

2023 Benefits Guide

JANUARY 1 - DECEMBER 31, 2023



Welcome

The things that are important to you matter to us, too. That's why we offer comprehensive benefit options for you and your family. We are committed to excellence in our work and in our offerings for 2023. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your domestic partner (DP) and/or their children, where applicable by state law
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Dependent eligibility verification is required within 60 days of adding a new dependent to coverage.

When Coverage Begins

- ▶ **New Hires/Newly Eligible:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following or coinciding with your date of hire.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2023.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, DP or child
- ▶ You lose coverage under your spouse's/DP's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Benefits@Addus.com within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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Get Ready for Open Enrollment!

This is your once-a-year opportunity to make changes to your coverage.

Open Enrollment is Your Chance To:

- ▶ Review your benefits and make sure they still meet your needs
- ▶ Update your personal information
- ▶ Enroll or change coverage
- ▶ Add or remove eligible family members
- ▶ Participate in a flexible spending account (these elections must be made each year)
- ▶ Review and update your beneficiaries

What's Changing for 2023

- ▶ Addus will now offer four medical plan options—two PPO plans and two HSA plans
- ▶ You'll see a change in employee medical/Rx premium contributions
- ▶ HSABank will be the new administrator for flexible spending accounts (FSAs)
- ▶ A new voluntary benefit, hospital indemnity coverage, offers benefits paid to you for covered hospital stays
- ▶ MetLife will be the new administrator for the legal and identity theft protection plans

November 7 - 21

You must take action during Open Enrollment if you want to enroll for the first time, make changes to your coverage, add/remove any family members or participate in a flexible spending account.

If you don't need to enroll or make changes, no action is needed. Your current benefits will carry over into 2023.

Enrollment

Go to [MyADP.com](https://myadp.com). There, you will find detailed information about the plans available to you and instructions for enrolling.

Questions?

We're here to help. Contact the Benefits Department at:

- 866-218-4272
Mon. - Fri., 7:30 a.m. - 5 p.m. CT
- benefits@addus.com

Mental Health Resources

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

Employee Assistance Program

Our employee assistance program (EAP) helps manage your and your family's total health, including mental, emotional and physical—at no cost to you. Through the EAP, you have access to mental health assistance and helpful resources by phone, and the EAP benefit includes three face-to-face visits per issue with a licensed professional.

To access the EAP, visit guidanceresources.com (use company code: DNDRS) or call 866-899-1363. See full plan details on [page 12](#).

Mental Health and Your Medical Plan

When your covered EAP services run out, the medical plan covers behavioral and mental health services. Coverage includes virtual therapy from MDLive/BCBSTX. Via video or telephone, you can receive confidential one-on-one counseling from the privacy and convenience of your home. Your licensed virtual therapist may provide a diagnosis, treatment and medication if needed. You can see the same therapist with each appointment and establish an ongoing relationship.

Other Mental Health Resources

National Suicide Prevention Lifeline

Call 800-273-TALK (8255)
En Español 888-628-9454

The Lifeline is a free, confidential crisis hotline that connects callers to the nearest crisis center in the Lifeline national network. These centers provide crisis counseling and mental health referrals.

Crisis Text Line

Text "HELLO" to 741741

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor, who can provide support and information. Standard text messaging rates may apply.

Veterans Crisis Line

Call 800-273-TALK (8255) and press 1
or text to 838255

The Veterans Crisis Line can be used by phone or text to connect veterans with a trained responder 24/7. The service is available to all veterans, even if they are not registered with the VA or enrolled in VA health care.



Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Blue Cross and Blue Shield of Texas PPO

These plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network.

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.

Blue Cross and Blue Shield of Texas HDHP HSA

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- ▶ You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible. **Note:** If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
- ▶ Once you meet the deductible, you pay a percentage of your health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. **Note:** If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.

The HSA

The HDHP comes with a type of savings account called a health savings account, or HSA. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses. Full HSA details are on **page 7**.

Prescription Benefits

Our prescription drug program is coordinated through BCBSTX. That means you will only have one ID card for both medical care and prescriptions. Information on your benefits coverage and a list of network pharmacies is available online at www.bcbstx.com or by calling the Customer Care number on your ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as generic, preferred, non-preferred or specialty drugs.

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety and strength. Because they are the same medicine, generic drugs are just as effective as the brand names and they undergo the same rigid FDA standards. But generic versions cost 80-85% less on average than the brand-name equivalent.

Note: Apps like GoodRx and RxSaver let you compare prices of prescription drugs and find possible discounts. Make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. So if you choose to use a discount card from an app such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.

Medical (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	BCBSTX Bronze HSA HDHP		BCBSTX Core HSA HDHP		BCBSTX Core PPO Plan		BCBSTX Buy-Up PPO Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)								
Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$3,500 / \$7,000	\$7,000 / \$14,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$2,500 / \$5,000	\$5,000 / \$10,000
Out-of-Pocket Maximum (per calendar year)								
Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$7,000 / \$14,000	\$14,000 / \$28,000	\$10,000 / \$20,000	\$20,000 / \$40,000	\$5,000 / \$10,000	\$10,000 / \$20,000
Covered Services								
Office Visits (physician/specialist)	0%*	50%*	20%* / 20%*	50%*	\$30 / \$60 copay	40%* / 40%*	\$30 / \$60 copay	40%* / 40%*
Routine Preventive Care	0%*	50%*	No charge	50%*	No charge	40%*	No charge	40%*
Outpatient Diagnostic (lab/X-ray)	0%*	50%*	20%*	50%*	30%*	40%*	20%*	40%*
Complex Imaging	0%*	50%*	20%*	50%*	30%*	40%*	20%*	40%*
Chiropractic	0%*	50%*	20%*	50%*	30%*	40%*	20%*	40%*
Ambulance	0%*		20%*		20%*		20%*	
Emergency Room	0%*		20%*		30%*		20%*	
Urgent Care Facility	0%*	50%*	20%*	50%*	\$60 copay	40%*	\$60 copay	40%*
Inpatient Hospital Stay	0%*	50%*	20%*	50%*	30%*	40%*	20%*	40%*
Outpatient Surgery	0%*	50%*	20%*	50%*	30%*	40%*	20%*	40%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)								
Retail Pharmacy (30-day supply)	0%* (all tiers)	50%* (all tiers)	20%* (all tiers)	50%* (all tiers)	\$15 / \$50 / \$70 / 20% up to max. \$200	\$15 + 40% / \$50 + 40% / \$70 + 40% / 20% up to max. \$200	\$15 / \$50 / \$70 / 20% up to max. \$200	\$15 + 40% / \$50 + 40% / \$70 + 40% / 20% up to max. \$200
Mail Order (90-day supply)	0%* (all tiers)	N/A	20%* (all tiers)	N/A	\$30 / \$100 / \$140 / N/A	N/A	\$30 / \$100 / \$140 / N/A	N/A

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Health Savings Account (HSA)

The HDHP comes with a type of savings account called a health savings account, or HSA. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- ▶ You contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ Addus HomeCare also contributes to your account: \$960 annually for employee-only coverage or \$1,920 with dependent(s), which is divided and deposited on a monthly basis.
- ▶ Your contributions may not exceed the annual IRS limits listed below.

HSA Contribution Limit	IRS 2023 Total Limit	Employer Contribution	Employee Limit
Employee Only	\$3,850	\$960	\$2,890
Family (employee + 1 or more)	\$7,750	\$1,920	\$5,830
Catch-up (age 55+)	\$1,000	N/A	\$1,000

- ▶ You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

How to Use Your HSA

- ▶ Use your **HSA debit card** to pay for qualified medical expenses at the point of service
- ▶ Pay your providers **directly** from your HSA online
- ▶ Request **reimbursement** for any health care costs you paid out of pocket

Important Notes:

- ▶ You must meet certain eligibility requirements to have an HSA:
 - a) be at least 18 years old
 - b) be covered under a qualified HDHP and no other medical plan
 - c) must not be enrolled in Medicare or TRICARE
 - d) cannot be claimed as a dependent on another person's tax return
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA
- ▶ Be sure to save your receipts, in case substantiation is needed by the IRS

Eligible Expenses

HSA funds may be used for eligible health care expenses, such as:

- Deductibles
- Coinsurance
- Copays
- Prescriptions
- Dental services
- Eyeglasses
- Menstrual products
- Over-the-counter medications
- And more

For a full list of eligible expenses, refer to irs.gov/pub/irs-pdf/p502.pdf

Virtual Care

When you're under the weather, there's no place like home. And when you're constantly on the go, scheduling a doctor's appointment can easily move down your priority list. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

MDLive Telemedicine

We provide a virtual medicine benefit through MDLive for you and your dependents. MDLive offers on-demand access to board-certified doctors through online video, telephone or secure email. General health issues can be addressed at home for a copay of \$20 - \$44 per consultation (depending on which plan you're enrolled in).

Virtual medicine is useful for after-hours nonemergency care, when your primary care doctor is unavailable, if you need prescriptions or refills, or if you're traveling. Virtual visits aren't good for conditions requiring exams or tests, complex or chronic problems, or emergencies like sprains or broken bones.

MDLive doctors can share information with your primary care physician with your consent. Please note that some states do not allow physicians to prescribe medications via telemedicine.

MDLive doctors can treat many medical conditions, including:

- ▶ Cold & flu
- ▶ Allergies
- ▶ Bronchitis
- ▶ Bladder infection/urinary tract infection
- ▶ Respiratory infection
- ▶ Pink eye
- ▶ Sore throat
- ▶ Stomachache
- ▶ Sinus problems

Access Care

Visit www.mdlive.com/bcbstx to request a virtual visit. After you register and request an appointment, you'll pay your portion of the service costs and enter a virtual waiting room. During your visit, you can talk to a doctor about your health concerns, symptoms and treatment options.



Dental

We are proud to offer you a choice of two dental plans.

MetLife DPPO

These plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the MetLife network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Core Plan DPPO		Buy-Up Plan DPPO	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$50 / \$150		\$50 / \$150	
Benefit Maximum (per calendar year; preventive, basic and major services combined)				
Per Individual	\$1,500		\$1,500	
Covered Services				
Preventive Services	No charge		No charge	
Basic Services	20%*		20%*	
Major Services	50%*		50%*	
Orthodontia	Not Covered		50%*; \$2,000 Lifetime Maximum (adults and children)	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a vision plan.

The Davis Vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Davis Vision network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 copay	Up to \$40
Lenses (once every 12 months) Single Vision Bifocal Trifocal	\$25 copay	Up to \$40
		Up to \$60
		Up to \$80
Frames (once every 24 months)	Covered up to \$150 or \$200 at Visionworks plus 20% discount on remaining balance	Up to \$50
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$130 plus 15% discount on remaining balance	Up to \$105



Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered through HSA Bank. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2023, you may contribute up to \$3,050 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions and over-the-counter drugs
- ▶ Menstrual care products
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams, materials, LASIK

NOTE: If you enroll in the HSA medical plan, you may not participate in a health care FSA.

Dependent Care FSA

For 2023, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent
- ▶ For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

Using Your HFSA

- ▶ Use your FSA debit card at doctor and dentist offices, pharmacies and vision service providers. The transaction will be denied if you use the card at an ineligible location.
- ▶ Submit a claim form along with the required documentation. Contact HSA Bank with reimbursement questions. If you need to submit a receipt, WageWorks will notify you. Always save receipts for your records.
- ▶ While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.



FSA Rules

You must enroll each year to participate.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- ▶ Expenses must occur during the 2023 plan year.
- ▶ Funds cannot be transferred between FSAs.
- ▶ You cannot participate in a dependent care FSA and claim a dependent care tax deduction at the same time.
- ▶ You must “use or lose” your funds—any unused funds will be forfeited.
- ▶ You cannot change your FSA election in the middle of the plan year without a qualifying life event.
- ▶ Terminated employees have 30 days following termination to submit FSA claims for reimbursement.
- ▶ Those considered highly compensated employees (family gross earnings were \$125,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

Comparing the HSA and Health Care FSA

A health savings account (HSA) and health care flexible spending account (FSA) are both great options to save pre-tax funds to help with health care costs. The account you are eligible for depends on the plan you enroll in. The chart below outlines key differences between these accounts, to help you make informed decisions.

Feature	HSA	Health Care FSA
Eligibility	You must be enrolled in a qualified high-deductible health plan, such as the Addus HomeCare Bronze or Core HDHP. You cannot be enrolled in another health plan (including Medicare, Medicaid or TRICARE), have a health care FSA or be claimed as dependent on someone else's tax return.	You cannot be enrolled in both an HSA and health care FSA. The FSA is available to participants of the Core or Buy-Up medical plans, or can be elected without medical coverage.
Ownership	You own your HSA and can keep the account even if you change plans or leave your job.	The FSA is owned by Addus HomeCare on your behalf. If you change employers, your account will end.
Taxation*	Contributions are pre-tax. The account earns tax-free interest. Qualified expenses are covered tax free.	Contributions are pre-tax. Qualified expenses are covered tax free.
Employer Contributions	AddusHomeCare contributes to your account annually: \$960 employee / \$1,920 family	FSAs do not allow employer contributions.
Employee Contributions	Your contributions, when combined with employer contributions, cannot exceed these IRS limits: \$3,850 employee / \$7,750 family. If you are age 55+, you can contribute an additional \$1,000.	You may contribute up to \$3,050, regardless of coverage tier.
Payment	You will receive a debit card that you can use to pay for services when you receive them. You can also pay health care bills using the HSA/FSA administrator's system, or you can pay out-of-pocket and request reimbursement.	
Rollover / Grace Period	HSA funds roll over from year to year.	Up to \$610 in unused funds may be rolled over to the next plan year. These funds must be used by March 31 of the following year.
Qualified Expenses	Physician services, hospital services, prescriptions, menstrual products, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. For a full list, reference IRS Publication 502.	Physician services, hospital services, prescriptions, menstrual products, over-the-counter medications, dental care, and vision care. For a full list, reference IRS Publication 502.
When Funds are Available	HSA funds are available as they are deposited into your account.	The full amount of your annual contribution is available at the beginning of the plan year.
When You Can Make Changes	Any time.	Only during Open Enrollment or if you experience a qualifying life event.

*Refers to federal taxes. State taxation rules vary.

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through MetLife are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500¹. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills². When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Hospital Indemnity

When your loved one needs to be hospitalized, your family deserves to focus on their wellbeing—not the stress of the average three-day hospital stay, which can cost you \$30,000¹. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

Critical Illness

Most of us don't have an extra \$7,000 ready to spend – even if we do, we don't want to use it all on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000³. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g., experimental), prescriptions, travel, increased living expenses and more.



1. Why health insurance is important: Protection from high medical costs. [Health care.gov](https://www.healthcare.gov)
2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.
3. MetLife Accident and Critical Illness Impact Study.

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Dearborn National.

Benefit Amount	
Employee	1x your annual salary up to \$100,000

Supplemental Life (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Dearborn National for yourself and your eligible family members.

	Benefit Option	Benefit Maximum	Guaranteed Issue ¹
Employee	\$10,000 increments	Lesser of: 5x annual salary or \$500,000	\$200,000
Spouse/DP	\$5,000 increments	Lesser of: 100% of employee amount or \$500,000	\$30,000
Child(ren)	Birth to 6 months: \$1,000 6 months to 26 years: \$10,000	\$10,000	\$10,000

Age Reduction Schedule:

- Ages 65 - 69 = 65% of the amount of life insurance
- Ages 70+ = 50 % of the amount of life insurance

If employment ends, you may contact Dearborn National to convert your employer-paid basic life/AD&D coverage or your voluntary life coverage to an individual policy.

¹During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. This benefit is paid by you with an Addus contribution.

Voluntary Short-Term Disability

Provided at an affordable group rate through Dearborn National.

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,000
When Benefits Begin	After 14 th day of disability
Maximum Benefit Duration	24 weeks

Voluntary Long-Term Disability

Provided at an affordable group rate through Dearborn National.

Benefit Percentage	60%
Monthly Benefit Maximum	\$5,000
When Benefits Begin	After 180 th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Employee Assistance Program

Life is full of challenges, and sometimes balancing it all is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through ComPsych.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Substance abuse
- ▶ Relationships or marital conflicts
- ▶ Grief and loss
- ▶ Child and eldercare
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to three in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

401(k) Retirement Plan

This employer-sponsored retirement account can help your future self by saving money – tax free – from your paycheck. The sooner you participate in a 401(k), the more time your assets have to grow. Eligible employees can invest for retirement while receiving tax advantages.

Administrative services are provided by Principal. You may start making pre-tax contributions into the plan on the first day of the quarter following six months of service. You must be at least 21 years of age to be eligible.

If you contribute to your 401(k) pretax, your contributions are taken out before taxes each pay period, which will lower your annual taxable income. Pre-tax contributions grow on a tax-deferred basis and you won't pay taxes on these dollars until a distribution is taken at retirement. If you choose the available Roth 401(k), contributions are deducted from your paycheck after taxes. Although you are paying taxes on those dollars now, you won't pay taxes when you withdraw during retirement.

Contributing to the Plan

The deferred contribution limit set annually by the IRS is \$22,500 for 2023. If you are age 50 or older this year and you already contribute the maximum allowed to your 401(k) account, you may also make a "catch-up contribution." This additional deposit accelerates your progress toward your retirement goals. The maximum catch-up contribution is \$7,500 for 2023, for a combined total contribution allowance of \$30,000.

You may change the amount of your contributions any time. Changes are effective as soon as administratively feasible and remain in effect until you modify them. You may also discontinue your contributions and start them again at any time.

Company Contributions

To help you save, Addus HomeCare providers you with an annual discretionary match.

Vesting refers to how much of your 401(k) funds you can take with you if or when you leave Addus HomeCare. With our vesting schedule, each year you'll own a greater percentage of the company's matching contributions. After three years of service, you'll be fully vested and own 100% of the employer contributions. You always own and are fully vested in your own personal 401(k) contributions.

Valuable Extras

Home/Auto Insurance

You have access to discounted auto and homeowners insurance through MetLife. Your coverage stays with you even if you switch jobs. Homeowners insurance includes coverage for your house, condo or rental property. Residency restrictions may apply. Auto insurance includes coverage for your vehicle, boat, motor home or recreational vehicle. You may start or stop your coverage at any time during the year. Call 800-438-6388 to sign up.

Prepaid Legal Coverage

The MetLife legal plan offers low-cost access to attorneys for personal legal services. Payments are made conveniently through payroll deductions. It's like having your own attorney on retainer for a lot less. There are many attorneys standing by to assist you and your covered dependents with:

- ▶ Estate planning, wills and trusts
- ▶ Real-estate matters
- ▶ Identity-theft defense
- ▶ Financial matters, such as debt-collection defense
- ▶ Traffic offenses
- ▶ Document review
- ▶ Family law, including adoption and name change
- ▶ Advice and consultation on personal legal matters
- ▶ Divorce

Identity Theft Protection

Identity theft protection is available on a voluntary basis. There is a new identity fraud victim every two seconds. Protect yourself with MetLife. MetLife monitors millions of transactions every second, alerting you to suspicious activity by text, phone or email. This plan offers a full set of features to help protect you and your covered family members against identity theft. MetLife membership features:

- ▶ Identity Alert System
- ▶ Lost-wallet protection
- ▶ Address change verification
- ▶ Privacy monitor
- ▶ Live member service support
- ▶ Identity-restoration support
- ▶ Data-breach notifications

Discount Marketplace

The Working Advantage discount marketplace offers shopping and saving options with brands you know and love, discounts with national travel partners and theme parks, and curated offers created specifically for Addus! This program is completely cost-free and takes only seconds to enroll. Visit addus.savings.workingadvantage.com to get started.

Glossary

Balance Billing - When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance - Your share of the cost of a covered health care service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay - The fixed amount you pay for health care services received, as determined by your insurance plan.

Deductible - The amount you owe for health care services before your insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you've paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) - A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan and what portion is your liability, in addition to how you can appeal the insurer's decision.

Flexible Spending Accounts (FSAs) - A special tax-free account you put money into that you use to pay for certain out-of-pocket health care costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some health care FSAs do allow for a grace period or rollover into the next plan year.

- ▶ **Health care FSA** - A pre-tax benefit account used to pay for eligible medical, dental and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- ▶ **Dependent Care FSA** - A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Health Care Cost Transparency - Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) - A personal health care bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) - A plan option that provides choice, flexibility and control when it comes to health care spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

Network - A group of physicians, hospitals and health care providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- ▶ **In-Network** - Providers that contract with your insurance company to provide health care services at the negotiated carrier discounted rates.
- ▶ **Out-of-Network** - Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.

Open Enrollment - The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum - The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or health care your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications - Medications available without a prescription.

Prescription Medications - Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred or specialty.

- ▶ **Generic Drugs** - Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- ▶ **Preferred Drugs** - Brand-name drugs on your provider's approved list (available online).
- ▶ **Non-Preferred Drugs** - Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- ▶ **Specialty Drugs** - Prescription medications used to treat complex, chronic and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- ▶ **Prior Authorization** - A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- ▶ **Step Therapy** - The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) - The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary and Reasonable) amount.

Summary of Benefits and Coverage (SBC) - Mandated by health care reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) - The document(s) that outline the rights, obligations and material provisions of the plan(s) to all participants and their beneficiaries.

Cost of Benefits

Your contributions toward the cost of medical, dental and vision benefits are automatically deducted from your paycheck before taxes (voluntary benefits are after taxes). The amount will depend upon the plan you select and if you choose to cover eligible family members.

MEDICAL

PLAN	Bi-Weekly Cost
BCBSTX Buy-Up PPO	
EE Only	\$131.75
EE + Spouse	\$369.17
EE + Children	\$365.37
EE + Family	\$611.66
BCBSTX Core PPO	
EE Only	\$47.67
EE + Spouse	\$223.03
EE + Children	\$210.69
EE + Family	\$394.73
BCBSTX Core HSA	
EE Only	\$90.36
EE + Spouse	\$295.42
EE + Children	\$280.65
EE + Family	\$454.94
BCBSTX Bronze HSA	
EE Only	\$83.37
EE + Spouse	\$282.28
EE + Children	\$266.76
EE + Family	\$434.87

DENTAL

PLAN	Bi-Weekly Cost
METLIFE Core	
EE Only	\$4.46
EE + Spouse	\$15.66
EE + Children	\$16.62
EE + Family	\$31.85
METLIFE Buy-Up	
EE Only	\$7.89
EE + One	\$23.46
EE + Children	\$28.62
EE + Family	\$42.46

VISION

PLAN	Bi-Weekly Cost
DAVIS Vision	
EE Only	\$0.92
EE + Spouse	\$1.85
EE + Child(ren)	\$1.85
EE + Family	\$2.77

HOSPITAL IDEMNITY PLAN

PLAN	Bi-Weekly Cost
METLIFE - Low Plan	
EE Only	\$5.87
EE + Spouse	\$10.62
EE + Children	\$9.03
EE + Family	\$13.78
METLIFE - High Plan	
EE Only	\$10.67
EE + One	\$19.12
EE + Children	\$16.23
EE + Family	\$24.68

ACCIDENT INSURANCE

PLAN	Bi-Weekly Cost
METLIFE Accident	
EE Only	\$3.26
EE + Spouse	\$6.90
EE + Children	\$7.10
EE + Family	\$8.88

Cost of Benefits

Your contributions toward the cost of voluntary benefits are automatically deducted from your paycheck after taxes. The amount will depend upon the plan you select, if you choose to cover eligible family members and your age for some benefits.

VOLUNTARY LIFE INSURANCE

Coverage	Monthly Rate Per \$1,000
EE Vol. Life - Dearborn National	EE Rates
<25	
25-29	\$0.06
30-34	\$0.07
35-39	\$0.09
40-44	\$0.15
45-49	\$0.25
50-54	\$0.37
55-59	\$0.55
60-64	\$0.90
65-69	\$1.64
70-74	\$2.32
75-99	\$5.01

Coverage	Monthly Rate Per \$1,000
Spouse Vol. Life - Dearborn National	SP Rates
<25	
25-29	\$0.07
30-34	\$0.08
35-39	\$0.10
40-44	\$0.17
45-49	\$0.28
50-54	\$0.63
55-59	\$1.03
60-64	\$1.86
65-69	\$2.64
70-99	\$5.69
Child Vol. Life - Dearborn National	
CH Life per \$1,000	\$0.20

VOLUNTARY BENEFITS

Coverage	Monthly Rate
MetLife Legal Services	\$17.25
MetLife ID Theft	\$6.95 individual / \$12.95 family

CRITICAL ILLNESS

Coverage	Monthly Rate			
METLIFE Critical Illness	EE Only	EE + Spouse	EE + Children	EE + Family
EE Age	\$15,000 Benefit			
<25	\$4.20	\$8.55	\$9.30	\$13.50
25-29	\$4.50	\$9.45	\$9.45	\$14.40
30-34	\$6.15	\$13.05	\$11.10	\$18.00
35-39	\$8.55	\$18.75	\$13.50	\$23.70
40-44	\$13.20	\$28.80	\$18.15	\$33.90
45-49	\$19.05	\$42.75	\$24.00	\$47.70
50-54	\$26.10	\$61.35	\$31.20	\$66.45
55-59	\$35.55	\$86.70	\$40.50	\$91.65
60-64	\$49.35	\$124.35	\$54.45	\$129.30
65-69	\$71.25	\$179.10	\$76.20	\$184.20
70+	\$105.15	\$252.90	\$110.10	\$257.85
EE Age	\$30,000 Benefit			
<25	\$8.40	\$17.10	\$18.60	\$27.00
25-29	\$9.00	\$18.90	\$18.90	\$28.80
30-34	\$12.30	\$26.10	\$22.20	\$36.00
35-39	\$17.10	\$37.50	\$27.00	\$47.40
40-44	\$26.40	\$57.60	\$36.30	\$67.80
45-49	\$38.10	\$85.50	\$48.00	\$95.40
50-54	\$52.20	\$122.70	\$62.40	\$132.90
55-59	\$71.10	\$173.40	\$81.00	\$183.30
60-64	\$98.70	\$248.70	\$108.90	\$258.60
65-69	\$142.50	\$358.20	\$152.40	\$368.40
70+	\$210.30	\$505.80	\$220.20	\$515.70

Contact Information

Coverage	Carrier	Policy #	Phone #	Website/Email
Medical	Blue Cross and Blue Shield of Texas	247063	800-521-2227	www.bcbstx.com
Health Savings Account (HSA)	HSA Bank	N/A	800-357-6246	www.hsabank.com
Virtual Care	MDLive	N/A	888-680-8646	www.mdlive.com/bcbstx
Dental	MetLife	216447	800-438-6388	www.metlife.com/mybenefits
Vision	Davis Vision	505508	800-999-5431	www.davisvision.com
Flexible Spending Accounts (FSAs)	HSA Bank	ADDU-SHEAL-30088	800-357-6246	www.hsabank.com
Voluntary Benefits (accident, critical illness, hospital)	MetLife	N/A	800-438-6388	www.metlife.com/mybenefits
Life/AD&D	Dearborn National	216447	800-348-4512	www.dearbornnational.com
Disability	Dearborn National	F023135	800-348-4512	www.dearbornnational.com
Employee Assistance Program (EAP)	ComPsych	F023135	866-899-1363	www.guidanceresources.com company code: DNDRS
401(k) Retirement	Principal	4-72465	800-547-7754	www.principal.com
Auto/Home	MetLife	N/A	800-438-6388	www.metlife.com/mybenefits
Legal and Identity Theft Coverage	MetLife	N/A	800-438-6388	www.metlife.com/mybenefits

Required Notices

Please [click here](#) for annual required plan notices.

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.

Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

Benefits Website

Our benefits website, **Addus ARC**, can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact Addus HomeCare Benefits Department:

- 866-218-4272
Mon. - Fri., 7:30 a.m. - 5 p.m. CT
- benefits@addus.com