



## Exela's 2024 Annual Open Enrollment Frequently Asked Questions

### Enrolling, Plan Changes and Options

1. **When is the 2023 Health and Welfare Open Enrollment period?** Open Enrollment begins Monday, November 6 and runs through Friday, November 17, 2023. This is your once-a-year opportunity to enroll in or make changes to your coverage in Exela's health and welfare benefits plan. If you don't enroll or make changes during the annual Open Enrollment period, you cannot later enroll or make changes to your coverage, unless you experience a qualifying life event and enroll or make changes within 30 days of the event.

2. **Do I have to enroll? What happens if I take no action during Open Enrollment?**  
The enrollment is active, meaning if you do not make elections, you will not have medical and prescription drug coverage through Exela in 2024. Health Savings Accounts and Flexible Spending Accounts also require re-election, as these benefit elections do not carry over. There are no changes to the dental and vision benefit plans and your current elections will carry forward, unless you make changes during Open Enrollment. Voluntary supplemental benefits also require an active election.

3. **What is changing in 2024?**

#### **Medical:**

Based on employee feedback, 2024 medical options available on the exchange have been updated to include a new PPO medical option. This new Bronze Plus coverage option is a traditional PPO with prescription drug copays—without the option to contribute to an HSA. The Bronze Plus HDHP option offered in 2023, will no longer be offered.

Note: If the new Bronze Plus (PPO) coverage option is elected, employees will have the option to make FSA contributions. Any money left in an HSA will still be available to use toward qualified medical, dental, and vision expenses.

#### **Voluntary Supplemental Benefits:**

Exela will be offering **new** and improved voluntary supplemental Accident, Hospital Indemnity, and Critical Illness policies through Lincoln Financial. A **new** Group Whole Life Insurance policy with a Long-Term Care rider will be offered through Allstate. **Be sure to enroll in these new benefits, as the current coverages through Aflac will not carry forward into 2024.**

You can enroll or make changes to life and disability insurance, legal and commuter/parking benefit enrollment options. This portion of the enrollment will be passive, meaning if you do not make changes to your current benefit plans referenced in this section, your current elections will carry over to 2024 and be locked in for the remainder of the year. Remember to review and update your life policy beneficiary designations.

4. **How do I enroll or make changes to my current elections?**

Visit "Make It Yours" <https://exela.makeityoursource.com> to learn about the exciting new medical plan options and **click on the Enroll Now link beginning November 6** to enroll in

the following benefits: medical which includes prescription drug coverage, dental, vision, Health Savings Account (if eligible) and flexible spending accounts.

**Visit Spring, beginning November 6** to enroll or make changes to life and disability insurance, voluntary supplemental benefits, legal and commuter/parking benefits. There are two ways to access Spring:

- 1) Log into Exela HCM at <https://hcm.exelatech.com> using your HCM Employee ID and password. Click on the “Spring Benefits” icon.  
or
- 2) Log on to <https://exela.springapp.io>.  
Click on “Registered User Sign In” button. **Username:** Enter HCM Login ID. **Password:** Enter HCM Password. **One-time code:** Enter authentication code received to your mobile or other device.

**5. If I have questions about enrolling, eligibility, and benefit plan options, who should I call?**

Contact the Exela Benefits Call Center 1-877-772-7266 (Monday - Friday 10am – 7pm CST).

**6. Where can I find a 2024 Benefits Guide and Summaries of Benefits Coverage (SBCs)?**

You can access Exela’s Benefits Guide and Summaries of Benefits Coverage by visiting <https://exela.makeityoursource.com>. Exela’s Benefits Guide may also be found in the Spring Resource Library beginning November 6.

**7. Will I have the chance to make changes after I enroll?**

You can change your elections anytime through the end of the Benefits Open Enrollment period on Friday, November 17, 2023.

When you make elections in Exela Health Benefits website, be sure to log back in if you change your mind about any of your elections during Open Enrollment to update or waive your coverages, otherwise the benefits you elected will be locked in once Open Enrollment closes on November 17.

If you elect to make changes within the Spring Benefits website, please be sure you go through the complete election process to confirm your new elections and print a confirmation statement. Confirmation is not complete until you receive your “Congratulations” message. Be sure to save a copy for your records.

**8. Why are the voluntary supplemental benefits changing?**

Exela’s goal is to offer employees the best coverage at the most competitive rates. We actively researched the voluntary supplemental benefits, working with market experts, and are pleased to offer you new plans for 2024.

**What is different about the new voluntary supplemental benefits?**

Each plan offers benefit enhancements that provide you with more robust coverage than is currently available. Refer to the Exela Benefits Guide for details.

**What action is required for 2024?**

You must **actively elect coverage** for Accident, Hospital Indemnity, Critical Illness, and/or

Whole Life Insurance if you wish to have benefits for 2024. Existing elections with Aflac do not carry forward into 2024.

### **What happens to my Aflac plans?**

All Aflac plans are being discontinued as of December 31, 2023. If you wish to keep your Aflac coverage, you may do so by contacting Aflac directly at 1-800-433-3036 and making payment arrangements directly with them. You must call Aflac by January 31, 2024 if you are interested in keeping your current coverage.

### **Eligibility**

#### **9. May I enroll my spouse or domestic partner in the medical, dental and vision plans?**

Yes. Your spouse or domestic partner as well as your children, including children of your covered spouse or domestic partner can be enrolled in many of the available benefit plan options, subject to eligibility and verification requirements. If your spouse or domestic partner is eligible for other medical coverage through their employer, they are not eligible to be enrolled in Exela's medical plan. This limitation only applies to the medical plan.

**Important:** If you are enrolling new dependents or re-enrolling dependents, you must submit proof of their eligibility by uploading required documents into your Dependent Tab within the Spring Benefit enrollment website.

- What are the requirements that need to be met to add a dependent to Exela's benefits? Please refer to the "Enrollment Verification" document found in the last page of this FAQ and also located in the Spring Resource Library under the FAQ tab.
- How do I change a dependent from "Unverified" or "Blank" to "Verified" in Spring to make sure they are enrolled in the benefit plan coverage options which I elected? In order for your benefits to be updated accordingly, you will be required to provide the applicable necessary documentation to support your dependent relationship (i.e. birth/marriage certificate/domestic partner affidavit/secondary documents if applicable) by uploading documents into your Dependent Tab within the Spring Benefits portal. Please allow up to 10 business days following the upload of documents, before checking for a change in verification status.

NOTE: Documentation must be received and accepted **no later than January 31, 2024**. Unverified dependents will be removed from the plans retroactively, effective January 1, 2024, and in this case, you will be responsible to cover any claim expenses incurred.

#### **10. I am a part-time employee. Am I eligible to enroll in benefits?**

Unless otherwise required by law, if you are scheduled to work fewer than 30 hours per week, you are not eligible to enroll in Exela's health and welfare benefits. If you have questions regarding your eligibility, please contact your HR representative.

Part-time employees may access:

- The Employee Assistance Program (EAP), visit [www.GuidanceResources.com](http://www.GuidanceResources.com) (Username: LFGsupport/Password: LFGsupport1) or call 1-888-628-4824
- Exela's discount program at <https://exela.savings.beneplace.com> or call 1-800-683-2886

## **Deductions**

### **11. When will my 2024 benefit deductions become effective?**

You will see the deductions taken from your first paycheck of 2024. Please be sure to check your first pay stub for accuracy of your benefit deductions. If you have questions, contact the Exela Benefits Call Center at (877) 772-7266 (Monday- Friday, 10am-7pm CST). Subject to applicable law, Exela reserves the right to deduct premiums directly from employees' paychecks to collect previously missed deductions and/or to correct for errors.

### **12. Are employee premium costs increasing in 2024?**

Your cost for medical coverage will depend on which option you choose. Please take the time to review all your medical plan options and use "Help Me Choose" during Open Enrollment. Lower cost options may be available to you with a different carrier or medical plan option.

There are no changes in employee contributions for the dental PPO plan, dental DHMO and the vision plan.

For voluntary short and long-term disability and supplemental life insurance benefits, the rates are based on your age as of January 1, 2024 and rate of pay as of November 1, 2023 and will remain the same through 2024.

As a reminder, the amount you pay out of your paycheck for benefits is determined by the benefit plan options you choose, whom you cover and volume of coverage.

### **13. Where can I locate the rates for 2024?**

You may find the dental and vision rates in the 2024 Benefits Guide found in Exela's Health Benefits Website and the Spring Resource Library. You may view rates for other benefits while reviewing, enrolling or making changes to your elections in Spring. Medical rates will be presented when making your elections on the Exela Health Benefits website.

### **14. I use tobacco. What will that mean when it comes to my 2024 medical coverage?**

During Benefits Open Enrollment this year, as permitted by applicable law, you will be asked whether you use tobacco products in connection with the medical plan. Tobacco users are individuals who have consumed tobacco products (other than those provided for tobacco cessation or under medical care) within the last six months. If you do use them, an additional \$50 will be added to your monthly Medical Plan premium.

## **Flexible Spending Accounts and Health Savings Accounts**

### **15. Where can I find information about Flexible Spending Accounts and Health Savings Accounts?**

Refer to 2024 Health Benefits OE FAQ.

### **16. If I elect a Dependent Care Flexible Account, can I make changes during the calendar year?**

If you experience a qualified life event, you can make changes to your election within 30 days of the life event. Examples of qualified life events for Dependent Care Flexible Accounts, include a change to your day care arrangements or changes to the cost of the care. For assistance contact the Exela Benefits Call Center 1-877-772-7266 M-F 10am-7pm CST.

**17. What is the contribution limit for pre-tax transit and parking benefits?**

The 2024 monthly limit of pre-tax contributions to transit is \$300 and to parking benefits is \$300.

**18. Can I make changes to pre-tax transit and parking benefits during the year?**

Yes, you can enroll, change or withdraw from your transit or parking benefit at any time during the year. Your new election will be effective the 1<sup>st</sup> of the month following the change.

**Beneficiaries and Qualifying Life Events**

**19. Will my assigned beneficiaries roll forward from 2023 to 2024?**

Yes. It is recommended that you review your life insurance beneficiary assignments each year for accuracy and to make sure no changes need to be made.

**20. What does Evidence of Insurability (EOI) mean?**

Evidence of Insurability—called EOI—is proof of good health that must be completed before an individual is covered by an insurance policy. It may be required for Supplemental Life Insurance to protect the group insurance provider from adverse risks. You will be alerted during the enrollment process if EOI is required.

**21. What happens if I do not complete the EOI following Benefits Annual Enrollment?**

If the EOI is not completed following enrollment, your new coverage will not go into effect. The insurance carrier will mail an EOI form to you and spouse/domestic partner, if applicable. The coverage amount you requested will be pending during this process and you will not experience a payroll deduction until the carrier approves the coverage amount elected. You should receive the form(s) 2-3 weeks following the close of Open Enrollment. Kindly complete and return following the instructions included in the form.

**22. If I experience a qualifying event during 2024, where do I need to send my supporting documentation for my Qualifying Life Event (QLE)?**

Your supporting documentation should be uploaded to Spring under the “My Dependent” tab. If you have questions, contact the Exela Benefits Call Center 1-877-772-7266 M-F 7am-7pm CST.

**Exela Technologies Health and Welfare Plan Eligibility Requirements**

Eligible dependents are defined as

- Your legal spouse
- Your qualifying Domestic Partner

*Please note:* If your spouse or domestic partner is eligible for employer-sponsored medical coverage elsewhere, he or she is not eligible for medical coverage on the Exela Technologies plan.

- Your *child* up to age 26

- Coverage may be extended to a child of any age who is incapable of self-sustaining employment due to a behavioral or physical disability, as long as the incapacity started when the child was eligible for coverage.

A *child* is defined as your natural biological child, stepchild, legally adopted child or child placed with you for adoption, a child for whom you or your spouse/partner has been appointed the legal guardian, or a child for whom you are required to provide health insurance by a Qualified Medical Child Support Order. If you cover your domestic partner, you may also cover your domestic partner's child(ren).

## **REQUIRED DOCUMENTS**

All required documents **MUST** contain the date (including year), employee's name, and dependent's name. Personal information such as social security numbers, account numbers, and financial information may be marked out for confidential purposes.

### **FOR SPOUSE:**

- A copy of your government-issued marriage certificate (church certificates will not be accepted) **AND**
- **One of the following:**
  - A copy of the front page of your 2022 federal tax return confirming this dependent is your spouse
  - A document dated within the last 60 days showing current relationship status such as a recurring monthly household bill or statement of account (i.e: credit card statement, electric bill, bank statement). The document must list your spouse's name, the date and your mailing address. Healthcare bills will not be accepted as proof of eligibility as healthcare coverage is being verified.

### **FOR DOMESTIC PARTNER:**

- A completed Affidavit of Domestic Partnership (enclosed) **AND**
- A document dated within the last 60 days showing current relationship status such as a recurring household bill or statement of account (i.e: credit card statement, electric bill, bank statement). The document must list your partner's name, the date and your mailing address. Healthcare bills will not be accepted as proof of eligibility as healthcare coverage is being verified.

### **FOR CHILDREN UP TO AGE 26 AND DISABLED CHILDREN:**

- A copy of the child's birth certificate/hospital birth record or adoption certificate naming you or your spouse\*/partner\*\* as the child's parent. Please note the document must list the first and last names of the child and parent(s). **OR**
- A copy of the court order naming you or your spouse\*/partner\*\* as the child's legal guardian.

*\*Note for a stepchild: If you are covering a stepchild you must also provide documentation of your current relationship to your spouse as requested above.*

*\*\*Note for domestic partner's child: For the child of your domestic partner to be eligible and enrolled in the Exela Technologies benefits plan(s), your domestic partner must also be enrolled.*

*This FAQ is not a substitute for the official health and welfare plan document(s). A copy of the SPDs can be accessed at <https://exela.springapp.io>. You may also request a paper copy by contacting the Benefits Plan Administrator, 2701 E. Grauwylor Road, Irving, TX 75061.*

*Exela Technologies, Inc. and its subsidiaries ("Exela") offer you group health plan coverage through the Plan. This document is designed to provide you with information about benefit programs and related policies applicable to you under the Plan. Neither this document nor any other company guidelines, policies, or practices creates an employment contract, bargain, or agreement or confers any contractual rights whatsoever. Exela has the right, with or without notice, in an individual case or generally, to change, and/or modify its interpretation of, any of its guidelines, policies, practices, working conditions or benefits at any time. Nothing in this document should be construed as a promise of specific treatment in any specific situation upon which any employee should rely. Additionally, many matters covered by this document are also described in separate official documents, and such official documents are always controlling over any statement made in this document or by any supervisor or manager.*