or your SSN.
3. If you are new to therapy or other mental health services, review the resources on liveandworkwell.com to learn what to expect when you start therapy and how to make the most of your time with providers.

Remember: Your medical plan deductible and copays and/or coinsurance apply to both phone-based and in-person mental health and substance use treatment services. In addition to the providers in the Optum Behavioral Health network, you also have access to affordable behavioral care with Included Health.

How to find in-network providers

It's easy to find in-network counselors, therapists, psychiatrists, and other providers to support the mental health and wellbeing of you and your covered family members. Go to liveandworkwell.com and use Amedisys for the access code. Select the option to Find Care or Get Care and answer a few questions to find the right provider and care setting for your needs.

Benefits and covered services

Learn what's available to you and how to make the most of your resources and benefits by creating a HealthSafe ID and logging in to the liveandworkwell.com website. The amounts you spend on behavioral healthcare services count toward your medical plan deductible and out-of-pocket maximum for the year.

Substance use center

Look in "Explore and Learn" to get confidential support, learn about medication-assisted treatment, and find practical resources on how to locate high-quality care for yourself or a loved one.

Explore therapy

Look in "Explore and Learn" to find a step-by-step guide on how to find the right therapist, what to expect when you start, and how to make the most of your sessions.

If you or a loved one are thinking about suicide, there is hope—connect with the National Suicide and Crisis Lifeline by calling or texting **988**. If you are experiencing a crisis, please call **911** or go to your nearest emergency room for help.



Diabetes and nutrition support

As an Amedisys team member, you have access to two powerful programs that can make an enormous impact on your health, today and in the future—the **Virta Diabetes Reversal program** and the **Sharecare Eat Right Now® nutrition program**.

Whether you're looking to lose weight, improve your overall nutrition, or prevent or manage diabetes, each program brings unique strengths to the table, and their combined use can lead to significantly improved health.

Virta Diabetes Reversal

If you're managing diabetes, you already know how diet and nutrition impact your health. Combining Eat Right Now® with the Virta Diabetes Reversal program can be a powerful tool to help you reverse type 2 diabetes. It has shown significant results in reducing blood sugar levels, decreasing medication reliance, and improving overall metabolic health.

Virta's medical team and health coaches will help you every step of the way. With personalized nutrition plans, medical oversight, and real-time monitoring to adjust treatment as needed, you'll:

1. Lose weight and stay full
2. Reduce your blood sugar and A1C
3. Eliminate your need for diabetes medications



Get started at virtahealth.com/join/amedisys or scan to claim your benefit.

Eat Right Now

by  sharecare

Extra support, exponential results.

Using behavioral science and practical guidance, you can rewire your brain to achieve lasting weight loss with less stress and effort.

Through a digital platform that features personalized meal plans, real-time feedback, and motivational support, you'll learn to identify your personal overeating triggers, ride out cravings, and build healthier habits. You'll become friends with food again through:

- **Daily video lessons:** Learn why you emotionally eat through short, daily videos.
- **Exercises:** Reset your relationship with food via simple mindfulness exercises.
- **Expert moderated community:** Connect with others who are on the same journey.
- **Weekly expert calls:** Address your specific needs and questions on a call led by program creator, Dr. Jud Brewer, MD, PhD.
- **Journaling:** Track your progress with an online community journal.

Why wait?

1. Register or log in to amedisys.sharecare.com
2. Select "Achieve"
3. Select Eat Right Now
4. Complete all Eat Right Now modules in 2025 and earn \$100 in Wellness Rewards!



Have more questions?
Call **800-521-5066** or visit amedisys.sharecare.com

The Amedisys Wellness Program

We've partnered with Sharecare to help you live your happiest, healthiest, and most productive life. You and your spouse will have access to the following benefits through Sharecare:



Scan to download the app or visit amedisys.sharecare.com

THE SHARECARE APP

The Sharecare app provides a health profile, actionable insights, and a dashboard that shows you when you're in the green with your health.



THE REALAGE® TEST

The RealAge® Test provides a unique calculation of your body's health age as well as recommendations for taking control of your health and growing younger.

HEALTH COACHING

Health coaching helps you better meet your health goals with personalized support when you need it.

NUTRITION SUPPORT

Eat Right Now® is a progressive 28-day program that combines neuroscience and mindfulness tools to change your eating patterns for good.

WELLNESS CHALLENGES

Wellness challenges keep you motivated and on track throughout the year!

DIGITAL THERAPEUTICS

Digital therapeutics help with reducing anxiety, building more mindful eating habits, and quitting tobacco.

REWARDS!

You can earn up to \$500 in your Lifestyle Spending Account (LSA) by participating in challenges and activities. Spouses are eligible for gift card drawings throughout the year.

Earn up to \$500 in wellness rewards!

How to get started:

1. Use a web browser to register online at amedisys.sharecare.com first.
2. Download the Sharecare app and sign in.
3. Earn quarterly rewards by joining and completing the challenge or activities listed each quarter.
4. Earn annual rewards by completing a biometric screening, taking or updating your RealAge® Test, and completing the Eat Right Now® program by **December 31, 2025**.

Spending your rewards

Any Wellness Rewards you earn will be deposited to your Lifestyle Spending Account (LSA) with Bank of America after every calendar quarter. Please allow 4-6 weeks after the end of the quarter for your rewards to be deposited in your account.

When you receive your first LSA deposit, you will receive a debit card from Bank of America. Keep this card, as all future Wellness Rewards you earn will be added to this same card account. You can use it to pay for lots of wellbeing expenses like:

- Gym memberships, fitness classes, trainers;
- Exercise equipment, sporting goods;
- Wellbeing and weight loss app subscriptions;
- Hair salon, manicures, spa, massage services;
- Car repair, maintenance, tires, accessories;
- Pet care, music lessons, arts and hobbies;
- Electric, water, sewer, phone, utility bills; and
- Professional licenses, fees, training classes.

Your Wellness Rewards LSA is a "use-it-or-lose-it" account, so put your rewards to good use and treat yourself! You can only carry over a maximum of \$500 to the next calendar year.

Access your Wellness Rewards LSA by going to myhealth.bankofamerica.com, downloading the MyHealth BofA app, or calling Bank of America at **866-791-0250**.

QUARTERLY REWARDS

EARN \$50 EVERY QUARTER



Earn quarterly wellness rewards by:

Joining and completing the challenge or required activities during the calendar quarter. Activities change each quarter.

ANNUAL REWARDS

EARN \$300 MORE



Finish these activities by **December 31** to earn:

- **\$100:** Download and log in to the Sharecare mobile app and complete your RealAge® test
- **\$100:** Complete a biometric screening:
 - Using the Quest lab voucher,
 - Attending an on-site screening event,
 - Using the at-home test kit, or
 - Having your doctor complete the PCP screening form.
- **\$100:** Complete all modules of the Eat Right Now program.

BONUS REWARDS

MONTHLY SWEEPSTAKES



Log in regularly to the Sharecare app for opportunities to win additional rewards and prizes every month! Simply complete the highlighted activity for the month to earn an entry in that month's prize drawing.



FSA and HSA

Spending and Savings Accounts: pay for eligible expenses using an FSA or an HSA.



Healthcare Flexible Spending Account

A Healthcare Flexible Spending Account (FSA) is like a special savings account for healthcare expenses. You can put aside money from your paycheck before taxes to pay for things like doctor visits, prescriptions, and other qualified healthcare costs.

Plan your contributions carefully because any unused money left in your account at the end of the year will be forfeited. This is known as the “use it or lose it” rule.

How it works

1. **Enroll** in a PPO medical plan or decline medical coverage.
2. **Choose** how much you want to contribute for the year. Your amount will be divided evenly from your 2025 paychecks on a pre-tax basis. (Remember to choose carefully because your unused funds won't roll over to the next year.)
3. **Pay** for eligible healthcare expenses with your Optum debit card. (Your full amount for the year is available on January 1.) Spend your FSA money through March 15, 2026, and submit any receipts by June 30, 2026.

Bonus: Amedisys also offers a Dependent Care FSA. Learn more about this on page 35.



Health Savings Account (HSA)

A Health Savings Account is another special savings account that allows you to pay for qualified health expenses (as determined by the IRS) during the year.

Unlike an FSA, the money in your HSA is yours to keep and use forever, even if you leave the company or are no longer enrolled in the HSA plan.

How it works







1. **Enroll** in an HSA medical plan.
2. **Choose** how much you want to contribute for the year. Your annual election will be divided evenly from your 2025 paychecks on a pre-tax basis.
3. **Get company contributions to your HSA** every quarter you contribute.*
4. **Pay** for eligible healthcare expenses tax-free with your Optum debit card.
5. **Save** for future healthcare needs! Let your unused money roll over year to year and invest it for more tax-free growth.

*You must actively enroll in and contribute to your HSA to receive the company's HSA contribution.

Bonus: You can change your HSA contribution amount any time during the year for any reason, so you can adjust your savings to fit your budget as needed.

Bonus: Once you reach age 65, you can use your HSA money for any purpose and only pay regular income tax (like a retirement account).

FSA vs. HSA—which one is right for you?

HEALTHCARE FSA	VS.	HSA
<p>You</p>	 <p>Who adds money to the account?</p>	<p>You and Amedisys. If you contribute at least \$100 during the year to your HSA, Amedisys will add:</p> <ul style="list-style-type: none"> • \$500 for single coverage • \$1,000 for family coverage <p>Amedisys contributions will be evenly split into four quarterly deposits.</p>
<p>You can participate in the Healthcare FSA if:</p> <ul style="list-style-type: none"> • You enroll in the PPO Premier or PPO Value medical plan or decline medical coverage; or • You enroll in the HSA Premier or HSA Value plan AND you do not contribute to a Health Savings Account. 	 <p>Eligibility</p> <p>You cannot contribute to both a Healthcare FSA and an HSA at the same time.</p>	<p>You can contribute to an HSA if:</p> <ul style="list-style-type: none"> • You enroll in the HSA Premier or HSA Value plan; AND • You are not covered by any Medicare part or any other health insurance coverage. <p>Note: You can continue to spend and use your HSA balance from prior years even if you switch to a PPO medical plan for 2025. You just won't be able to contribute any new money to your HSA in 2025.</p>
<p>You can contribute up to \$3,200.</p>	 <p>How much can you contribute?</p>	<p>Both Amedisys and you can contribute a total of:</p> <ul style="list-style-type: none"> • Single coverage: \$4,300 • Family coverage: \$8,550 • Catch-up contribution for employees age 55+: \$1,000
<p>None</p>	 <p>Investment Options</p>	<p>Several investment options are available when your balance reaches \$1,000.</p>
<p>No, you forfeit any FSA funds that aren't used by the deadline.</p>	 <p>Do unused funds roll over to next year?</p>	<p>Yes, the money in your HSA is always yours to keep—even if you leave Amedisys.</p>
<p>You can use your Healthcare FSA to pay for:</p> <ul style="list-style-type: none"> • Medical expenses • Dental expenses • Vision expenses • Prescriptions • Some over-the-counter items 	 <p>Eligible Expenses</p> <p>For a detailed list of eligible healthcare expenses, see IRS Publication 502.</p>	<p>You can use your HSA to pay for:</p> <ul style="list-style-type: none"> • Medical expenses • Dental expenses • Vision expenses • Prescriptions • Some over-the-counter items • Long-term care insurance premiums • COBRA insurance premiums • Medicare insurance premiums





Scan to shop for qualified FSA and HSA items on Amazon!

Dental



You can choose from two dental plans through Cigna.

 DENTAL PPO VALUE		
IN-NETWORK (CIGNA DPPO)		
ANNUAL DEDUCTIBLE Single: \$75/Family: \$225		
ANNUAL MAXIMUM BENEFIT (per person) \$1,000		
You pay this much for services:		
PREVENTIVE CARE (cleanings, exams, X-rays) FREE! Plan pays 100%		
BASIC RESTORATIVE (fillings, extractions, oral surgery) 20% after deductible		
MAJOR RESTORATIVE (crowns, periodontics, endodontics, implants, bridges, dentures) 50% after deductible		
ORTHODONTIA (for children under age 21) Not Covered		
LIFETIME ORTHODONTIA MAXIMUM (per child) N/A		
Your cost per paycheck		
	WEEKLY	BI-WEEKLY
EMPLOYEE ONLY	\$6.03	\$12.06
EMPLOYEE + SPOUSE	\$11.45	\$22.90
EMPLOYEE + CHILD(REN)	\$13.36	\$26.71
EMPLOYEE + FAMILY	\$19.32	\$38.64

 DENTAL PPO PREMIER		
IN-NETWORK (CIGNA DPPO)		
ANNUAL DEDUCTIBLE Single: \$50/Family: \$150		
ANNUAL MAXIMUM BENEFIT (per person) \$1,500		
You pay this much for services:		
PREVENTIVE CARE (cleanings, exams, X-rays) FREE! Plan pays 100%		
BASIC RESTORATIVE (fillings, extractions, oral surgery) 20% after deductible		
MAJOR RESTORATIVE (crowns, periodontics, endodontics, implants, bridges, dentures) 50% after deductible		
ORTHODONTIA (for children under age 21) 50%. You must be enrolled in coverage for 12 months before orthodontia services begin.		
LIFETIME ORTHODONTIA MAXIMUM (per child) \$2,000		
Your cost per paycheck		
	WEEKLY	BI-WEEKLY
EMPLOYEE ONLY	\$7.74	\$15.47
EMPLOYEE + SPOUSE	\$14.66	\$29.31
EMPLOYEE + CHILD(REN)	\$17.13	\$34.26
EMPLOYEE + FAMILY	\$24.77	\$49.54

Why spend more?

You can save up to 40 percent by using an **in-network** dentist. You can search for in-network dentists before your benefits become active by visiting [cigna.com](https://www.cigna.com). When prompted to select a plan, choose "Total Cigna DPPO."

Generally, members who receive **out-of-network** care end up being balance-billed by the non-participating dentist for the difference between what Cigna reimburses and what the dentist actually charges.

Vision

Consider vision coverage through VSP.



VSP CHOICE NETWORK PLAN

You pay this much for services:

WELL VISION EYE EXAM (once per calendar year)
\$20

PRESCRIPTION GLASSES
\$20

FRAMES (every other calendar year)

- \$0 for frames up to \$150 (or \$170 for featured brands)
- 20% off any amount over your allowance
- \$0 for frames up to \$80 purchased at Costco or Walmart

LENSES (every calendar year)
\$0. The prescription glasses copay includes single, lined bifocal, and lined trifocal lenses. Polycarbonate lenses are covered for dependent children.

LENS ENHANCEMENTS (every calendar year)

- \$0 for scratch-resistant coating
- \$55 for standard progressive lenses
- \$95 – \$105 for premium progressive lenses
- \$150 – \$175 for custom progressive lenses

ELECTIVE CONTACTS IN LIEU OF GLASSES (once per calendar year)

- \$0 for contacts and contact lens exam (fitting and evaluation) up to \$130
- 15% off a contact lens exam (fitting and evaluation)

DIABETIC EYECARE PLUS PROGRAM (as needed)

- \$20. Services related to diabetic eye disease, glaucoma, and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.

EXTRA SAVINGS

- Retinal screening: No more than a \$39 copay on routine retinal screening as an enhancement to a well vision exam
- Laser vision correction: Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

Find an in-network provider to save money

To find a VSP Choice provider, visit vsp.com or call 800-877-7195. For your convenience, an ID card is not needed to access this plan. Simply identify yourself as a VSP member to your participating provider to access benefits.

Your cost per paycheck

	WEEKLY	BI-WEEKLY
EMPLOYEE ONLY	\$1.13	\$2.26
EMPLOYEE + SPOUSE	\$2.23	\$4.45
EMPLOYEE + CHILD(REN)	\$2.32	\$4.64
EMPLOYEE + FAMILY	\$3.61	\$7.23



Financial security



IN THIS SECTION

401(k) Retirement Savings Plan

Life and AD&D insurance

Disability insurance

Accident insurance

Critical illness insurance

Hospital insurance

Identity theft protection



Amedisys 401(k) Retirement Savings Plan

We make it easy to start saving with a 401(k) plan and company matching contributions! All team members are eligible, so get started now with these five steps:

- 1** **Set up your account access.** Go to benefits.ml.com and select the Create your User ID now link. Follow the prompts to get started.
- 2** **Choose how much to save.** Select the Enroll Now or Change Contribution Rate link. You can save up to 75 percent of your pay as pre-tax and/or Roth contributions, up to these projected IRS annual limits:
 - Under age 50: \$23,500
 - Age 50-59: \$23,500 + \$7,500 catch-up
 - Age 60-63: \$23,500 + \$11,250 catch-up
 - Age 64+: \$23,500 + \$7,500 catch-up
- 3** **Claim the maximum match.** Try to save at least 6 percent, so you get the full amount of retirement match money from Amedisys. Matching contributions are deposited to your account after each calendar quarter.
- 4** **Choose how to invest your savings.** We offer a variety of investment options, including low-cost target retirement date funds that automatically adjust your investments as you get closer to age 65.
- 5** **Rest assured—you are always 100 percent vested in your own contributions.** Vesting in Amedisys contributions occurs over a five-year period, starting at 25 percent after two years and reaching 100 percent after five years.

Manage your money

Checking your account balance, changing your contributions, and selecting investment options is easy.



Scan the QR code, visit benefits.ml.com, download the Benefits OnLine app, or call Merrill at [800-228-4015](tel:800-228-4015).

Go online to:

- Change your contribution rate
- Choose how to invest your contributions
- Name your account beneficiary

Start winning with your money

Merrill offers personalized financial planning support to all Amedisys team members with the Financial Wellness Tracker tool.

It's completely confidential—no one at Amedisys can see any of your answers. Once you finish answering the questions, the tool will identify the next steps for you to achieve your goals and financial freedom!

Log in to your Merrill account at benefits.ml.com and click on "Financial Wellness" to get started.

Get 1-on-1 help with a financial specialist

You can meet with a Merrill financial specialist over the phone when it is convenient for you to outline your financial goals.



Schedule your meeting by scanning the QR code, or visit go.ml.com/scheduleaconsultation.



Life and AD&D insurance

Nobody likes to think about it, but consider what expenses and income needs your dependents would have if something happened to you—especially if you provide most of the income for your family.

What's the difference?

- **Life insurance** pays a benefit in the event of your death.
- **Accidental death and dismemberment (AD&D)** provides you specified benefits for a covered accidental death or bodily injury that directly causes dismemberment (like the loss of a hand, foot, or eye).

When you purchase additional coverage for yourself, your spouse, or your children, you automatically receive both life and AD&D coverage with Securian.

We cover the basics

Amedisys provides full-time, Baylor, and part-time eligible team members with basic life coverage of one times your annual benefits base rate (ABBR), rounded up to the next \$1,000.

Amedisys provides you with a minimum of \$50,000 in basic life coverage. In addition, Amedisys provides \$2,000 in basic life coverage for your legal spouse and eligible children (under age 26) at no cost to you!

Your annual benefits base rate (ABBR)* is:

- **Salaried:** Your annual base salary
- **Full-Time Hourly:** Your base hourly rate × 40 hours a week × 52 weeks
- **Full-Time Per Visit:** Your weekday per visit rate × 30 visits a week × 52 weeks

*ABBR for social workers is based on 20 visits per week. ABBR for part-time eligible team members is based on standard scheduled hours per week.

Name your beneficiaries

Securian Financial will manage all beneficiaries for your life insurance benefits through Amedisys. During Open Enrollment, designate a beneficiary to ensure your benefits are paid as you intend.

To designate your beneficiary online:

1. Visit lifebenefits.com.
2. Enter your user ID, which is "amed" followed by your 8-digit employee ID number.
3. Enter your password, which is your 8-digit date of birth (MMDDYYYY) followed by the last 4 digits of your social security number.

After you log in for the first time, you will be prompted to set a new password for any future return visits to the site. You can use these same credentials to both update your beneficiaries and complete the Evidence of Insurability (EOI) process online, as needed.

What is EOI?

When you enroll in voluntary life and AD&D coverage for the first time or increase your coverage amount, you will need to complete the Evidence of Insurability (EOI) process with Securian Financial. It's a simple, secure process that can be completed online. Here's how:

1. You will receive an email from Securian in late November or early December.
2. Once you receive this email, you can log in to your LifeBenefits account.
3. You will answer three short questions, which will determine whether additional medical history is needed.

Coverage and premiums will not be effective until EOI is approved by Securian.

Want more protection?



If you are an eligible team member, you may purchase additional group term life and AD&D insurance for yourself and your eligible spouse or child(ren).

EMPLOYEE

COVERAGE AVAILABLE

Increments of \$10,000, up to \$500,000

EOI REQUIRED?:

Yes, for any coverage increases.

COST OF COVERAGE:

See table (employee's age determines the rate).

SPOUSE

COVERAGE AVAILABLE

Increments of \$5,000 up to \$250,000

EOI REQUIRED?:

Yes, for any coverage increases.

COST OF COVERAGE:

See table (employee's age determines the rate).

CHILD(REN) (FROM BIRTH TO 26 YEARS OLD)

COVERAGE AVAILABLE

\$10,000

EOI REQUIRED?:

No, coverage is guaranteed issue.

COST OF COVERAGE:

\$0.43 weekly / \$0.86 bi-weekly

Calculate your voluntary life and AD&D insurance cost:

Your coverage amount	\$
Divided by 1,000 ($\div 1,000$)	$\div 1,000$
Multiplied by premium rate (see chart)	x
Your monthly cost:	\$

Monthly premium rates

EMPLOYEE AGE	RATE PER \$1,000
0 – 24	\$0.07
25 – 29	\$0.08
30 – 34	\$0.10
35 – 39	\$0.11
40 – 44	\$0.12
45 – 49	\$0.18
50 – 54	\$0.27
55 – 59	\$0.45
60 – 64	\$0.68
65 – 69	\$1.29
70+	\$2.08

Note: You must purchase voluntary employee life insurance for yourself if you wish to purchase voluntary life insurance for your spouse.

Disability insurance

If you're suddenly unable to earn a paycheck due to illness or an accident, disability insurance provided through Unum steps in to provide you with a portion of your salary, so you can still pay your bills, rent, and other necessities while you recover.

You must be an eligible team member and actively at work (not on a leave of absence) to enroll in short-term and long-term disability insurance.

Short-term disability (STD)

The short-term disability plan replaces 60 percent of your pre-disability earnings, also known as your annual benefits base rate (ABBR), up to a maximum benefit of \$2,500 per week for up to 12 weeks for a qualified disability. Benefits begin after you are disabled for seven calendar days.

Long-term disability (LTD)

LTD benefits begin after 90 days. The LTD plan replaces 50 percent of your ABBR, up to a maximum benefit of \$10,000 per month, if you remain disabled. There is a 90-day waiting period from your initial date of disability before LTD benefits begin. However, you may be covered by STD (if enrolled) during that time.

Learn more at amedisys.com/benefits.

Important: When you enroll in the short-term or long-term disability plan, pre-existing condition limitations will apply.

Benefits will not be paid for a claim that is caused by, is contributed to, or occurs as a result of a pre-existing condition or medical or surgical treatment for that condition for which the date of diagnosis is in the six months prior to and the first 12 months after your coverage effective date.

You are considered disabled if you have an illness, pregnancy, or accidental injury and you are receiving appropriate care and treatment from a doctor on a continuing basis. Your doctor must certify that you are unable to return to work.

Calculate your disability cost

Calculate your short-term disability cost	
Your ABBR (see bottom of page 24)	\$
Divided by 52 weeks (÷ 52)	÷ 52
Multiplied by 60% (x 0.6)	x .6
= Weekly STD benefit (max of \$2,500)	\$
Multiplied by STD premium rate (x \$0.0765)	x \$0.0765
= Your monthly STD cost	\$

Calculate your long-term disability cost	
Your ABBR (see bottom of page 24)	\$
Divided by 12 months (÷ 12)	÷ 12
= Monthly ABBR	\$
Divided by 100 (÷ 100)	÷ 100
Multiplied by LTD premium rate (see below)	x
= Your monthly LTD cost	\$

LTD premium rates	
EMPLOYEE AGE	RATE PER \$100
0 – 24	\$0.0755
25 – 29	\$0.0905
30 – 34	\$0.1535
35 – 39	\$0.2445
40 – 44	\$0.3695
45 – 49	\$0.4055
50 – 54	\$0.5405
55 – 59	\$0.553
60 – 64	\$0.532
65 – 69	\$0.391
70+	\$0.2245



Accident insurance

Accident insurance is a financial safety net that's especially useful when life throws unexpected curveballs your way.

Unlike regular health insurance, which deals more with illnesses and preventive care, accident insurance focuses on the sudden, unforeseen events that can disrupt your life and finances.

It can help cover the costs related to accidents, such as:

- Medical expenses
- Ambulance fees
- Hospital stays
- Transportation costs
- Childcare costs while you recover
- Plus much more

It's a practical way to have some peace of mind and financial protection. Find specific coverage amounts and details at amedisys.com/benefits.

Extra perks

Organized Sports Benefit

Each family member that has accident coverage is also eligible for a 50 percent increase in payable benefits if the covered accident occurs while playing an organized sport.*

Be Well Benefit

Each family member with accident coverage can also receive \$50 per year for getting a covered screening test, such as annual doctor exams, cancer screenings, immunizations, and more.

*Sport must require registration to participate and be officiated by someone certified to act in that capacity.

Your cost per paycheck		
	WEEKLY	BI-WEEKLY
EMPLOYEE ONLY	\$2.95	\$5.90
EMPLOYEE + SPOUSE	\$4.74	\$9.48
EMPLOYEE + CHILD(REN)	\$5.57	\$11.15
EMPLOYEE + FAMILY	\$7.36	\$14.73

How it works



You file claims online at:
unum.com/employees/file-a-claim

If your claim is approved, Unum pays a **lump sum amount** for you, your covered spouse, and/or your covered dependent children under age 26.

The amount you receive is based on the type of injury and the required treatment as determined by your physician.

You can use the payment as you see fit—to help pay for doctor visits, ambulance fees, hospital bills, and other out-of-pocket expenses your health insurance may not cover in full.



Critical illness insurance

Critical illness insurance from Unum protects you from unexpected financial hardship due to illnesses, such as heart attack, stroke, cancer, and more.

It provides a lump-sum benefit for diagnoses such as:

- Cancer
- Heart attack
- Coronary artery disease
- Stroke
- Major organ failure

How it works



You file claims online at: unum.com/employees/file-a-claim

If your claim is approved, Unum pays a **lump sum amount** for you, your covered spouse, and/or your covered dependent children under age 26.

The amount you receive is based on the covered condition and the amount you elect.

You can use the payment as you see fit—use it to pay deductibles, copays, coinsurance, diagnostic tests, childcare, and more.

Choose the coverage level that best meets your needs

- Choose \$10,000 or \$20,000 of coverage for yourself
- You can enroll your spouse for 50 percent of the amount you have purchased for employee coverage. The cost for spouse coverage uses the employee's age for rates.
- Children under age 26 are automatically covered at no extra cost with employee coverage. Their coverage amount is 50 percent of yours.

\$10,000 COVERAGE LEVEL		\$20,000 COVERAGE LEVEL	
Your cost per paycheck		Your cost per paycheck	
EMPLOYEE AGE	BI-WEEKLY	EMPLOYEE AGE	BI-WEEKLY
18 – 29	\$1.94	18 – 29	\$3.88
30 – 39	\$2.95	30 – 39	\$5.91
40 – 49	\$5.54	40 – 49	\$11.08
50 – 59	\$9.83	50 – 59	\$19.66
60 – 69	\$17.82	60 – 69	\$35.63
70 – 79	\$19.20	70 – 79	\$38.40
80+	\$42.14	80+	\$84.28

Review complete coverage details and costs at amedisys.com/benefits.

Be Well Benefit

Each family member with critical illness coverage can also receive \$50 per year for getting a covered screening test, such as annual doctor exams, cancer screenings, immunizations, and more.

Hospital insurance



Hospital insurance from Unum pays a set amount if you, your spouse, or your children (under age 26) are hospitalized for a covered accident, illness, or childbirth.*

This payment is in addition to any other insurance you may have, and the money can be used for whatever you need.

How it works



You file claims online at: unum.com/employees/file-a-claim

If your claim is approved, Unum pays a **set amount** for you, your covered spouse, and/or your covered dependent children under age 26.

The amount you receive is based on the level and length of hospital care services you need.

You can use the payment to cover hospital admissions, hospital confinement expenses, diagnostic tests, outpatient or inpatient surgery, ICU confinement, emergency room and rehabilitation services, and lodging and transportation for you and a companion.

Your cost per paycheck

	WEEKLY	BI-WEEKLY
EMPLOYEE ONLY	\$3.25	\$6.51
EMPLOYEE + SPOUSE	\$5.82	\$11.64
EMPLOYEE + CHILD(REN)	\$4.21	\$8.42
EMPLOYEE + FAMILY	\$6.78	\$13.56

WHAT'S COVERED	PAYOUT	LIMITS
Hospital admission	\$1,000	Payable for a max of 4 days per year
Hospital daily stay	\$100	Payable per day up to 30 days
ICU daily stay	\$100	Payable per day up to 15 days
Rehab/subacute rehab unit	\$100	Payable for max of 30 days per insured per calendar year

*Hospital benefits for childbirth are only paid for the mother. Newborn children will not qualify for a benefits payment for the hospital stay immediately after birth, unless the newborn is sick or injured. See full coverage details at amedisys.com/benefits.



Identity theft protection

Identity theft protection services are designed to keep an eye on your personal information and alert you if any suspicious activities occur.

Norton LifeLock Benefit Plans help protect your identity, online privacy, and personal devices.

Device security protects your mobile devices, tablets, and computers from hackers, viruses, malware, vulnerable websites, and other online threats.

Identity alerts with Credit Monitoring alert you if there is fraudulent or suspicious activity surrounding any of your personal information, including new account opening, credit card usage, and data breaches.

Social media monitoring notifies you of any suspicious links, account takeover attempts, or inappropriate content.

Norton Secure VPN helps protect your online privacy so your sensitive information, browsing history, online activities, and webcam are more secure.

Parental control makes it easy to monitor your child's online activities and view their search history so they stay safe.

Million Dollar Protection Package reimburses stolen funds, personal expenses, and provides coverage for lawyers and experts up to \$1 million each.

Learn more about this benefit coverage at amedisys.com/benefits.

Your cost per paycheck		
	WEEKLY	BI-WEEKLY
EMPLOYEE ONLY	\$1.84	\$3.69
EMPLOYEE + FAMILY	\$3.46	\$6.91



Watch this video to learn more.



Work/life balance



IN THIS SECTION

Employee Assistance Program (EAP)

Time away

Leaves of absence

Dependent Care FSA (DCFSA)

Transit, parking, and commuter benefits

Employee Assistance Program (EAP)

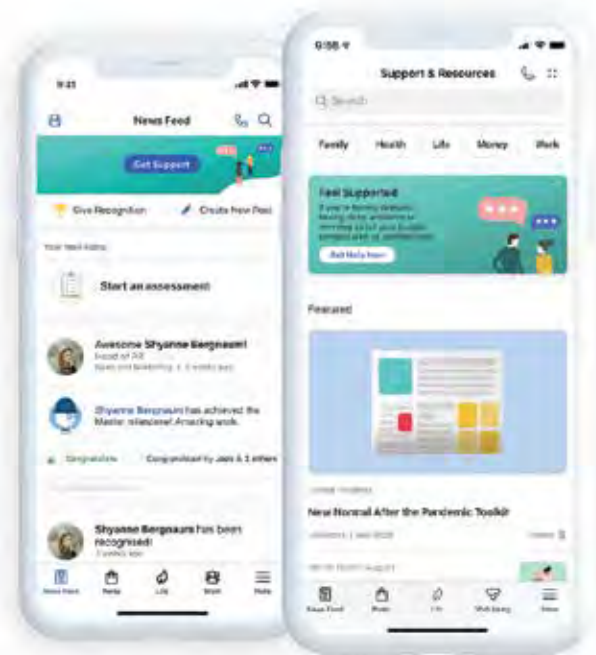


The Amedisys EAP is like having a reliable mentor or coach within your workplace who can provide guidance and solutions to make your life a bit easier when you're facing tough times, all while keeping your privacy intact.

The Amedisys EAP provides you with access to services designed to support you through key life events and day-to-day needs. Amedisys is proud to offer the EAP to all team members and dependents at no cost. It's easy, free, and confidential, too.

- **24/7 support:** Five sessions with experienced clinicians (per occurrence) at no cost to you.
- **Legal resources:** Unlimited phone access and an initial consultation at no charge with a local attorney, and discounts on additional services.
- **Financial resources:** Unlimited phone support for personal finance concerns.
- **Work/life resources:** Information on childcare, elder care, adoption, relocation, and other needs.
- **Online wills:** Prepare your will online at no charge. Living trusts and final arrangements are also available.
- **Other online resources:** Support for personal or family concerns, helpful planning tools, and more.

The Amedisys EAP is now administered through TELUS Health. Same program, different name!



Get help with all this and more! It's free and completely confidential. Call TELUS Health at **888-267-8126** or visit login.lifeworks.com and use "Amedisys" for the user name and password.



Time away

Amedisys recognizes the importance of work/life balance and mental wellbeing, ensuring that you have the opportunity to step away from your daily routines, spend time with loved ones, or simply take a well-deserved rest.

Amedisys observes these holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas

Full-time employees receive these as paid holidays, and eligible part-time employees receive four hours of holiday pay for any regularly scheduled work days that fall on one of these holidays.

Holidays for Contessa, Visiting Clinicians, and select health system joint venture partners may vary. Check with your local office for details.

We also offer a generous PTO program

Paid time off (PTO) is accrued based on both years of service and hours worked each week and used for both vacation and sick time.

You accrue PTO hours every pay period. When your PTO balance reaches 240 hours, you will no longer accrue any additional PTO hours until you have used some of your PTO balance. Your entire PTO balance (up to 240 hours) rolls over to the following calendar year.

Full-time employees (In Home Health, Hospice, and Corporate)	Maximum annual accrual (Based on working 40 hours per week)
New hires	17 days
5 years of service	22 days
10+ years of service	27 days

Part-time employees (In Home Health, Hospice, and Corporate)	Maximum annual accrual (Based on working 20 hours per week)
New hires	7.5 days
5 years of service	10 days
10+ years of service	12.5 days

Leaves of absence



A leave of absence (LOA) is like a pause button when you need it most. During an approved leave, you may be eligible for job protection, ensuring that you can return to your job when you're ready.

We offer the following paid leave programs to all full-time and Baylor team members:

- Two weeks of 100 percent pay for parental bonding leave for both parents and for adoptions. Birthing parents who enroll in STD through Unum receive an additional 6-8 weeks of leave at 60 percent pay.
- Two weeks of 100 percent pay for family caregiving to care for an immediate family member with a serious condition as defined by FMLA.

Some things to know:

- Parental bonding and family caregiving leaves must each be taken as one continuous two-week period.
- These leaves run concurrent with any available FMLA leave. You cannot use these leaves to extend your time away from work beyond your available federal, state, or local leave benefits.
- The remainder of the FMLA 12-week period is unpaid, but you must use accrued PTO during that time if you are not receiving STD benefits.

Important: If you need more than three consecutive, regularly scheduled workdays for your own serious medical condition or to care for a family member, you **must** notify your manager and report your leave to Unum.



To request a leave of absence, scan this or visit portal.unum.com or call Unum Total Leave at **866-868-6737**. Please have your doctor's full name, office phone number, and office fax number ready.

To better understand how a leave of absence works, let's review a maternity leave example:

Ashlyn goes to the hospital and has her baby via C-section. Ashlyn enrolled in short-term disability before becoming pregnant and also purchased hospital insurance from Unum.

September 1: Ashlyn notifies her manager. She requests a leave with Unum by going to portal.unum.com and entering her estimated delivery and return-to-work dates.

October 4: After her successful delivery, Ashlyn logs in to Unum from her phone or calls Unum to provide her actual delivery date and update her leave dates.

Week 1: Ashlyn uses her PTO balance during the STD waiting period. Ashlyn also completes the hospital insurance claim with Unum, which provides money she can use for healthcare bills or regular living expenses.

Weeks 2-7: Ashlyn receives 60 percent of her pay from her Unum STD policy, and uses 16 hours of PTO per week to fully replace her income. Her benefits deductions are taken from her PTO paychecks to keep her insurance coverage.

Weeks 8-9: Ashlyn uses the two weeks of paid parental bonding leave offered by Amedisys and receives 100 percent of her pay.

Weeks 10-12: Ashlyn uses the remainder of her PTO balance for her time off.

December 22 (five days prior to her return-to-work date): Ashlyn notifies Unum of her intent to return to work and provides her completed Return to Work form signed by her doctor.



Dependent Care FSA

A Dependent Care Flexible Spending Account (FSA) is like a financial ally for parents or caregivers. It's a special account that allows you to set aside pre-tax dollars from your paycheck to cover qualified childcare expenses for your dependents, like children or disabled relatives.

You contribute to a Dependent Care Flexible Spending Account (FSA) through salary deductions from your paycheck—up to \$5,000 annually or up to \$192.31 per bi-weekly paycheck.

You can use your Dependent Care FSA to pay for eligible child daycare or elder care expenses so you (and your spouse, if married) can work. These include:

- Childcare expenses
- Before- and after-school programs
- Summer camps
- Care for elderly family members
- Disabled dependent care
- and more

Note: Review IRS Publication 503 for a more detailed list of eligible dependent care expenses.

Three FSA rules to know

1. You must actively enroll during Open Enrollment if you want to participate in an FSA.
2. If you don't spend all the money in your FSA by the deadline, **any unused money in your account(s) will be forfeited**. You have until **June 30, 2026** to submit claims for expenses incurred between January 1, 2025 and March 15, 2026. This is called the IRS "use it or lose it" rule.
3. You are required to provide supporting documentation for claims (such as the tax ID number for caregivers), so keep your receipts!

And two ways a Dependent Care FSA is different from a Healthcare FSA.

1. **Unlike a Healthcare FSA, your available balance is limited to the amounts actually deducted from your paychecks during the year.** You can still submit receipts for expenses that exceed your available balance, but you will receive reimbursement as your contributions post from each paycheck until the expense has been fully reimbursed.
2. **Dependent Care FSA funds CANNOT be used for healthcare expenses** for your children or family members. You should contribute to a Healthcare FSA or HSA for those expected costs. See page 18 for more details.



Transit, parking, and commuter benefits

Amedisys offers you the opportunity to save for both transit and parking expenses on a pre-tax basis for your costs related to commuting to work.

There are two types of accounts:

1. Commuter **transit** account
2. Commuter **parking** accounts

For 2025, you can contribute up to \$325 per month for each account (a maximum of \$650 pre-tax between the two accounts). Any remaining balance at the end of the month rolls over to the next month.

Eligible expenses include buses, trains, subways, ferries, vanpools and even shared ride services, and parking near work or at a commuting lot.

To participate, you can enroll at any time during the year directly through Optum Financial where you can set up a recurring monthly enrollment or opt for month to month, determine your contribution amount, purchase transit passes, and more. Enrollment must be completed by the 10th of the month for the next month's coverage.

How it works



Sign in to your account at my.optum.com/amedisys and select the Commuter Benefits tab to get started.

Enter your parking and transit orders online, and the cost of your orders will be automatically deducted from your paycheck on a pre-tax basis.

You can even set up recurring orders that automatically generate your transit order or pay your contracted parking vendor. If your commuting needs change, you can adjust or cancel your order.

Required notices

HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 31-day period applies to most special enrollments. To request special enrollment or obtain more information, call the Amedisys Benefits Center at [888-528-7066](tel:888-528-7066) or submit an HR Total Rewards Benefits request at <http://helpdesk.amedisys.com>.

NOTICE CONCERNING EMPLOYEE WELLNESS PROGRAM

The Amedisys Wellness Program is a voluntary wellness program available to all employees who are enrolled in one of the Amedisys medical/prescription drug plans. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary Health Assessment or "HA," that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes or heart disease). You will also be encouraged to complete a biometric screening, which will include a blood test. You are not required to complete the HA or to participate in the blood test or other medical examinations. However, employees who choose to participate in the wellness program by engaging in various wellness activities may receive a financial incentive and other rewards for making healthy choices.

Although you are not required to participate in the wellness program, only employees who engage in these activities and more will receive the rewards. If you are unable to participate in any of the health-related activities, you may be entitled to a Reasonable Accommodation or an alternative standard. You may request a Reasonable Accommodation or an alternative standard by contacting the Amedisys Benefits Center at [888-528-7066](tel:888-528-7066).

The information from your HA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Amedisys Holding, LLC ("Amedisys") may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program and the program's third-party administrator will never disclose any of your personal information either publicly or to Amedisys, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving a reward. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice or about protections against discrimination and retaliation, please contact the Amedisys Benefits Center at [888-528-7066](tel:888-528-7066).

SUMMARY OF BENEFITS AND COVERAGE (SBC) DOCUMENTS

Amedisys is required to furnish SBC documents for all medical plan options offered to eligible team members when they first become eligible for benefits and every year during the Open Enrollment period. You can access these SBC documents anytime online by going to amedisys.com/benefits. If you prefer to have a paper copy mailed to you at no charge, please call the Amedisys Benefits Center at [888-528-7066](tel:888-528-7066).

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.

Amedisys Employees Welfare Benefit Plan (the "Plan") provides health benefits to eligible employees of Amedisys Holding, LLC (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. You can access the Plan's Notice of Privacy Practices online at amedisys.com/benefits. To receive a paper copy of the Plan's Notice of Privacy Practices, you should call the Amedisys Benefits Center at 888-528-7066 or submit an HR Total Rewards Benefits request at helpdesk.amedisys.com.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, deductibles and coinsurance apply.

If you would like more information on WHCRA benefits, call Highmark BCBS at 866-283-3792 or the Amedisys Benefits Center at 888-528-7066.

AMEDISYS TOBACCO-USER SURCHARGE & REASONABLE ALTERNATIVE NOTICE

Amedisys Holding, LLC ("Amedisys") cares about your overall health and encourages employees to be tobacco-free by requiring that tobacco users pay more for their medical/prescription drug coverage (\$50 per month or \$600 per year). However, even though you may currently use tobacco products, you might qualify for an opportunity to avoid the Tobacco-User Surcharge by different means.

Amedisys is pleased to offer a Reasonable Alternative if you currently use tobacco and want to start down the path to becoming tobacco-free. The Amedisys Wellness Program offers a tobacco cessation program. If you choose to participate in this program and successfully complete the program, then you will no longer be subject to the Tobacco-User Surcharge. You may enroll in this program by registering online at amedisys.com/wellness.

If it is not medically appropriate (as determined by your physician) for you to participate in the tobacco cessation program, Amedisys may approve another program that your physician recommends. However, keep in mind that unlike the tobacco cessation program, this alternate program may not be free for you. Please contact the Amedisys Benefits Center at 888-528-7066 or submit an HR Total Rewards Benefits request at helpdesk.amedisys.com to discuss in more detail.

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 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 1-877-KIDS NOW or 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 askebsa.dol.gov or call 1-866-444-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 January 31, 2024. Contact your State for more information on eligibility.

ALABAMA – Medicaid
Website: myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: myakhipp.com
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid
Website: myarhipp.com
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program Website:
dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: healthfirstcolorado.com
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): mycohibi.com
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html
Phone: 1-877-357-3268

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) CONTINUED

GEORGIA – Medicaid

GA HIPP Website: [medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](https://www.medicaid.georgia.gov/health-insurance-premium-payment-program-hipp)

Phone: 678-564-1162, Press 1

GA CHIPRA Website: [medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra](https://www.medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra)

Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: [in.gov/fssa/hip](https://www.in.gov/fssa/hip)

Phone: 1-877-438-4479

All other Medicaid

Website: [in.gov/medicaid](https://www.in.gov/medicaid)

Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:

[dhs.iowa.gov/ime/members](https://www.dhs.iowa.gov/ime/members)

Medicaid Phone: 1-800-338-8366

Hawki Website: [dhs.iowa.gov/Hawki](https://www.dhs.iowa.gov/Hawki)

Hawki Phone: 1-800-257-8563

HIPP Website: [dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp](https://www.dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp)

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: [kancare.ks.gov](https://www.kancare.ks.gov)

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance

Premium Payment Program (KI-HIPP) Website:

[chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](https://www.chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx)

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kynect.ky.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website:

[chfs.ky.gov/agencies/dms](https://www.chfs.ky.gov/agencies/dms)

LOUISIANA – Medicaid

Website: [medicaid.la.gov](https://www.medicaid.la.gov) or [ldh.la.gov/lahipp](https://www.ldh.la.gov/lahipp)

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: [mymaineconnection.gov/benefits/s/?language-en_US](https://www.mymaineconnection.gov/benefits/s/?language-en_US)

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage:

[maine.gov/dhhs/ofi/applications-forms](https://www.maine.gov/dhhs/ofi/applications-forms)

Phone: 1-800-977-6740

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: [mass.gov/masshealth/pa](https://www.mass.gov/masshealth/pa)

Phone: 1-800-862-4840

TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: [mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp](https://www.mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp)

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: [dss.mo.gov/mhd/participants/pages/hipp.htm](https://www.dss.mo.gov/mhd/participants/pages/hipp.htm)

Phone: 573-751-2005

MONTANA – Medicaid

Website: [dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](https://www.dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)

Phone: 1-800-694-3084

Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: [ACCESSNebraska.ne.gov](https://www.ACCESSNebraska.ne.gov)

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: [dhcfp.nv.gov](https://www.dhcfp.nv.gov)

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: [dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program](https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program)

Phone: 603-271-5218

Toll free number for the HIPP program:

1-800-852-3345 ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: [state.nj.us/humanservices/dmahs/clients/medicaid](https://www.state.nj.us/humanservices/dmahs/clients/medicaid)

Medicaid Phone: 609-631-2392

CHIP Website: [njfamilycare.org/index.html](https://www.njfamilycare.org/index.html)

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: [health.ny.gov/health_care/medicaid](https://www.health.ny.gov/health_care/medicaid)

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: [medicaid.ncdhhs.gov](https://www.medicaid.ncdhhs.gov)

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: [hhs.nd.gov/healthcare](https://www.hhs.nd.gov/healthcare)

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: [insureoklahoma.org](https://www.insureoklahoma.org)

Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: [healthcare.oregon.gov/Pages/index.aspx](https://www.healthcare.oregon.gov/Pages/index.aspx)

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: [dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx](https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx)

Phone: 1-800-692-7462

CHIP Website: Children's Health Insurance

Program (CHIP) ([pa.gov](https://www.pa.gov))

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: [eohhs.ri.gov](https://www.eohhs.ri.gov)

Phone: 1-855-697-4347, or

401-462-0311 (Direct RlTe Share Line)

SOUTH CAROLINA – Medicaid

Website: [scdhhs.gov](https://www.scdhhs.gov)

Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: [dss.sd.gov](https://www.dss.sd.gov)

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: [hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program](https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program)

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: [medicaid.utah.gov](https://www.medicaid.utah.gov)

CHIP Website: [health.utah.gov/chip](https://www.health.utah.gov/chip)

Phone: 1-877-543-7669

VERMONT – Medicaid

Website: [dvha.vermont.gov/members/medicaid/hipp-program](https://www.dvha.vermont.gov/members/medicaid/hipp-program)

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: [coverva.dmas.virginia.gov/learn/premium-assistance/famis-select](https://www.coverva.dmas.virginia.gov/learn/premium-assistance/famis-select) or [coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs](https://www.coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs)

Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: [hca.wa.gov](https://www.hca.wa.gov)

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: [dhhr.wv.gov/bms](https://www.dhhr.wv.gov/bms) or [mywvhipp.com](https://www.mywvhipp.com)

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP

(1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: [dhs.wisconsin.gov/badgercareplus/p-10095.htm](https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm)

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: [health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility](https://www.health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility)

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
[dol.gov/agencies/ebsa](https://www.dol.gov/agencies/ebsa)
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
[cms.hhs.gov](https://www.cms.hhs.gov)
1-877-267-2323, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

IMPORTANT NOTICE FROM AMEDISYS HOLDING, LLC 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 Amedisys Employees Welfare Benefit Plan 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. The Amedisys Employees Welfare Benefit Plan has determined that the prescription drug coverage offered by the Amedisys Employees Welfare Benefit Plan is, 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 Amedisys Employees Welfare Benefit Plan coverage will not be affected. See the

plan SPD for more information about your prescription drug coverage provisions/options. If you do decide to join a Medicare drug plan and drop your current Amedisys Employees Welfare Benefit Plan coverage, be aware that you and your dependents will not be able to get this coverage back until the next Open Enrollment opportunity.

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 the Amedisys Employees Welfare Benefit Plan 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 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19 percent 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 . . .

Contact the person listed below 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 Amedisys Employees Welfare Benefit Plan 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 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: socialsecurity.gov or call them at **1-800-772-1213** (TTY **1-800-325-0778**).

Date: 10/11/2024

Name of Entity/Sender: Amedisys Holding, LLC

Contact: Amedisys Benefits Center at **1-888-528-7066**

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).

Enrollment Worksheet

This enrollment worksheet walks you through our enrollment process step-by-step. Use it to write down the benefits you want to select for 2025 and have it on hand when you enroll.



Step 1: Review your benefit options.

Still have questions? Call the Amedisys Benefits Center at 888-528-7066 to speak with a benefits counselor between 7 a.m. – 7 p.m. CST, Monday – Friday.



Step 2: Make your benefits decisions.

Refer to the pages listed next to each benefit for details and limits.

Medical Plan PPO Premier Plan PPO Value Plan HSA Premier Plan HSA Value Plan
Who's Covered: Employee Employee + Spouse Employee + Child(ren) Employee + Family \$ _____ [p.6](#)

HSA Contribution *if enrolled in an HSA medical plan* \$ _____ [p.18](#)

Healthcare FSA Contribution *if enrolled in a PPO medical plan* \$ _____ [p.18](#)

Dental Plan Dental PPO Value Dental PPO Premier
Who's Covered: Employee Employee + Spouse Employee + Child(ren) Employee + Family \$ _____ [p.20](#)

Vision Plan VSP Choice Network Plan
Who's Covered: Employee Employee + Spouse Employee + Child(ren) Employee + Family \$ _____ [p.21](#)

Additional Life and AD&D Insurance Contributions \$ _____ [p.24](#)
Who's Covered: Employee Spouse Child(ren)

Disability Insurance Contributions \$ _____ [p.26](#)
Coverage: Short-Term Long-Term

Accident Insurance Contributions \$ _____ [p.27](#)
Who's Covered: Employee Employee + Spouse Employee + Child(ren) Employee + Family

Critical Illness Insurance Contributions \$ _____ [p.28](#)
Coverage \$10k \$20k

Hospital Insurance Contributions \$ _____ [p.29](#)
Who's Covered Employee Employee + Spouse Employee + Child(ren) Employee + Family

Dependent Care FSA Contribution \$ _____ [p.35](#)

Transit and Parking Contributions \$ _____ [p.36](#)
Coverage: Transit Parking



Step 3: Enroll for benefits

Log in to the People Portal at people.amedisys.com, select the Open Enrollment tab and click on the Benefits Enrollment link. Follow the prompts. You may also enroll with a benefits counselor; go to cleartrackhr.as.me/AmedisysOE to schedule your appointment, or call **888-528-7066**.



For more information



Don't forget! You can access information about your benefits year-round at [amedisys.com/benefits](https://www.amedisys.com/benefits).
Keep this page handy if you have questions about your benefits throughout the year.

BENEFIT	VENDOR	WEBSITE	PHONE
Benefits enrollment, life events, and general questions	Amedisys Benefits Center	people.amedisys.com	888-528-7066
24/7 care team + telemedicine and expert second opinions	Included Health	includedhealth.com/amedisys	855-429-7330
Medical	Highmark Blue Cross Blue Shield	highmarkbcbs.com	866-283-3792
Prescription drug	CVS Caremark	caremark.com	866-842-5181
Mental health and substance use treatment	Optum Behavioral Health	liveandworkwell.com (Access Code: Amedisys)	877-940-8448
Amedisys Wellness Program	Sharecare	amedisys.sharecare.com	800-521-5066
Health Savings Account (HSA)	Optum Financial	my.optum.com/amedisys	833-881-8154
Flexible Spending Accounts (FSAs)	Optum Financial	my.optum.com/amedisys	833-881-8154
Dental	Cigna	mycigna.com	800-244-6224
Vision	VSP	vsp.com	800-877-7195
401(k) Retirement Savings Plan	Merrill	benefits.ml.com	800-228-4015
Life and accidental death and dismemberment (AD&D) insurance	Securian Financial	lifebenefits.com/amedisys	866-293-6047
Disability insurance	Unum	portal.unum.com	866-868-6737
Accident, critical illness, and hospital indemnity insurance	Unum	unum.com/employees/file-a-claim	800-635-5597
Identity theft protection	Norton LifeLock	my.norton.com	800-607-9174
Employee Assistance Program (EAP)	TELUS Health (formerly LifeWorks)	login.lifeworks.com (Username and password: Amedisys)	888-267-8126
Leave of absence	Unum	portal.unum.com	866-868-6737
Transit, parking, and commuter benefits	Optum Financial	my.optum.com/amedisys	833-881-8154



Your Amedisys benefit contacts are mobile!

To access your Mobile Wallet Card, scan the QR code or visit mymobilewalletcard.com/amedisys.



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The information in this guide is a summary and does not provide a full description nor is it a guarantee of benefits. Additional plan specifics and benefit details can be found in the related summary plan descriptions and plan documents on the Amedisys employee self-service websites. If any discrepancies arise, the summary plan description or plan document will govern. Amedisys reserves the right to change, amend, suspend or terminate any or all of the benefits, in whole or in part, at any time and for any reason at its sole discretion. Union employees should refer to the current collective bargaining agreement for specific terms and provisions.

