

2025 Benefits Open Enrollment Frequently Asked Questions

General Questions

1. When is Open Enrollment?

Open Enrollment is Monday, October 28th through Friday, November 8th, 2024, at 11:59 pm EST.

2. How do I enroll in my benefits?

To enroll in your benefits for 2025, you will first log into Workday beginning Monday, October 28. There will be a Task in your Workday inbox.

3. What resources are available to help me understand my benefits options?

We have a variety of resources to help you understand your benefits options and determine which plan best fits the needs of you and your family:

- 1. **ALEX is back!** ALEX is our online, interactive personal benefits counselor who can help associates choose the plans that make the most sense for them and their families. Visit ALEX beginning Friday, October 17th at www.start.myalex.com/atd
- 2. Enrollment Center Benefits Counselors: Benefits Counselors will provide confidential enrollment assistance and help you make informed decisions about your benefits plan options. This collaborative experience allows you to speak with a Benefits Counselor and they can enroll you into your benefits or answer any questions you may have surrounding your benefits. Call 855-252-0703, Monday through Friday from 9 am-6 pm EST beginning October 28th.
- 3. **Benefits Microsite**: <u>Click here</u> to view our 2025 Benefits Guide, FAQs, Tips for Enrolling, and additional resources.

4. What do I need to do during 2025 Open Enrollment?

It's important for you to review the 2025 Benefits Enrollment Guide to understand the plan options. You may access the guide on Workday > ATD Quicklinks > 2025 ATD Benefits Guide or through our <u>Benefits</u> <u>Microsite</u>. You must enroll in your benefits by 11:59 pm EST on **Friday, November 8**th.

5. What are the key changes to the 2025 health and wellness offerings?

- **Same Medical Plan Choices, with changes:** ATD will continue to offer the same three medical plans through Cigna:
 - 1. The Core Plan remains our value plan, which is the one most associates are enrolled in.
 - Deductibles and co-pays are increasing to keep up with rising healthcare inflation.
 - 2. The **Select Plan** remains our most robust plan.
 - Co-insurance is changing from 15% to 20%, plus deductible, OOP Max, and copay increases.
 - 3. The **Healthy Saver HSA Plan** remains our qualified High Deductible Health Plan (HDHP)



- ATD will maintain current contribution rates (\$500 individual / \$1,000 family) With a portion seeded by ATD and a \$400 portion to be earned as part of wellness incentives. More detail to come beginning of 2025.
- **Wellness Incentive Program** will provide wellness incentives that can result in you paying less than you are today. If you're enrolled in the Core or Select plan you can earn up to a \$400 reduction in your ATD medical payroll premiums for active engagement in your own health. If you're enrolled in the Healthy Saver HSA plan, the \$400 will be earned as part of ATD's contribution to your HSA account. More details to come!
- Introduction of Healthy Saver HSA Plan Preventive Drug List. Healthy Saver HSA plan members can keep medication costs affordable on medications you take every day (such as diabetes, high blood pressure, or asthma medication). The deductible will be waived for brand and generic medications on the list, then the regular pharmacy benefits apply (co-insurance).
- New Personify Health is replacing Dario as our well-being program.
- New EAP with SupportLinc (through Curalinc) is replacing Dario as our Employee Assistance Program (EAP) provider.

6. What's staying the same for 2025?

- Same Dental and Vision Plans Choices: No plan changes and no rate increases
- ATD Paid Benefits (for full-time associates): Life Insurance, AD&D, and Disability
- **Voluntary Benefits:** We will continue to offer all our voluntary benefits that help protect associate well-being and lifestyle.

7. Why are my rates increasing?

Healthcare inflation is impacting rates across the country and ATD is sharing the increased costs with you. ATD is introducing a new EAP provider and a new well-being platform to help offset the increased cost to you. It's more important now than ever that you take active steps in owning your health by making an informed decision about your benefit selections and participating in wellness incentives to offset rising costs.

8. What is the difference between last year's rates and this year's rates?

You can look at last year's rates in our 2024 Benefits Guide on Workday under quick links to compare them to this year's rates.

9. What happens if I don't enroll by Friday, November 8th?

We strongly encourage you to review your current benefit elections along with the changes we're making to decide if you have the right coverage for 2025. If you don't enroll by the deadline, your 2024 elections, except for Flexible Spending Accounts and Health Savings Accounts, will continue for 2025.

10. Is there anything that requires a mandatory election?

Yes, you must enroll in your Health Care Flexible Spending Accounts (FSA) and/or Dependent Care Flexible Spending Accounts (FSA) each year. You must also enroll in your Health Savings Account (HSA) each year, if you choose to contribute to your HSA. You can elect, waive, or change HSA contributions any time throughout the year.



11. When will I receive my new medical and dental cards?

Moving forward, Cigna will issue all new medical and dental cards digitally. This means you will not receive a physical card in the mail. To access your digital card, you'll log in to myCigna.com or the myCigna App > click "ID Cards" > View your card(s) as well as any dependent(s) card(s) > email cards directly to doctors > save your digital ID cards in your Apple Wallet.

12. When do my 2025 benefits go into effect?

The benefits choices you make during Open Enrollment will be effective January 1st, 2025. The 2025 premiums will be effective on your January 10th, 2025, bi-weekly paycheck or January 3rd, 2025, weekly paycheck.

13. What if I'm out of the country and unable to log into Workday during the Open Enrollment period?

You're still responsible for enrolling in your benefits during this time. If you have a concern or are unable to access Workday, please contact our Benefits counselors to ask questions and enroll at 855-252-0703, Monday through Friday from 9 am-6 pm EST Note, if you don't enroll by the deadline, your 2024 elections will continue for 2025.

Wellness Questions

14. What are the details of the Wellness Incentive Program for 2025?

To drive engagement and help offset the increase in premiums, we're continuing to provide wellness incentives that can result in you paying less than today. If you're enrolled in the Core or Select plan you can earn up to a \$400 reduction in your ATD medical payroll premiums for active engagement in your own health. If you're enrolled in the Healthy Saver HSA plan, the \$400 will be earned as part of ATD's contribution to your HSA account. More details on how to earn the wellness incentives will be shared at the beginning of 2025.

Plan Questions

15. Preventive care is covered at 100% on all three medical plans. What is included in preventive care?

Preventive care services are provided when you don't have any symptoms of a health issue. These visits are commonly considered wellness exams (think of your annual physical), and include standard immunizations and screenings based on your age and gender. When your doctor determines that you have a health issue, these additional visits, screenings, and tests are no longer considered preventive. You can find more information here or by contacting Cigna.

16. What do I need to know about ATD's prescription drug pharmacy program?

• ATD's drug formulary will continue to be CVS's Advanced Control Formulary, however, this drug list is reviewed quarterly for products that show enhanced clinical efficacy and/or provide more convenient dosage forms. If you are impacted by a drug exclusion, CVS will send you a letter 60 days prior to the change outlining your alternatives. There is a medical necessity process for drug exclusions (e.g. allergic to dye) to apply for prior authorization.



- Select Plan and Core Plan participants will pay \$0 for specialty medications by enrolling in CVS's PrudentRx Specialty Drug Program. Specialty Drugs are medications that are generally used to treat complex and rare diseases such as cancer or hemophilia. Members will always pay \$0 copay for specialty medications as long as they are enrolled in the program. Members that deny enrollment in the PrudentRx program will pay 30% coinsurance for all specialty medications.
- You can access the formulary by going to Workday > Menu > Benefits and Pay > Suggested Links > CVS Caremark Prescription Drug.

17. Where can I get a list of in-network pharmacies?

You can look up in-network pharmacies in your area on <u>www.caremark.com</u>. For reference, all major chains (Walgreens, Costco, Walmart, etc.) are in-network.

18. What is a deductible and out-of-pocket (OOP) maximum?

Deductible: The amount you need to pay before your plan starts paying benefits.

Out-of-pocket (OOP) Maximum: This is a dollar amount that equals the most you'll pay out of pocket during the year for covered expenses.

19. What's the difference between embedded and non-embedded HSA deductibles?

The Healthy Saver HSA Plan family deductible is non-embedded, or "full-family." If a deductible is non-embedded, the family amount must be met by one or a combination of family members. There are no individual deductibles per family member like with embedded deductibles.

The family deductibles for the Core and Select Plans are "embedded." The individual deductible applies to each covered member, and once a family member reaches the individual deductible, the deductible will be satisfied for that member even if the family deductible hasn't been met. The other family members will still be subject to the individual deductible until the total family deductible is met.

For an **embedded** example, John covers himself, his spouse, and their child on the Core Plan with a family deductible of \$6,000. Each family member has an individual deductible of \$3,000. If John satisfies his individual deductible, the plan will then cover eligible expenses for John according to plan benefits. The rest of the family is still subject to their individual deductibles of \$3,000 until the total family deductible of \$8,000 is met. Once another family member meets their individual deductible of \$3,000, the family deductible is then satisfied, and the plan will begin paying benefits for all family members. Any combination of family members can satisfy the \$6,000 family deductible.

All Out-of-Pocket (OOP) Maximums are embedded. Once you hit the individual OOP maximum for your plan, all expenses are covered for you for the rest of the plan year, even if the family OOP Maximum isn't met. If expenses for two or more covered individuals meet the family maximum for the year, all further expenses under the plan are covered at 100% for all covered individuals.

20. What is Critical Illness, Accident and Hospital Indemnity Insurance?



Medical insurance doesn't prevent all of the financial strain of a major illness or injury. You can be exposed to thousands of dollars in out-of-pocket expenses if you or a family member becomes seriously sick or injured. Supplemental medical benefits can help cover this out-of-pocket financial exposure for a reasonable cost. These three programs are offered to you through Cigna.

- **Critical Illness Insurance**: Pays a full lump sum benefit directly to you if you're diagnosed with a covered illness like heart attack, cancer, stroke and more.
- Accidental Injury Insurance: Reimburses you if you suffer a range of covered injuries such as a
 fracture, burn, ligament damage or major concussion. The plan covers a wide variety of injuries
 and accident-related expenses such as hospitalization, physical therapy, emergency room
 treatment, transportation and more.
- **Hospital Care Insurance**: Reimburses you if you're admitted to a hospital for care due to an illness or injury. You receive a payment as soon as you're admitted and then an additional payment based on the number of days you're confined to the hospital. The reimbursement increases if you're admitted and confined to an intensive care unit.
- 21. Does Hospital Indemnity cover maternity? What if I'm pregnant when I enroll in the plan?

 The Hospital Indemnity Plan does not have any pre-existing conditions and there are no Maternity Limitations. Please contact Cigna directly for more information.
- 22. Can I enroll in a Cigna supplemental medical benefit if I'm not enrolled in an ATD health plan?

 Yes, the medical and voluntary benefit plans are decoupled. You can enroll yourself or your spouse/dependents in one of the voluntary medical offerings without enrolling in an ATD medical plan.

23. Can I make changes to my supplemental coverage (Critical Illness, Accident and Hospital, Pet Insurance, ID Theft Protection, Legal Insurance) any time during the year?

- Critical Illness, Accident and Hospital Insurance can be canceled at any time. However, to
 add or make other changes to your coverage during the year outside of open enrollment, you
 must have a qualifying life event. Please visit Workday Help for knowledge articles on qualifying
 events and details.
- **ID Theft Protection** can be added, cancelled or changed at any time during the year. Visit Workday > select "Benefits" from the Quicklinks section > select "Change Benefits."
- **Pet Insurance** can be added, cancelled or changed at any time during the year by contacting Nationwide directly at www.PetsNationwide.com or by calling 1-877-738-7874.
- **Legalease Legal Insurance** can only be added, cancelled, or changed only during open enrollment or if you have a qualifying life event.

24. What is pet insurance and what does it cover?

My Pet Protection* from Nationwide* helps you provide your pets with the best care possible by reimbursing you for vet bills. You can get cash back for accidents, illnesses, hereditary conditions and more. Choose 70% or 50% reimbursement for the level of coverage that fits your needs. You can use any vet and will get additional benefits for emergency boarding, lost pet advertising and more. Plus, our 24/7 vet help line is available as a free service to all pet insurance members (\$150 value).



25. How does ID Theft Protection work?

Norton LifeLock Benefit Plans can help safeguard multiple devices, keep your online activity private, and help protect your identity. Norton LifeLock Benefit Plans provide an all-in-one solution to help protect you and your information from falling victim to identity theft. Get alerts to possible identity threats, the ability to proactively lock accounts, and if your identity is stolen, they work to fix it.

HSA / FSA Questions

26. What is an HSA?

A Health Savings Account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. You can use the money in your HSA to pay for qualifying medical expenses, such as towards your deductible. You must be enrolled in our Healthy Saver HSA Plan to open an HSA. An HSA rolls over from year-to-year, pays interest, can be invested, and is owned by you – even if you leave ATD. ATD will contribute funds to your HSA (\$500 individual/\$1,000 family), some of these funds will need to be earned as part of your wellness incentives in 2025. More details will be shared at the beginning of the year.

27. Is there a limit to associate contributions to the HSA?

Yes. IRS guidelines have set the HSA maximum contribution level at \$4,300 for associate only coverage / \$8,550 family coverage.

The company contribution counts towards this maximum. ATD will contribute up to \$500 for associate only coverage / \$1,000 for family coverage to your HSA. If you're enrolling for coverage effective January 1st, 2025, you can contribute up to an additional \$3,800 (associate only coverage) / \$7,550 (family coverage) to your HSA.

Please note that these amounts assume no other HSA contributions outside of your employment with ATD. The IRS maximum is per year, not per employer. It's up to you to know the amount you can contribute. Any amount over the IRS maximum will be considered taxable income.

28. How do I access my HSA accounts?

If you newly enroll in the Healthy Saver HSA medical plan, you'll receive additional details in the mail from HSA Bank and ChoiceFund before the end of 2024.

29. Can I rollover contributions to my HSA from another HSA?

Yes, pre-existing HSA funds or MSA monies may be rolled into an HSA and will continue their tax-free status.

30. What if I participate in an HSA this year and then decide not to participate next year? Will I lose the money I contributed?

Once you discontinue coverage under the Healthy Saver HSA Plan and/or get secondary health coverage that disqualifies you from an HSA, you can no longer make pre-tax contributions to your HSA. However, since you own the HSA, you can continue to use the remaining funds for future health



care expenses (medical, pharmacy, vision, etc.) or save for retirement (once you reach age 65). HSA eligible expenses can be found at www.Cigna.com/Expenses.

31. My spouse puts my expenses through his/her HSA, but I'm not covered on their medical plan. Can I still enroll in ATD's HSA?

Yes, you can enroll in the Healthy Saver HSA Plan and are eligible to contribute to your own HSA since you're not covered under your spouse's medical plan.

32. Can I stop contributions to my HSA any time during the year?

Yes, you don't need a qualifying life event to make changes and you can stop your contributions at any time. To make changes, visit Workday > select "Benefits" from the Quicklinks section > select "Change Benefits."

33. Does the HSA earn interest?

Yes, the HSA earns interest, which may change each quarter. Once the account has reached a minimum balance of \$1,000, you can open an Investment account that currently offers investment options with Devenir Mutual Funds or TD Ameritrade.

34. If my spouse has an FSA with their company, can I still enroll in the HSA?

If you are covered under a secondary health plan that is not a qualified HDHP (ATD's Healthy Saver HSA Plan), including a full purpose Flexible Spending Account (FSA) through your spouse, you are not eligible to enroll in ATD's Healthy Saver HSA Plan. In addition, you must not be enrolled in Medicare or claimed as another person's tax dependent to contribute to an HSA. To help determine eligibility, please speak with your tax advisor or contact Cigna.

35. Can I still enroll for Dependent Care FSA if I enroll in the HSA?

Yes. The IRS regulations allow you to have a Dependent Care FSA and an HSA.

36. Can I still enroll in a Health Care FSA if I enroll in the HSA?

No. The IRS regulations only allow you to have either a Health Care FSA or an HSA. Also note that if you're currently enrolled in a Health Care FSA and elect the Healthy Saver HSA plan, IRS regulations require you to have a zero balance in your Health Care FSA by the end of the year (December 31st, 2024).

37. What is an FSA?

ATD offers two Flexible Spending Accounts:

- Health Care FSA is used for health care expenses such as deductibles, copays and prescriptions.
- **Dependent Care FSA** is used for childcare expenses such as daycare.

38. Is there a limit to associate contributions to the FSA?



Yes. The Health Care FSA limit is \$3,200 and Dependent Care FSA is \$5,000 (\$2,500 if married and filing separate tax returns).

39. Can I change contributions to my FSA any time during the year?

No, you can only change contributions during Open Enrollment or a qualifying life event (i.e. marriage). Visit Workday Help to learn more about which events qualify.

40. What is the deadline to submit expenses under the FSA?

You must incur expenses on the Dependent and Health Care FSAs by December 31st, 2024. The Health Care FSA can incur expenses through March 15th, 2025, and you must submit them by March 31st, 2025.

41. Who should I contact if I have more questions?

If you have more questions, you can open a case in Workday Help by logging into Workday > Menu > Help > Open a case.

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