

**BAYADA Health Care, Inc.
101 Executive Drive, Suite 9
Moorestown, NJ 08057-4236**

**Summary Annual Report for the
BAYADA Home Health Care Inc. Health & Welfare Plan**

This is the summary annual report for the BAYADA Home Health Care Inc. Health & Welfare Plan, EIN 23-1943113, Plan number 501 for the period July 1, 2014 to June 30, 2015. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BAYADA Health Care, Inc. has committed itself to pay the following types of claims incurred under the terms of the plan:
health

Insurance Information

The plan has a contract with insurance carriers to pay health, vision, dental, life, STD, LTD and AD&D claims incurred under the terms of the plan. Total premiums paid during the plan year were \$6,815,932.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report.

- Financial information and information on payments to service providers
- Insurance information including sales commissions paid by insurance carriers

To obtain a copy of the full annual report, or any part thereof, write or call the office of BAYADA Health Care, Inc., who is the plan administrator, 101 Executive Drive, Suite 9, Moorestown, NJ, 08057-4236, 877-291-3000. These portions of the report are furnished without charge.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

BAYADA Health Care, Inc.
Plan Sponsor
101 Executive Drive, Suite 9
Moorestown, NJ 08057-4236
23-1943113

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to:

U.S. Department of Labor
Employee Benefits Security Administration
Public Disclosure Room
200 Constitution Avenue, N.W.
Room N-1513
Washington, DC 20210