

2025 Benefits Open Enrollment Frequently Asked Questions



General Questions

Q: When does Open Enrollment end this year?

A: Tuesday, November 26, 2024.

Q: Are there any changes in the benefits?

A: Oatey is continuing to offer the same array of robust benefits with our current providers, however, there are a few changes you should be aware of: 1) Associate medical contributions are increasing by 1% for all Aetna plan tiers; 2) Deductibles under the HDHP plan will increase for in-network and out-of-network coverage to align with an IRS required update; and 3) FSA and HSA contribution limits are increasing for 2025.

Q: If I do not have any changes, do I need to do anything?

A: Yes, please log in to Workday to review your elections and information, including dependents and beneficiaries. Make sure you update your dependents and beneficiaries, or remove any dependents who are no longer eligible. If you are enrolled in any Flexible Spending Accounts, you must enroll every year as these accounts will not automatically roll over from 2024.

Q: Can I add my spouse if he or she works?

A: Our policy is that your spouse can not be enrolled in the Oatey medical plan if offered benefits through their employer. You may add your spouse during Open Enrollment if your spouse does not have medical coverage available to them through his or her employer, but please be advised that supporting documentation to verify eligibility will be required in early 2025. You may add your spouse in other coverages regardless of work status.

Q: Can I add my child to my insurance?

A: Newborns can be added to your plan if HR is notified within 30 days of the birth. Otherwise, Open Enrollment is the only time during the year when a child may be added without a qualifying event.

Q: Will my beneficiary information transfer from 2024 to 2025 or do I need to re-enter this information?

A: You do not need to re-enter beneficiary information unless you need to make a change. But now is a good time to review and ensure your beneficiary information is reflected in Workday and current.

Q: My child is 22 years old. How long is my child covered on my medical plan?

A: Dependents on your medical plan may be covered through the end of the year in which they turn age 26. For dental and vision, dependents may continue to be covered through the end of the year in which they turn 26 as long as they can be claimed as a dependent under the IRS code.

Q: Do I need to provide proof every year that my spouse does not have coverage through his or her employer?

A: You do not need to provide proof if your spouse was covered under Oatey's plan in 2024 and you verified eligibility during the 2024 Dependent Audit. If the information in Workday is the

2025 Benefits Open Enrollment Frequently Asked Questions



same, you can simply acknowledge that all information is correct and accurate at the end of your Open Enrollment session.

Q: What is a Dependent Audit?

A: If you enroll/enrolled a dependent in medical, dental and/or vision on or after May 1, 2024 and did not participate in the recent Dependent Audit, you will be asked to provide supporting documentation for your dependent(s)' eligibility in early 2025. Those who are deemed to be ineligible will be removed from the plan. Examples of ineligibility include a domestic partner, spouse from whom you are divorced, dependent children who are over the age of 26 and spouses who have other coverage available to them through their employer.

Q: If I choose to elect Oatey's coverage during open enrollment, how do I pay?

A: The bi-weekly associate contributions are listed in the 2025 Benefits Guide. These contributions are deducted directly from your paychecks.

Q: I'm getting married next year. How long do I have to add my new spouse to my insurance?

A: You must make the benefit change in Workday, including submitting the proper documentation, within 30 days of your marriage to add your new spouse to your plan.

Q. If I've already submitted my enrollment elections, can I make a change?

A. You can make changes to your benefit elections at any time *within* the Open Enrollment period, even if you have already submitted your elections. If you need to make a change, you can do so by clicking on the Benefits and Pay Worklet on the Home screen and clicking on Change Open Enrollment. Refer to the Workday Resources Guide on the Human Resources Hub for more information.

Well-Being

Q: Is the Calm App free?

A: Oatey will reimburse 100% of the cost of the subscription for the Calm app. Simply provide proof of your subscription purchase to your local HR partner. Calm is accessible both on the mobile app and on your computer, and is a fantastic resource designed to support our associates' mental health and well-being.

Aetna: Medical

Q: The Aetna Basic Plan has a \$40 copay. Will there be additional costs?

A: You will pay a \$40 copay for an office visit. If additional services are rendered during the visit (for example, x-rays or lab tests), you may be responsible for 20% after meeting your deductible.

Q: Healthcare costs go up every year. Why?

A: Medical insurance costs increase each year due to many causes, including an increase in demand for medical care, an increase in claims, and inflationary pressures such as wages and higher drug prices. Oatey is very thoughtful of our associates and how we share the costs and

2025 Benefits Open Enrollment Frequently Asked Questions



continues to contribute a large portion of medical insurance costs. Associate contributions will increase by 1% in 2025.

Q: My doctor/provider is no longer in-network with Aetna, and I must pay higher out-of-pocket costs to use my provider out-of-network. Why is this?

A: Aetna negotiates with providers/hospitals to keep prices lower. Doctors and providers may decide not to contract with our insurance plan provider – and that means the plan can no longer control what is charged for services, often resulting in higher prices. Unfortunately, there is nothing we can do to prevent certain providers from leaving Aetna’s network. Associates can contact Aetna via customer service, online, or the mobile app to find a new in-network provider or they can contact TOBenefits@tayloroswald.com for help.

Aetna: Teladoc

Q: What do the mental health (psychiatry or therapy) sessions cost?

A: If you’re in the BASIC PPO plan: You’ll pay a copay of \$40 for either psychiatry or therapy sessions. If you’re in the HDHP plan, your sessions are subject to the deductible and coinsurance, and may be paid with your Health Savings Account dollars. An initial visit with a psychiatrist is typically \$215 and ongoing visits are \$100 or less. General therapy visits are generally \$90 or less (fees are subject to change).

Fidelity: Health Savings Account (HSA)

Q: Will I get a new HSA card?

A: Not every year. The HSA is like your personal bank account where you will receive a new card every few years, when your current one expires. Your expiration date is listed on the card.

Q: What if my HSA card is damaged?

A: You will need to contact Fidelity to order a new card.

Q: If I am 65 years of age, can I still contribute to an HSA account?

A: You can continue contributing to your HSA after age 65 as long as you are not enrolled in Medicare. Once you are enrolled in Medicare, you can no longer contribute to your HSA, however, you may continue to use your account to pay for qualified expenses.

Inspira: Flexible Spending Accounts (FSA)

Q: What if I still have money left on my current FSA debit card?

A: You should spend your money left on your card by 12/31/24 to avoid forfeiting any remaining money. Our plan does have a grace period which allows participants to continue to incur expenses for 2-1/2 months following the end of the plan year. Refer to your plan’s SPD for further details.

Q: Is the Limited Purpose FSA the only option to pay for dental/vision expenses if I am on the HDHP plan?

2025 Benefits Open Enrollment Frequently Asked Questions



A: No, you can use your HSA account for these expenses as well as a Limited Purpose FSA.

Q: Can I use my FSA to pay for over the counter medication without a doctor's prescription?

A: You may purchase or get reimbursed for many OTC drugs and medicines without a prescription. Refer to the list of common eligible expenses on the Inspira website for further information.

Delta Dental: Dental

Q: What is the age limit for dependent coverage on the dental plan?

A: Up to age 19, or age 26 for unmarried children if eligible to be claimed by you as a dependent under IRS code regulations.

United Healthcare: Vision

Q: How will my vision surgery be covered beyond the UHC vision coverage?

A: This type of care typically falls under your medical coverage with Aetna. You may contact our benefit specialists at TOBenefits@tayloroswald.com for further information.

Q: How do I find a vision provider?

A: Please check www.myuhc.com to find vision providers in your area.

Q: Are safety glasses covered under the UHC vision plan?

A: If the safety glasses are prescription, then they would fall under your vision plan coverage.

Q: Where do I go for a vision checkup? Does Oatey want associates to go anywhere in particular?

It is always best to go in-network when seeking a provider and you can find a provider by calling the contact listed within your 2025 Benefit Guide or going on the www.myuhc.com site.

Q: Does the vision frame coverage apply to online sources for prescription frames?

A: Generally, no, but UHC has a partnership with GlassesUsa.com. Also, you could use your HSA or FSA accounts for this purpose.

Fidelity: 401k

Q: Can I change my 401k deductions and how often?

A: Yes, you can make changes to your contribution amount throughout the year. You will need to login to Fidelity to make any changes, which will take effect as soon as administratively possible, usually within 1-2 pay periods.

Q: What does the age 50 catch-up with Fidelity mean?

A: If you are 50 years of age, or will turn 50 this year, you are able to make catchup contributions in addition to the normal IRS annual limit.

2025 Benefits Open Enrollment Frequently Asked Questions



Lincoln Financial: Short-Term and Long-Term Disability

Q: What is disability coverage?

A: Short- and long-term disability coverage is provided through Lincoln Financial at no cost to associates. This is a company paid benefit that provides benefit payments to eligible associates who are on a leave of absence for their own serious medical condition. Associates would need to submit a claim to be approved by Lincoln Financial.

Q: How long can you receive Long Term Disability benefits?

A: Once approved, long-term disability benefits will typically continue as long as the disability continues up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later.

Q: What do I do if I need to take care of a family member and can't work?

A: Disability coverage pays benefits to the associate in the event they cannot work as a result of their own illness; it does not pay benefits for the care of a family member. For care of a family member, contact your local HR business partner for information on available leaves including Family Medical Leave (FMLA) and/or applicable state leave.

Lincoln Financial: Life Insurance

Q: Regarding the voluntary life insurance for a dependent child, if in 2025 the child is no longer a dependent, can he or she pick up the life insurance and continue coverage?

A: Yes, but conversion for dependent voluntary life coverage can be costly. The associate needs to proactively reach out to Lincoln Financial within 31 days of the dependent child aging out (Lincoln will not reach out to associates automatically).

ARAG: Legal Plan

Q: Does the ARAG legal plan offer help with immigration?

A: Yes, the policy would provide advice and consultation as well as 25% off an attorney's cost for immigration assistance.

Q: Can you sign up for ARAG at any time during the year?

A: ARAG is only available during Open Enrollment or if an associate experiences a qualifying event.

Q: What is the difference between the ARAG Legal plan and the EAP Legal Assistance?

A: When you work with a network attorney, attorney fees are paid 100% in full for most covered matters under the **ARAG plan**. You will have access to more than 15,000 attorneys, in person or by phone. The EAP through SupportLinc provides free legal advice and a 30-minute consultation with a local attorney to answer general questions, but the EAP does not cover attorney fees to represent you in any legal action; all additional services and costs will be identified following the consultation and is your responsibility.

2025 Benefits Open Enrollment Frequently Asked Questions



Nationwide: Pet Insurance

Q: How do I sign up for pet insurance?

A: Visit www.PetsNationwide.com or call (877) 738-7874 for a fast, no obligation quote.

Q. When is my coverage effective?

A. Applications approved between the 1st and the 15th of the month become effective on the 1st day of the following month. Applications approved from the 16th through the end of the month become effective on the 1st of not the following month, but the month thereafter.

Q: Does adoption of a new pet during the year allow me to add pet insurance outside of open enrollment?

A: Yes, you can sign up for pet insurance at any time by visiting this Oatey-specific link: <http://www.petinsurance.com/oatey>, however, pre-existing conditions are not covered.

Q: Can I make changes to my policy?

A: Once enrolled, the policy will renew automatically each year. You can make changes to your policy during your policy renewal period. The renewal period starts 60 days before your current 12-month term expires.

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