

DISCOVER THE VALUE *YOU*



**HEALTH AND
WELLBEING**



**FINANCIAL
SECURITY**



**WORK/LIFE
BALANCE**



What's new for 2024?

- **NEW VOLUNTARY BENEFITS**, including hospital indemnity and identity theft coverage in addition to improved critical illness and accident insurance.
- **MORE AFFORDABLE HEALTHCARE** with improved medical and Rx coverage:
 - Medical plan costs will remain the same or lower compared to 2023.
 - Lower deductibles on all four medical plans, so coverage begins sooner.
 - Lower out-of-pocket prescription costs.
 - An additional \$100 from Amedisys added to your HSA.
 - Lower out-of-pocket maximums in both HSA plans.
 - Lower telemedicine costs per visit for both PPO plans.
- **NEW** mental health and substance use provider network with Optum Behavioral Health.
- **LOWER** costs for vision coverage.
- **NOTE:** There will be no out-of-network coverage for any of the medical plans starting in 2024.

More value, choice, and support for 2024

At Amedisys, we understand the tremendous value that caregivers like you bring to the lives of patients and their families. Your dedication and compassion make a world of difference and we truly value YOU for all you give.

To care for you the way you care for our patients, we're committed to making your benefits experience even more rewarding.

We've heard your feedback, and in our renewed commitment to you, we're rolling out new and improved benefits that reflect how much we value you.

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.

Your benefits at Amedisys



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Disability insurance
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Accident insurance
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Critical illness insurance
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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 2023 medical, dental, vision, life insurance, disability, accident, and critical illness coverages will automatically continue in 2024.
- You will NOT be able to participate in an FSA next year.
- You will NOT receive the Amedisys HSA contribution until you contribute 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 at other times 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 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.

NEW FOR 2024! Part-time eligible team members are now eligible to enroll in life and disability insurance benefits!

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 2024.

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:

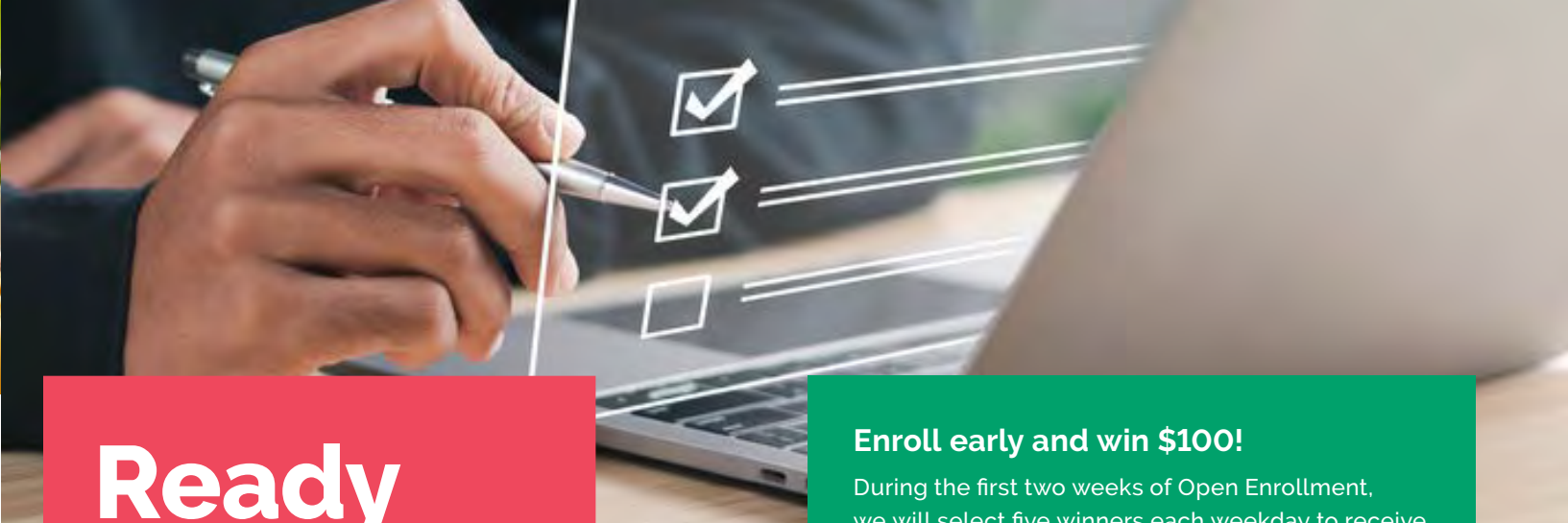
Make medical, dental, vision, HSA, and Healthcare FSA elections during Open Enrollment. But you won't be able to change these when you return to work.

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 30 – November 17, 2023

You must elect your benefits by 7:00 p.m. CST on Friday, November 17, 2023.

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](tel: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 2024.
- ✓ Review your medical plan options on the next page. We are giving you more value for your benefits dollars. Pick the plan that will support you best.
- ✓ Gather the social security numbers and birth dates for any dependents you need to add to your benefits.
- ✓ Complete the Amedisys Wellness Program activities on page 13 to earn up to \$500 in Wellness Rewards.
- ✓ Enroll in your 2024 benefits by 7:00 p.m. CST on Friday, November 17, 2023!

Physical health and wellbeing

IN THIS SECTION

Included Health

Your improved medical plans

Prescription drug coverage

The Amedisys Wellness Program

Spending and savings accounts

Dental coverage

Vision coverage



Your personal healthcare team

Consider Included Health as your 24/7 healthcare concierge. They are a dedicated team of healthcare experts who can help answer your healthcare or insurance-related questions, navigate your benefits, and find doctors for you.

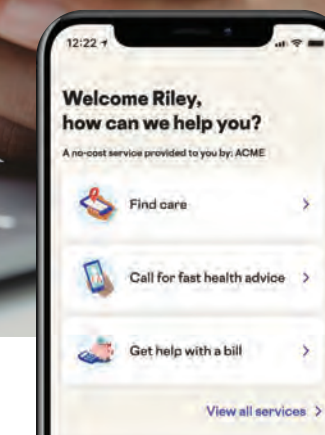
Use Included Health to:

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.



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 help you 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.
- Assist with prior authorization or pre-certification requirements at Highmark or CVS.
- Make sure everything is resolved between your insurance and healthcare provider.



Included HEALTH

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

Medical plans

Your medical plan options will be more affordable and give you more choice. For both of the premier plans, your costs per paycheck are staying the same and for the value plans, they are decreasing. In addition, the amount you pay out-of-pocket will be lower for many healthcare services. The bottom line? You get richer medical benefits!

PPO PREMIER PLAN

MORE COMES OUT OF YOUR PAYCHECK

BUT YOU PAY LESS FOR CARE

Your cost per paycheck		
	WEEKLY	BI-WEEKLY
EMPLOYEE ONLY	\$51.80	\$103.60
EMPLOYEE + SPOUSE	\$171.54	\$343.08
EMPLOYEE + CHILD(REN)	\$112.25	\$224.49
EMPLOYEE + FAMILY	\$231.99	\$463.98

All four plans include coverage for:

- + Prescription drugs with CVS Caremark
- + Mental health/substance use treatment with Optum Behavioral Health
- + Physical, speech, and occupational therapy visits (up to a combined 90 visits per year)
- + Infertility treatment services—up to a \$40,000 lifetime max (\$30,000 medical and \$10,000 Rx)
- + Pediatric and adult hearing aid devices, exams, and fittings

PPO VALUE PLAN

LESS COMES OUT OF YOUR PAYCHECK

BUT YOU PAY MORE FOR CARE

Your cost per paycheck LOWER		
	WEEKLY	BI-WEEKLY
EMPLOYEE ONLY	\$36.65	\$73.30
EMPLOYEE + SPOUSE	\$130.14	\$260.29
EMPLOYEE + CHILD(REN)	\$82.60	\$165.20
EMPLOYEE + FAMILY	\$176.10	\$352.19

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
- + Select maintenance medications
- + Immunizations, vaccines, and flu shots
- + 1-on-1 coaching to lose weight, quit tobacco, change habits, and support your mental health

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

Your cost per paycheck		
	WEEKLY	BI-WEEKLY
EMPLOYEE ONLY	\$27.82	\$55.64
EMPLOYEE + SPOUSE	\$104.30	\$208.60
EMPLOYEE + CHILD(REN)	\$64.70	\$129.40
EMPLOYEE + FAMILY	\$141.18	\$282.36

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.

HSA VALUE PLAN

LESS COMES OUT OF YOUR PAYCHECK

BUT YOU PAY MORE FOR CARE

Your cost per paycheck LOWER		
	WEEKLY	BI-WEEKLY
EMPLOYEE ONLY	\$15.22	\$30.44
EMPLOYEE + SPOUSE	\$75.29	\$150.57
EMPLOYEE + CHILD(REN)	\$43.01	\$86.02
EMPLOYEE + FAMILY	\$102.03	\$204.07

New ID cards for 2024

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

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

Your new Optum Behavioral Health benefits use a digital ID card, available at liveandworkwell.com.

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.

PPO PREMIER PLAN	PPO VALUE PLAN
ANNUAL DEDUCTIBLE LOWER <ul style="list-style-type: none"> \$700 per person \$1,400 per family, max 	ANNUAL DEDUCTIBLE LOWER <ul style="list-style-type: none"> \$1,200 per person \$2,400 per family, max
COINSURANCE 20% after deductible is met	COINSURANCE 20% after deductible is met
ANNUAL OUT-OF-POCKET MAXIMUM <ul style="list-style-type: none"> \$3,000 per person \$6,000 per family, max 	ANNUAL OUT-OF-POCKET MAXIMUM <ul style="list-style-type: none"> \$4,000 per person \$8,000 per family, max
You pay this much for services:	
OFFICE VISIT <ul style="list-style-type: none"> Primary care physician: \$25 Specialist: \$45 	OFFICE VISIT <ul style="list-style-type: none"> Primary care physician: \$50 Specialist: \$75 LOWER
TELEMEDICINE BY INCLUDED HEALTH <ul style="list-style-type: none"> General care: \$10 Dermatology: \$10 Therapist (25 min.): \$10 LOWER 	TELEMEDICINE BY INCLUDED HEALTH <ul style="list-style-type: none"> General care: \$20 Dermatology: \$20 Therapist (25 min.): \$20 LOWER
URGENT CARE OR EMERGENCY ROOM VISIT <ul style="list-style-type: none"> Urgent care: \$45 LOWER ER: \$250 (waived if admitted) + 20% coinsurance 	URGENT CARE OR EMERGENCY ROOM VISIT <ul style="list-style-type: none"> Urgent care: \$75 LOWER ER: \$250 (waived if admitted) + 20% coinsurance

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.

Telemedicine and expert second opinion

Anyone enrolled in a medical plan can use the Included Health app to get general health, dermatology, and mental health telemedicine care, in addition to 24/7 support from your personal care team.



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



NOTE! There will be no out-of-network coverage for any of the medical plans starting in 2024. Because there is no out-of-network coverage, you may see all plans referred to as an Exclusive Provider Organization (EPO) plan. Use the Included Health app or call [855-429-7330](tel:855-429-7330) to confirm your providers are in-network.

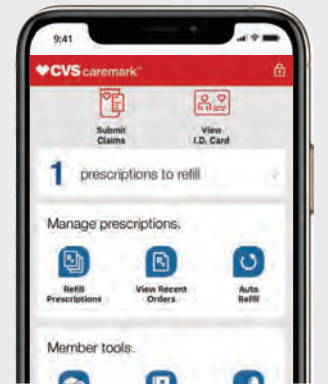
HSA PREMIER PLAN	HSA VALUE PLAN
ANNUAL DEDUCTIBLE LOWER <ul style="list-style-type: none"> Employee-only coverage: \$1,900 Family coverage: \$3,800 (shared) 	ANNUAL DEDUCTIBLE LOWER <ul style="list-style-type: none"> Employee-only coverage: \$3,500 Family coverage: \$7,000 (shared)
YOUR REDUCED DEDUCTIBLE AFTER THE AMEDISYS HSA CONTRIBUTIONS <ul style="list-style-type: none"> Employee-only coverage: \$1,100 Family coverage: \$2,500 	YOUR REDUCED DEDUCTIBLE AFTER THE AMEDISYS HSA CONTRIBUTIONS <ul style="list-style-type: none"> Employee-only coverage: \$2,700 Family coverage: \$5,700
COINSURANCE 20% after deductible is met	COINSURANCE 20% after deductible is met
ANNUAL OUT-OF-POCKET MAXIMUM LOWER <ul style="list-style-type: none"> \$5,000 per person \$10,000 per family, max 	ANNUAL OUT-OF-POCKET MAXIMUM LOWER <ul style="list-style-type: none"> \$6,000 per person \$12,000 per family, max
You pay this much for services:	
OFFICE VISIT 20% after deductible is met	OFFICE VISIT 20% after deductible is met
TELEMEDICINE BY INCLUDED HEALTH <ul style="list-style-type: none"> General care: \$45 (\$9 after deductible) Dermatology: \$45 (\$9 after deductible) Therapist (25 min.): \$70 (\$14 after deductible) 	TELEMEDICINE BY INCLUDED HEALTH <ul style="list-style-type: none"> General care: \$45 (\$9 after deductible) Dermatology: \$45 (\$9 after deductible) Therapist (25 min.): \$70 (\$14 after deductible)
URGENT CARE OR EMERGENCY ROOM VISIT 20% after deductible is met	URGENT CARE OR EMERGENCY ROOM VISIT 20% after deductible is met





Prescription drugs

Your medical plan includes prescription drug coverage through CVS Caremark.



Scan to download the CVS Caremark app



 PPO PREMIER PLAN	 PPO VALUE PLAN	 HSA PREMIER PLAN	 HSA VALUE PLAN
ANNUAL DEDUCTIBLE None	ANNUAL DEDUCTIBLE None	ANNUAL DEDUCTIBLE Combined with medical	ANNUAL DEDUCTIBLE Combined with medical
OUT-OF-POCKET MAXIMUM Combined with medical	OUT-OF-POCKET MAXIMUM Combined with medical	OUT-OF-POCKET MAXIMUM Combined with medical	OUT-OF-POCKET MAXIMUM Combined with medical
You pay this much for prescription drugs:	You pay this much for prescription drugs:	You pay this much for prescription drugs:	You pay this much for prescription drugs:
MAINTENANCE DRUGS AND ANNUAL FLU SHOT FREE! See eligible Rx list at amedisys.com/benefits .	MAINTENANCE DRUGS AND ANNUAL FLU SHOT FREE! See eligible Rx list at amedisys.com/benefits .	MAINTENANCE DRUGS AND ANNUAL FLU SHOT FREE! See eligible Rx list at amedisys.com/benefits .	MAINTENANCE DRUGS AND ANNUAL FLU SHOT FREE! See eligible Rx list at amedisys.com/benefits .
RETAIL PRESCRIPTION DRUGS (30-DAY SUPPLY) • Generic: \$10 • Brand name: \$40	RETAIL PRESCRIPTION DRUGS (30-DAY SUPPLY) LOWER • Generic: \$15 • Brand name: \$60	RETAIL PRESCRIPTION DRUGS (30-DAY SUPPLY) 20% after deductible is met MAXIMUM COPAY NEW! \$20 for generic and \$80 for brand prescriptions	RETAIL PRESCRIPTION DRUGS (30-DAY SUPPLY) 20% after deductible is met MAXIMUM COPAY NEW! \$25 for generic and \$100 for brand prescriptions
MAIL ORDER PRESCRIPTION DRUGS (90-DAY SUPPLY) • Generic: \$20 • Brand name: \$80	MAIL ORDER PRESCRIPTION DRUGS (90-DAY SUPPLY) • Generic: \$30 • Brand name: \$120	MAIL ORDER PRESCRIPTION DRUGS (90-DAY SUPPLY) 20% after deductible is met MAXIMUM COPAY NEW! \$40 for generic and \$160 for brand prescriptions	MAIL ORDER PRESCRIPTION DRUGS (90-DAY SUPPLY) 20% after deductible is met MAXIMUM COPAY NEW! \$50 for generic and \$200 for brand prescriptions
SPECIALTY DRUGS 30% or FREE with PrudentRx enrollment	SPECIALTY DRUGS 30% or FREE with PrudentRx enrollment	SPECIALTY DRUGS 30% or FREE with PrudentRx enrollment NEW!	SPECIALTY DRUGS 30% or FREE with PrudentRx enrollment NEW!

A prescription for savings

NEW FOR 2024 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 (for HSA plans), even if the GoodRx price is used.

Tell your doctor you are concerned 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. 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.

Review covered drugs at amedisys.com/benefits or call CVS Caremark to confirm drug coverage, as formulary updates are made every quarter.

NEW! Weight loss/GLP-1 Rx coverage updates
If you are taking a GLP-1 medication for diabetes, your doctor must provide medical records to confirm your diabetes diagnosis before you can refill your prescription. If you are using a GLP-1 medication for weight loss, you must participate in an approved weight management coaching support program to receive ongoing coverage for your prescription. More details will be provided to impacted members in November/December.

NEW! HSA Rx copay maximums for 2024! A copay maximum caps how much you will spend on medications. For example, if a generic prescription costs \$200, and you have reached your deductible, normally that drug would cost \$40 to pick up (20% of \$200). **With your new maximum copay, you will only pay \$20 if you're enrolled in the HSA Premier plan or \$25 if you're enrolled in the HSA Value plan.**

The Amedisys Wellness Program

The 2023 Amedisys Wellness Program partners with Aduro to give you access to 800+ digital experiences that can help you manage stress, burnout, sleep, weight, and much more.

Sign up and access interactive content, human performance coaching, and more. **Plus, you can earn up to \$500 in Wellness Rewards for participating!**

Get 1-on-1 personal coaching

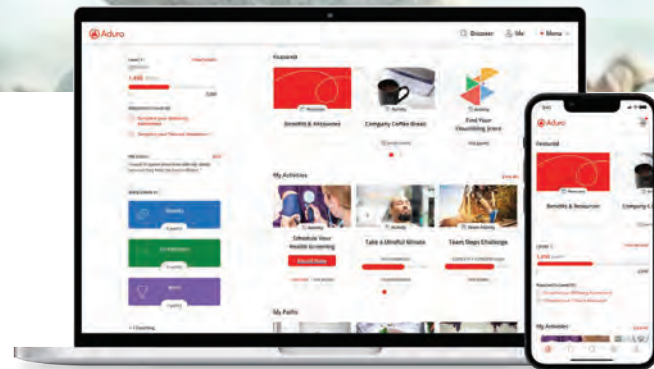
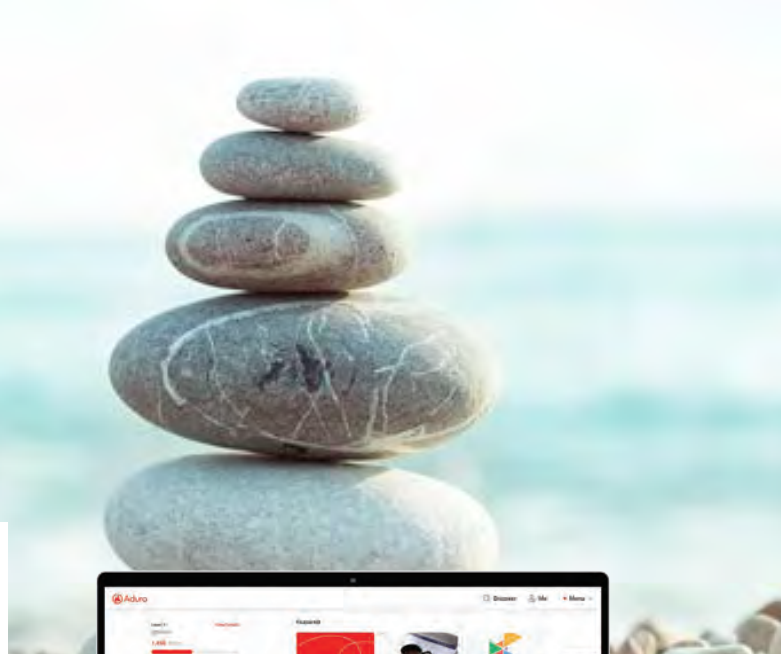
Make positive changes in your life with coaching that fits your schedule to help you reach your goals in any of the following areas:

- Health and fitness
- Money and prosperity
- Growth and development
- Contribution and sustainability

Connect with a coach

1. Log in at amedisys.com/wellness or download the Aduro app and log in.
2. Select the Connect with a Coach option on the home page.
3. Select an appointment date and time, enter your goal or focus area, and you're all set!

Stay tuned for updates on the new 2024 Amedisys Wellness Program launching in February 2024!



Scan to download the app or visit amedisys.com/wellness

Reverse your type 2 diabetes with Virta

If you, your spouse, or other adult dependents have type 2 diabetes, you have free access to Virta.

Virta treatment includes:

- ✓ Medical supervision
- ✓ Personalized treatment plan
- ✓ Biomarker tracking tools and supplies
- ✓ Personal health coach
- ✓ Recipes, food guides, and meal plans
- ✓ Private patient community
- ✗ **NO** calorie counting or fasting
- ✗ **NO** required exercise
- ✗ **NO** surgery

Over 150 Amedisys team members have enrolled. They've lost an average of 20 pounds each and cut their medications in half! Find your success—get started at virtahealth.com/join/amedisys.

Earn up to \$500 in Wellness Rewards!

Complete activities and earn rewards!
The more activities you do, the more you are rewarded.

How to get started:

1. Register at amedisys.com/wellness or download the Aduro app.
2. Earn quarterly rewards by completing activities to earn points every calendar quarter.
3. Earn annual rewards by completing required activities like a biometric health screening before December 31.

Spending your rewards

Wellness Rewards for Q4 and annual activities will be deposited to your Lifestyle Spending Account (LSA) with Bank of America by early February 2024. You will receive a debit card that you can use to pay for 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.

Not able to see a doctor by the deadline?

No problem! Print a lab voucher to use at participating LabCorp locations from the Aduro website or app or request an at-home test kit for a finger-prick collection. Don't delay—your lab test results must be uploaded by December 31, 2023!

Complete these activities by
December 31, 2023!

QUARTERLY REWARDS

EARN \$50 EVERY QUARTER



Earn quarterly wellness rewards by:

- Choosing activities or challenges to complete during the quarter
- Earning at least 300 points during each calendar quarter

ANNUAL REWARDS

EARN \$300 MORE



Finish these activities by December 31 to earn more Wellness Rewards:

- Earn \$100: Complete your human performance assessment survey with Aduro
- Earn \$200: Complete your biometric health screening with Aduro by:
 - Using the LabCorp voucher,
 - Using the at-home test kit, or
 - Having your doctor complete the PCP screening form.

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

Spending and Savings Accounts



Pay for eligible expenses using an FSA or an HSA.

PPO MEDICAL PLAN PARTICIPANTS ONLY (OR NO COVERAGE)

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

- Enroll** in a PPO medical plan or decline medical coverage.
- Choose** how much you want to contribute for the year. Your amount will be divided evenly from your 2024 paychecks on a pre-tax basis. (Remember to choose carefully because your unused funds won't roll over to the next year.)
- 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, 2025, and submit any receipts by June 30, 2025.

Bonus: Amedisys also offers a Dependent Care FSA. Learn more about this on page 32.

HSA MEDICAL PLAN PARTICIPANTS ONLY

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

- Enroll** in an HSA medical plan.
- Choose** how much you want to contribute for the year. Your annual election will be divided evenly from your 2024 paychecks on a pre-tax basis.
- Get company contributions to your HSA** every quarter you contribute.*
- Pay** for eligible healthcare expenses tax-free with your Optum debit card.
- Save** for future healthcare needs! Let your unused money roll over year to year and invest it for more tax-free growth.

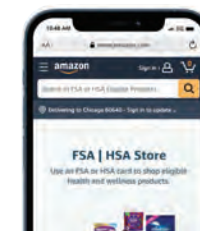
*You must actively enroll in and contribute to your HSA to receive the company's HSA contribution.

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).

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


HEALTHCARE FSA	VS.	HSA
You	Who adds money to the account?	You and Amedisys. If you contribute at least \$100 during the year to your HSA, Amedisys will add: <ul style="list-style-type: none"> • \$800 for single coverage • \$1,300 for family coverage Amedisys contributions will be evenly split into four quarterly deposits.
You can participate in the Healthcare FSA if: <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. 	Eligibility You cannot contribute to both a Healthcare FSA and an HSA at the same time.	You can contribute to an HSA if: <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. Note: You can continue to spend and use your HSA balance from prior years even if you switch to a PPO medical plan for 2024. You just won't be able to contribute any new money to your HSA in 2024.
You can contribute up to \$3,050.	How much can you contribute?	Both Amedisys and you can contribute a total of: <ul style="list-style-type: none"> • Single coverage: \$4,150 • Family coverage: \$8,300 • Catch-up contribution for employees age 55+: \$1,000
None	Investment Options	Several investment options are available when your balance reaches \$1,000.
No, you forfeit any FSA funds that aren't used by the deadline.	Do unused funds roll over next year?	Yes, the money in your HSA is always yours to keep—even if you leave Amedisys.
You can use your Healthcare FSA to pay for: <ul style="list-style-type: none"> • Medical expenses • Dental expenses • Vision expenses • Prescriptions • Some over-the-counter items 	Eligible Expenses For a detailed list of eligible healthcare expenses, see IRS Publication 502.	You can use your HSA to pay for: <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



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


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) <ul style="list-style-type: none"> • \$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) <ul style="list-style-type: none"> • \$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) <ul style="list-style-type: none"> • \$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) <ul style="list-style-type: none"> • \$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 <ul style="list-style-type: none"> • 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](https://www.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.

New for 2024! Lower costs for vision coverage.

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 **NEW!**

Critical illness insurance **NEW!**

Hospital insurance **NEW!**

Identity theft protection **NEW!**



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: \$23,000
 - Age 50+: \$23,000 + \$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.

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).

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

Voluntary coverage details

Employee

Coverage available:
Increments of \$10,000, up to \$500,000

EOI required?:
Yes, for any coverage increases.

Spouse

Coverage available:
Increments of \$5,000 up to \$250,000

EOI required?:
Yes, for any coverage increases.

Child(ren) (from birth to 26 years old)

Coverage available:
\$10,000

EOI required?:
No, coverage is guaranteed issue.

Calculate your voluntary life and AD&D insurance cost:	
Your coverage amount	\$
Divided by 1,000 (÷ 1,000)	÷ 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

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 pg 20)	\$
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 pg 20)	\$
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.*

EARN \$50 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

NEW! Your accident and critical illness coverage is moving from Voya to Unum as of January 1, 2024, where you'll enjoy more benefits and lower premiums! If you currently have coverage with Voya and do not actively complete your enrollment, we will automatically move your coverage(s) to Unum for next year.

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 with no medical underwriting if you apply during open enrollment.
- 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.
- **NEW!** 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.

EARN \$50 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.

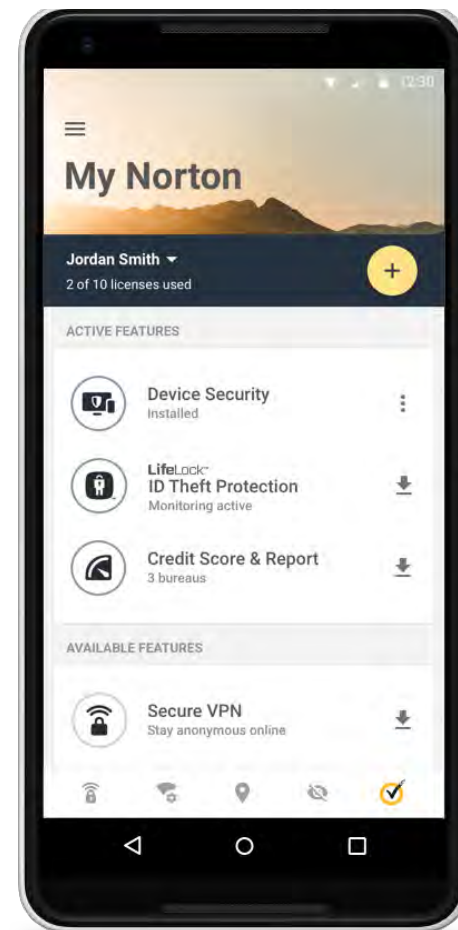
Norton Secure VPN helps protect your online privacy so your sensitive information, browsing history, online activities, and webcam are more secure.

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 new 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

Behavioral health

Dependent care FSA (DCFSA)

Transit, parking, and commuter benefits



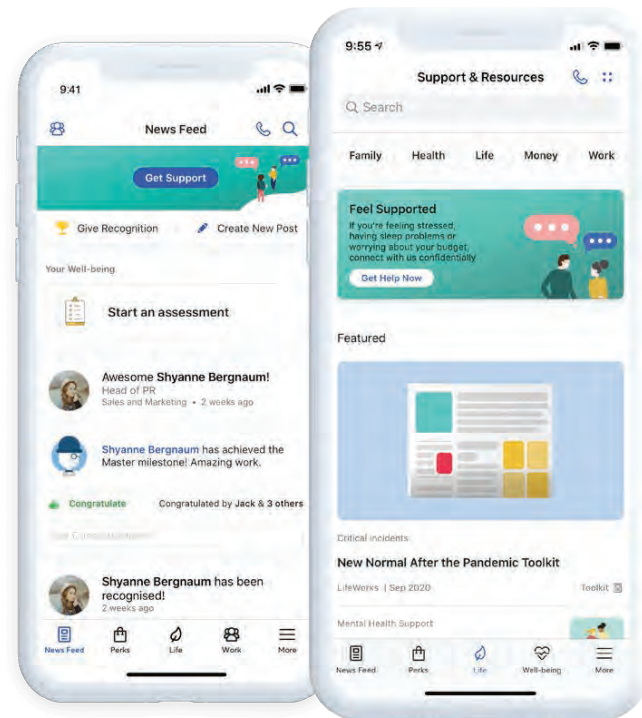
Employee Assistance Program (EAP)

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 child care, 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](tel: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 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.

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.

Behavioral health



Having depression, anxiety, or a substance use disorder isn't your fault. These mental health conditions are common. And just like physical health conditions, they deserve the support of a caring healthcare provider.

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

If you are in a crisis or thinking about suicide, there is hope—connect with the National Suicide and Crisis Lifeline by calling or texting **988**.

Switching treatment to an Optum provider

If your mental health or substance use treatment provider is not in the Optum network, please call Optum in January 2024 to request a transition of care benefit for your current provider and for assistance in locating a new participating provider who will be able to continue your treatment.

You must enroll in an Amedisys medical plan to use Optum Behavioral Health services. Standard cost-sharing (copays, deductibles, and coinsurance) applies to phone-based and in-person mental health and substance use treatment services.

Connecting to support is easier than ever on liveandworkwell.com. It's available around the clock, from the convenience of your desk or the comfort of your home. You'll find confidential access to professional care, self-help programs, and resources specific to your needs—whether you're dealing with substance use, depression, anxiety, or seeking care for a family member.

Explore care options

Choose "Find Care" to easily connect to the right care at the right time. Simply answer a few questions about how you're feeling—and your goals—and resources will be recommended to meet you where you are in your mental health journey. You can get support for yourself or a family member.

Benefits and services

Learn what's available to you and how to make the most of your resources and benefits.

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 and learn

Get tools and information about a range of topics, such as stress and anxiety, to help you navigate your way to feeling better.

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.



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, 2025, to submit claims for expenses incurred between January 1, 2024, and March 15, 2025. 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 14 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 2024, you can contribute up to \$315 per month for each account (a maximum of \$630 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 myoptumfinancial.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** 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**.

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**.

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**.

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 July 31, 2023. 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@MyAKHIP.com
Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx

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

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIP) Program Website: dhcs.ca.gov/hip
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: flmedicaidtprecovery.com/flmedicaidtprecovery.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: [kidshhealth.ky.gov/Pages/index.aspx](https://www.kidshhealth.ky.gov/Pages/index.aspx)
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: masspreassistance@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: [nifamilycare.org/index.html](https://www.nifamilycare.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
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 Rite 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 July 31, 2023, 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 \(3272\)](https://www.dol.gov/agencies/ebsa/1-866-444-EBSA)

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 ebssa.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.

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](https://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

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

Date: 10/14/2023
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).

For more information

Don't forget! You can access information about your benefits year-round at 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 (2023)	Aduro	amedisys.com/wellness	855-864-0721
Health Savings Account (HSA)	Optum Financial	optumfinancial.com	833-881-8154
Flexible Spending Accounts (FSAs)	Optum Financial	optumfinancial.com	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	optumfinancial.com	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.