

YOU **LOVE** WHAT YOU DO
NOW, **TAKE CARE**
OF YOU

Non-Licensed Home Care
Field Employee Benefits Guide



Nicole Green, LPN
BAYADA Nurse since 2015

BENEFIT PLANS: 2018-2019
DATE PUBLISHED: MAY 1, 2018



WE **LOVE** WHAT WE DO

WHAT'S INSIDE?

This Benefits Guide provides a summary of your benefit options; it is designed to help you make informed health insurance coverage decisions. If you have any questions, please refer to the Carrier Contact information on page 20.

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ELIGIBILITY

Non-Licensed Home Care Field Employees:

- You are eligible for any of BAYADA's group medical, prescription drug, dental, and vision benefits if you work an average of 30 hours per week over a 3-month measurement period.

Non-Licensed Home Care Field Employees Working Less than 30 hours per week:

- You are eligible for the Minimum and Enhanced Minimum Coverage Plans.

Dependent Eligibility

You may enroll your eligible dependents, including your legal spouse and your children up to age 26. Dependents must be enrolled in the same plans you choose for yourself, but tiers can vary between benefit offerings. For example, you may add your spouse to dental and not medical.

Making Changes during the Year

The choices you make upon eligibility or during Open Enrollment remain in effect through the end of the plan year: June 30, 2019. Once you are enrolled, you must wait until the next open enrollment period to change your benefits or add/remove coverage for yourself or your dependents, unless you have a qualified life event as defined by the IRS.

Examples of a qualified life event include, but are not limited to, the following:

- Marriage, divorce, legal separation, or annulment
- Birth or adoption of a child
- Change in employment status (eg, full-time to part-time status)
- Gain/loss of other health insurance coverage
- Dependent gaining/losing other health insurance coverage

The IRS mandates that changes to your coverage, due to a qualifying life event, must be made within 31 days of that life event. Proof of the qualifying life event is required (eg, marriage certificate, divorce decree, birth certificate, or loss of coverage letter). Note: Any change you make to your coverage must be consistent with the qualified life event.

Need help?

In an effort to provide all BAYADA employees with a clear understanding of BAYADA's benefit offering, we encourage you to visit bayada.com/benefits, where you will find additional detailed plan information. Benefit Enrollment Specialists (BES) are at your service to answer your individual benefit questions. You may contact these dedicated specialists at **844-225-7552**. They will be glad to educate you about your available options and offer enrollment assistance to you throughout the May 1 - May 31, 2018 Open Enrollment period. BAYADA's Benefits team is also available to answer any questions at **877-708-7460**.

Newly benefit-eligible employees will be proactively contacted within their benefit-eligibility period.

If you have questions regarding Aflac benefits, please call **844-600-7073**.

WHAT'S NEW FOR 2018-2019

Benefit Enhancements

We know that benefits are important to our employees and we strive to provide plans that meet your needs. We've listened to your feedback, and BAYADA is pleased to share the following enhancements to our benefits package for the 2018-2019 Plan Year.

Horizon Blue Cross Blue Shield (HBCBS) Medical Plan

- There is no increase to your weekly cost!
- The High Deductible Health Plan includes an additional out-of-network cost structure.
- We now offer Telemedicine consultations.

Prescription Drug Plan

- You may have fewer out-of-pocket costs for your medications, thanks to some enhancements we have made to the prescription drug plan. To improve care and reduce costs, BAYADA will be implementing the below prescription drug programs through Express Scripts:
 - Advanced Opioid Management
 - SaveonSP RX Copay Offset
 - RationalMed Dispensing Safety Program
 - ACA Statin Coverage
- See page 5 of this guide for more information.

Minimum and Enhanced Minimum Plans

- There is no increase to your weekly cost
- We now offer Teladoc telemedicine consultations.
- There is an enhanced drug copay/discount program.

Dental Plan

- There is no increase to your weekly cost!
- There is an increase in the annual calendar year maximums for both dental plans.
- Employees with a history of periodontal disease may receive additional cleanings or maintenance procedures per plan year.
- Employees may carry over a portion of their unused annual maximum from one plan year to the next.

Vision Plan

- There is no increase to your weekly cost!
- The frames allowance increased from \$130 to \$150.
- There are two new vision programs this year:
 - Freedom Pass Program
 - There are no out-of-pocket costs (\$0) for frames purchased at Target or Sears*
 - *Offer not valid at Sears Optical stores affiliated with US Vision
 - Contact Lens Booster
 - Members receive an additional \$20 contact lens allowance when they use contactsdirect.com
 - Current contact lens allowance is \$130

Workday

Workday is BAYADA's new online enrollment platform (replacing Benefitfocus) for open enrollment. To enroll online, you'll need access to field.bayada.com. If you haven't already registered for access to field.bayada.com (where you may view your Online Earnings Statements), complete the following steps:

1. Open your **preferred web browser** on your computer or mobile device.
2. Navigate to field.bayada.com.
3. Select your **preferred sign-on method** (personal email, Google account, Facebook account, or Yahoo account) to complete the enrollment steps.
NOTE: Enrollment steps vary by provider and may require the completion of the following fields:
Last 4 digits of SSN, date of birth, employee ID, email address.
4. Click **Submit Registration**.

Use the Workday How To guides available on the main page *after registering* at <http://bit.ly/Workdayhelp>.

MEDICAL PLANS

You love what you do, but to take care of what's important—at work and at home—you need to take care of you. We're not a one-size-fits-all type of company. Neither are our benefits. That's why we offer a range of benefits options designed to fit different budgets, lifestyles, and health needs. The importance of having health insurance should not be underestimated. A decline in your health status can mean a loss of earnings if you are not able to work, and it can also mean medical bills are piling up. Medical and prescription drug insurance may help you avoid or limit your medical costs, and contribute to a healthier lifestyle. BAYADA provides medical insurance through Horizon (Blue Cross Blue Shield of New Jersey).



TOOLS AND TIPS:

You can use the Medical Plan Cost Comparison tool on the Benefits website to help guide you in making decisions around which plan is best for you.

Who is Eligible?

You are eligible if you are a non-licensed home care field employee who is full-time or works more than 30 hours per week.

Plan Choices

BAYADA offers three Horizon Blue Cross Blue Shield Medical Plan choices: Core PPO, Buy-Up PPO, and the High Deductible Health Plan (HDHP). Each plan includes a prescription drug plan through Express Scripts. See below for some key points and differences when you're choosing the medical plan that is best for you:

Core PPO

- The Core PPO has relatively low out-of-pocket costs at the time of service.
- Your weekly payroll deduction is less than the Buy-Up PPO and more than the HDHP plan.

Buy-Up PPO

- The Buy-Up PPO has the lowest out-of-pocket costs at the time of service.
- The Buy-Up PPO has the highest payroll deduction.

High Deductible Health Plan (HDHP)

- The HDHP has a lower payroll deduction than the other Horizon plans (Core or Buy-Up PPO), but a higher payroll deduction than the MEC plans.
- The HDHP has the highest out-of-pocket costs at the time of service.
- Available only with the HDHP is an optional Health Savings Account (HSA) – see more on page 8.

Medical Plan Design – What You Pay

	CORE PPO		BUY-UP PPO		HDHP*	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductibles						
Individual Deductible	\$1,000	\$2,000	\$750	\$1,500	\$1,500	\$2,000
Family Deductible	\$2,000	\$4,000	\$1,500	\$3,000	\$3,000	\$4,000
Coinsurance	30%	50%	20%	40%	25%	40%
Individual Out-of-Pocket Maximum	\$5,250	\$10,500	\$3,250	\$8,125	\$6,350	Unlimited
Family Out-of-Pocket Maximum	\$10,500	\$21,000	\$6,500	\$16,250	\$12,700	
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Outpatient Services						
Telemedicine Medical/Behavioral	\$5 copay	—	\$5 copay	—	\$5 copay, the balance of the claim will be processed with Horizon; any balance owed will be charged to the member's debit/credit card	—
PCP/Specialist Office Visit	\$30/\$50 copay	50% after deductible	\$20/\$40 copay	40% after deductible	25% after deductible	40% after deductible
Preventive Care	100% coverage	50% after deductible	100% coverage	40% after deductible	100% coverage	40% after deductible
Well Child	100% coverage	50% after deductible	100% coverage	40% after deductible	100% coverage	40% after deductible
ER	\$150 copay, 30% coinsurance	50% after deductible	\$150 copay, 20% coinsurance	\$150 copay, 40% coinsurance	25% after deductible	40% after deductible
Ambulance	30% after deductible		20% after deductible		25% after deductible	40% after deductible
Diagnostic X-ray and Lab	30% after deductible	50% after deductible	20% after deductible	60% after deductible	25% after deductible	40% after deductible
Outpatient Surgery	30% after deductible	50% after deductible	20% after deductible	60% after deductible	25% after deductible	40% after deductible
Inpatient Services						
Admission (max 5 days)	\$100 copay/day	\$200 copay/day, then 50% coinsurance	\$75 copay/day	\$150 copay/day, then 60%	25% after deductible	40% after deductible
Surgery	30% after deductible	50% coinsurance	20% coinsurance	60% coinsurance	25% after deductible	40% after deductible
Room & Board	100%	50% coinsurance	100%	60% coinsurance	25% after deductible	40% after deductible

*The High Deductible Health Plan has an “aggregate” family deductible that means that the entire family deductible must be met before any individual family member expenses are subject to coinsurance.

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PRESCRIPTION DRUG

The Core PPO, Buy-Up PPO, and HDHP plans all include drug coverage through Express Scripts.

The plan requires that all maintenance drugs be filled using the Express Scripts mail-order program (30-day supply or 90-day supply). We understand that you may need time to initiate the mail-order program with your physician. Therefore, you can fill a maintenance prescription three times in a retail pharmacy and still have it covered under your prescription plan. You will then want to ensure you have switched your next maintenance medication refill over to mail-order. If you have your maintenance medication prescription filled a fourth time at the retail pharmacy, you will be charged the total cost of the drug.

Changes to the Plan

Effective July 1, 2018, there will be changes to the prescription drug program; see below for details.

You will receive a letter from Express Scripts if any of your medications will be affected by these changes.

Please reach out to Express Scripts for any questions (**877-680-7793** or visit express-scripts.com).

- Advanced Opioid Management
 - The prevalence of opioid addiction in America has become a great concern. Your health is important to BAYADA, and this new program is targeted at reducing the chance of opioid dependence.
- SaveonSP RX Copay Offset
 - Assists members with their share of the cost for certain medications.
- RationalMed Dispensing Safety Program
 - Drug quantity management is designed to make sure people get the amount, or quantity, considered safe and effective by the US Food and Drug Administration (FDA). The FDA, medical researchers, and medicine manufacturers look at individual medicines to determine a recommended maximum quantity considered to be safe. If you receive a prescription for a drug that is part of this program, you will receive the recommended amount, which should last until it's time for a refill.
- ACA Statin Coverage
 - Statins (lipid-lowering medications) used primarily for the prevention of Cardiovascular Disease (CVD) have been added to preventive coverage to comply with the Affordable Care Act.

Prescription Drug Plan Design – What You Pay

Prescription Benefits	Express Scripts		
Retail	Core PPO	Buy-Up PPO	HDHP
Tier 1	\$10 copay	\$10 copay	25% after deductible
Tier 2	\$35 copay	\$35 copay	25% after deductible
Tier 3	\$55 copay	\$55 copay	25% after deductible
Specialty	30% after deductible	30% after deductible	25% after deductible
Mail Order			
Tier 1	\$25 copay	\$25 copay	25% after deductible
Tier 2	\$88 copay	\$88 copay	25% after deductible
Tier 3	\$138 copay	\$138 copay	25% after deductible
Specialty	30% after deductible	30% after deductible	25% after deductible

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MINIMUM COVERAGE & ENHANCED MINIMUM COVERAGE (MEC) PLANS

Who is Eligible?

All employees are eligible for the Minimum Coverage and Enhanced Minimum Coverage Plans upon hire, as there is no average hours requirement for these plans.

Plan Choices

In addition to the Core PPO, Buy-Up PPO, and the HDHP, BAYADA offers the Minimum Coverage and Enhanced Minimum Coverage plans. The Minimum Coverage plan includes 63 preventive tests and an array of other services.

Both the Minimum Coverage and Enhanced Minimum Coverage plans include enhancements of telemedicine and the AWP Value Rx discount program. The only difference between the plans is the additional reimbursement toward covered expenses and the inclusion of vision care on the Enhanced Coverage. Both plans are provided by Nationwide, and all new employees will receive enrollment information within the first 30 days of hire.

MEC Plan Design (Including Prescription Plan)

Nationwide Insurance Company		
	Minimum Coverage Plan	Enhanced Minimum Coverage Plan
	In-Network	In-Network
Deductible: Individual/Family	N/A	N/A
Coinsurance	N/A	N/A
Out-of-Pocket Maximum: Individual/Family	N/A	N/A
Lifetime Maximum	N/A	N/A
PCP Selection	N/A	N/A
Referral Requirements	N/A	N/A
Preventive Care: Routine Adult Physical Exams, Well Child Exams, Pediatric Immunizations, Routine GYN care exams, Routine Mammograms and Routine Laboratory/Radiology	100%, no deductible	100%, no deductible
Primary Care Physician Office Visits	N/A	Plan Pays \$75 per Day 6 Days per Person per Year
Specialist Office Visits	N/A	Plan Pays \$75 per Day 6 Days per Person per Year
Teladoc Telemedicine Consultation	100% no charge	
Maternity/OB Visits	N/A	N/A
Diagnostic Laboratory/Radiology	Discount Program	Plan Pays \$75 per Testing Day 3 Days per Person per Year + Discount Program
Emergency Room	N/A	Plan Pays \$75 per Day 4 Days per Person per Year
Hospice and Home Healthcare	N/A	N/A
Skilled Nursing Facility	N/A	Plan Pays \$50 per Day 60 Days per Person per Stay
Outpatient Private Duty Nursing	N/A	N/A
Outpatient Rehab Therapy (Speech, Physical, Occupational)	N/A	N/A
Durable Medical Equipment	Discount Program	Discount Program
Bariatric Surgery (see provider requirements)	N/A	N/A
Inpatient Hospital	N/A	Plan Pays \$100 per Day 500 Day Lifetime Maximum
Prescription Drug - Retail (30-day supply)	Tier 1: Select Generic & Brand name drugs available for \$10 or less / \$10 copay Tier 2: Select Generic & Brand name drugs available for \$20 or less / \$20 copay Tier 3: Select Generic & Brand name drugs available for \$50 or less / \$50 copay Tier 4: Discounted pricing	
Prescription Drug - Mail Order Maintenance Drugs are Mandatory Mail Order (90-day supply)	N/A	N/A

HEALTH SAVINGS ACCOUNTS (HSA)

Who is Eligible?

You are eligible for BAYADA’s HSA if you enroll in the High Deductible Health Plan (HDHP) only.

You are eligible to open and fund an HSA if you are:

- Enrolled in the High Deductible Health Plan
- Not covered by your spouse’s health plan, FSA, or HRA (the IRS does not allow you to have both an FSA and an HSA between spouses; you must pick one or the other)
- Not claimed as a dependent on someone else’s tax return
- Not enrolled in Medicare, TRICARE, or TRICARE for Life
- Not a recipient of Veterans Administration benefits

TOOLS AND TIPS:

For general information before you enroll, call Ameriflex at **888-868-3539**. For information about claims, account balance, and investment options after you enroll, call Bancorp at **866-271-9995**.

What is a Health Savings Account?

A Health Savings Account (HSA) combines your medical plan with an employee funded pre-tax savings account. Money in the savings account can help pay your deductible and many other eligible expenses. Money left in the savings account earns interest and is yours to keep—even if you leave the company or retire.

Health Savings Account Plan Features

- Tax-favored account
- Less taxable income
- Ability to apply savings toward eligible expenses
- Money always rolls over
- Savings always belong to you

Maximum Contributions for 2018/2019

COVERAGE LEVEL	IRS MANDATED MAXIMUM CONTRIBUTION
Individual (covering just yourself on the plan)	\$3,450
Family (covering yourself and one or more dependents)	\$6,850
Age 55 or older	Add an additional \$1,000 to these amounts as a catch-up contribution

HSA Eligible and Ineligible Expenses

Funds you withdraw from your HSA are tax-free when used to pay for qualified medical expenses. A list of these expenses is available on the IRS website at www.irs.gov (search: Publication 502).

The following list provides examples of eligible and ineligible medical expenses. This list is not all-inclusive.

Eligible Examples

- Medical expenses: copays, coinsurance, and deductibles
- Dental expenses: exams, cleanings, x-rays, and braces
- Vision expenses: exams, contact lenses and supplies, eyeglasses, and laser eye surgery
- Professional services: physical therapy, chiropractic, and acupuncture services
- Prescription drugs and insulin
- Over-the-counter health care items: bandages, pregnancy test kits, blood pressure monitors, etc.

Ineligible Examples

- Babysitting
- Cosmetic surgery
- Insurance premiums
- Teeth whitening



TOOLS AND TIPS:

Visit <https://tmsnr.rs/2GDYY1b> for an inclusive list of HSA eligible and ineligible expenses.

Managing and Investing your HSAs

There are two parts to an HSA: savings and an investment.

Once you have reached a savings balance of at least \$2,500 in your HSA account, you may invest the additional amount. You may use the investment portion to reinvest and earn additional tax-free savings. However, the standard recommendation is to estimate what you are likely to spend on health care costs in the next 12 to 24 months, and invest anything over that estimate.

Answers to Your Most Frequently Asked HSA Questions:

Q. Where can you invest your HSA funds?

A. The same types of investments permitted for IRAs are allowed for HSAs, including stocks, bonds, mutual funds, and certificates of deposit.

Q. Who has control over the money invested in a Health Savings Account?

A. You, the account holder, control all decisions over your invested money. You can also choose not to invest your funds.

Q. Can I borrow against the money in my HSA?

A. No, you may not borrow against it or pledge the funds in it. For more information on prohibited activities, see Section 4975 of the Internal Revenue Code.

Q. Can I roll the money in an HSA over into an IRA?

A. You cannot roll the HSA funds over into an IRA. Funds will stay in the HSA or be rolled into another HSA.

Q. Can I roll over an IRA, 401(k), or other retirement plan into my HSA?

A. You cannot rollover into a 401(k) or other retirement plan, but you can make a one-time, irrevocable transfer from an IRA to an HSA. The transfer does count toward the annual contribution maximum and requires you to be in an HSA-eligible HDHP for a period of 12 months after this transfer is complete.

DENTAL INSURANCE

Access to good oral health care can help keep your overall health costs down. Regular oral health exams can help detect significant medical conditions before they become serious.

BAYADA's dental coverage is offered through Delta Dental of NJ.

Who is Eligible?

You are eligible for BAYADA's dental benefits if you are a non-licensed home care field employee who is full-time or works more than 30 hours per week.

Plan Choices

BAYADA offers two dental plans: Core Plan and Buy-Up Plan. See the following chart for full details about each plan offering.

Dental Plan Changes

- Increase in the Annual Calendar Year Maximums for both plans:
 - Core Plan: \$1,500 (previously \$1,000)
 - Buy-Up Plan: \$2,000 (previously \$1,500)
- Oral Health Enhancement
 - Participants with a history of periodontal disease may receive up to four dental cleanings or periodontal maintenance procedures per plan year
- Carryover Maximum
 - Members may carry over a portion of their unused Annual Maximum from one plan year to the next year.

Dental Plan Design – What You Pay

	CORE PLAN IN-NETWORK	BUY-UP PLAN IN-NETWORK
Deductible/Maximum		
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Calendar Year Maximum	\$1,500 per person	\$2,000 per person
Coinsurance		
Preventive Services (exams, x-rays, cleanings)	100%	100%
Basic Services (fillings, root canals, oral surgery)	80%	80%
Major Services (bridges, crowns, dentures)	50%	50%
Orthodontia		
Coinsurance	50%	50%
Lifetime Maximum	\$1,000	\$1,500
Eligibility	Dependent children only under age 19	

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VISION INSURANCE

Because symptoms of health conditions often don't appear until damage has already occurred, eye exams are a great way to keep tabs on what is happening in your body. Whether you need consistent access to comprehensive vision insurance or are exploring this benefit for the first time, our vision insurance coverage is designed to meet a variety of needs.

BAYADA's vision coverage is offered through EyeMed (INSIGHT Network).

Who is Eligible?

You are eligible for BAYADA's Vision benefits if you are a non-licensed home care field employee who works more than 30 hours per week.

Plan Changes

- Frames Allowance is increased from \$130 to \$150
- There are two new vision programs this year:
 - Freedom Pass Program
 - There are no out-of-pocket costs (\$0) for frames purchased at Target or Sears*
 - *Offer not valid at Sears Optical stores affiliated with US Vision
 - Contact Lens Booster
 - Members receive an additional \$20 contact lens allowance when they use contactsdirect.com
 - Current contact lens allowance is \$130

Vision Plan Design – What You Pay

	In-Network	Out-of-Network Reimbursement
Exam	\$10 copay	Up to \$25
Retinal Imaging	Up to \$39	N/A
Frames	\$150 allowance; no out-of-pocket costs for frames purchased at Target or Sears*	Up to \$65
Standard Plastic Lenses		
Single Vision	\$15 copay	Up to \$14
Bifocal	\$15 copay	Up to \$28
Trifocal	\$15 copay	Up to \$53
Standard Progressive Lens	\$80	Up to \$28
Premium Progressive Lens	\$100-\$125	Up to \$28
Other Lens Options		
UV Treatment	\$15	N/A
Tint	\$15	N/A
Standard Plastic Scratch Coating	\$0	Up to \$11
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate (children under 19)	\$0	Up to \$28
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating	\$57-\$68	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons & Services	20% off retail price	N/A
Contact Lens Fit & Follow-Up		
Standard	Up to \$55	N/A
Premium Progressive Lens	10% off retail	N/A
Conventional	\$0 copay; \$130 allowance; 15% off balance over \$130	Up to \$104
Disposable	\$130 copay; \$130 allowance; plus balance over additional \$20 allowance using contactsdirect.com	Up to \$104
Medically Necessary	\$0 copay; Paid-in-Full	Up to \$200
Laser Vision Correction	15% off retail price or 5% off promotional price	N/A
Frequency		
Examination	Once Every 12 months	
Lenses or Contact Lenses	Once Every 12 months	
Frames	Once Every 24 months	

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*Offer not valid at Sears Optical stores affiliated with US Vision.

RETIREMENT 401(k)

Everyone knows that a financially secure retirement doesn't happen overnight; it requires careful planning. But a lot of people are put off by what they think will be a complicated process.

That is why we've gone out of our way to make enrolling in the BAYADA Home Health Care 401(k) Plan as straightforward and understandable as possible.

Who is Eligible?

You can participate if you:

- Are aged 21 or older
- Have completed 1 year of service
- Have completed 1,000 hours of service during your first year of employment or any following calendar years

Once you're eligible to participate, the plan administrator—Prudential—will send you an enrollment packet. You may then enroll at any time by calling **877-778-2100**, or visiting prudential.com/online/retirement.

Prudential Retirement - 401(k) Plan Information

The BAYADA 401(k) Plan makes saving simple. It features:

- **Employer contributions** that can help boost your own savings—it's like getting a bonus.
- **GoalMaker®**— an investment solution that helps you choose your investments and stay on track throughout your retirement planning years.
- **Automatic payroll deductions** make saving effortless.
- **Wide array of investment options** enables you to develop a strategy that best suits your needs.
- **Interactive tools** (such as the Retirement Income Calculator) to help you manage your account and access retirement planning education.

BAYADA matching contributions

Each year, BAYADA may make matching contributions to your 401(k) account on your behalf. In the past, these contributions have been equal to 35% of the first 4% of eligible pay that you contribute to the 401(k) plan. To be eligible for the match, you must work at least 500 hours during the year. Catch-up contributions are not matched. The annual match is deposited into your account during the first quarter of each year. Your matching contribution is based on your contributions made after becoming eligible.

Vesting Schedule

Years of Service	Vested Interest
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Your contribution and investments

You can contribute 1% to 100% of your pay, up to the IRS maximum of \$18,500 for 2018 on a before-tax basis (with the exception of Highly Compensated Employees (HCEs), capped at 4%). Before-tax contributions mean the money is deducted from your paycheck before taxes, so you pay taxes on a lower amount.

If you are or will be at least 50 years old in 2018, you can make an additional before-tax catch-up contribution of up to \$6,000.

You can make changes to your contributions and investment choices 24 hours a day, 7 days a week, by calling **877-778-2100**, or going to prudential.com/online/retirement.

ADDITIONAL LIFE INSURANCE BENEFITS

Life and Accidental Death and Dismemberment (AD&D) Insurance

Who is Eligible?

You are eligible for life and AD&D insurance if you worked 1,000 hours in the previous calendar year.

Plan Information

A Basic Life Insurance benefit and an Accidental Death and Dismemberment benefit are available through Cigna, at no cost to you. See the below chart for eligibility and benefit coverage.

Basic Life and AD&D	
Eligibility (Class)	All active employees working 1,000 hours
Waiting Period	90 days of service
Guaranteed Issue	\$5,000
Maximum Benefit	\$5,000
Age-based Reduction	70 or older, reduced to 60% of Life Benefit
Term Illness Benefit	50% of maximum

AFLAC VOLUNTARY PRODUCTS

BAYADA is proud to offer voluntary lines of coverage (fully employee-funded) through Aflac to ensure that the benefit offering meets your needs. Please contact a benefit enrollment specialist at **844-600-7073** for more information regarding Aflac products.

Who is Eligible?

All employees are eligible for the Aflac benefit offerings.

Accident Insurance

Designed to supplement employer-sponsored health coverage, accident insurance pays specific benefit amounts for expenses resulting from injuries or accidents that take place on or off the job. Hospitalization, physical therapy, intensive care, transportation, and lodging are some of the out-of-pocket expenses that this accident insurance could cover. Coverage is available for you, your spouse, and/or your child(ren).

Critical Illness Insurance

Critical Illness Insurance supplements major medical coverage by helping you pay the direct and indirect costs associated with a critical illness or event. This coverage also includes an annual health screening benefit. Benefits are paid tax-free in a lump sum to be used at your discretion. You may select the amount of coverage needed. Coverage amounts are available on a guaranteed issue basis up to \$30,000 or up to \$50,000 depending on responses to a standard set of health questions (eg, do you smoke?). You are also able to elect guaranteed issue coverage up to \$15,000 for your spouse or up to \$25,000, also dependent on responses to health questions.

The Critical Illness Insurance coverage:

- Pays a lump-sum benefit to assist you and your family with the medical and/or nonmedical costs associated with treatment necessary due to the diagnosis.
- May be available to you, your spouse, and your eligible dependents.
- Face value can be adjusted by you to best meet your personal needs.
- May pay multiple times for a covered critical illness.
- Provides ongoing benefits for cancer treatment and care.

Hospital Indemnity Insurance

Hospital Indemnity Insurance is designed to help provide financial protection in the event of a hospital confinement. You may use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump-sum benefits are paid directly to you based on the amount of coverage listed, regardless of the actual cost of treatment. The option of electing spouse and/or dependent coverage is also available.

Group Short-Term Disability

Short-Term Disability Insurance is an income protection policy that can help replace a portion of your salary should you experience a disability. The plan pays monthly benefits in the event of sickness and off-the-job accidents. This plan includes a 12-month pre-existing condition limitation. You may enroll for Short-Term Disability coverage up to 60% of your pre-disability earnings (or 40% in states with state disability) not to exceed \$6,000 per month.

COMMON MEDICAL INSURANCE TERMS & DEFINITIONS

Coinsurance

Coinsurance: Your share of the costs of a covered healthcare service, calculated as a percentage (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the charge for an office visit is \$100, and you have met your deductible, your coinsurance payment of 20% would be \$20. Your health insurance pays the rest of the allowed amount.

Copay

A copay is a fixed-dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count towards your deductible but will count towards your out-of-pocket maximum.

Covered Expenses

These are the services that are reimbursed through the insurance plans.

Deductible

The amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is \$1,000, your plan won't pay anything until you've paid the first \$1,000 of the bill for your covered healthcare services subject to the deductible. Preventive Care is not subject to the deductible as it is covered 100% by either medical plan option.

Diagnostic Procedures

Doctors use medical tests and procedures to identify—or diagnose—what's making you sick. Your doctor will ask you questions about your symptoms, and might even recommend additional lab or other tests. It's important to understand that diagnostic care is covered differently from preventive care.

Explanation of Benefits (EOB):

This is a statement from the insurance company showing how claims were processed. The EOB tells you what portions of the claim were paid to the doctor or hospital and what portion of the payment, if any, you are responsible for paying.

Generic Drugs

Generic drugs contain the same active ingredient as brand-name drugs, but they generally cost a lot less.

Health Savings Account (HSA)

An HSA is an account available to employees who enroll in the High Deductible Health Plan. An HSA lets you save money for health care expenses on a before-tax basis (before taxes are deducted from your paycheck). When you go to the doctor or pharmacy, you can use the money in your account to pay for your visit or prescription. That's an automatic savings because the money you put aside in your HSA comes out before taxes. Best of all, you own 100% of the money in your account—even if you change jobs or retire. And any money you don't use during the year stays in your HSA—earning interest—for you to use in the future.

HealthSherpa

An organization dedicated to making it easy for Americans to find quality, affordable health insurance. HealthSherpa has plans from over 200 carriers—all the same plans at the same prices as [healthcare.gov](https://www.healthcare.gov). You can get free help from a representative by calling **855-772-2663**, or visit [HealthSherpa.com](https://www.healthsherpa.com) to explore your options. Live chat is also available.

Hospitalization

Care in a hospital that requires admission as an inpatient, and usually requires you to spend one or more nights in the hospital.

In-Network (Also Known as Network)

A network is comprised of all contracted providers. Insurers request providers to participate in their network, and, in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your claims could cost more because you will not receive the discounts that an in-network provider offers.

Maintenance drug

Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines.

Mylo

Mylo insurance experts will help you find the coverage you need, answering your questions and guiding you in the right direction. You can get free help by calling 844-863-5950 or go to the Mylo website at [choosemylo.com](https://www.choosemylo.com).

Nonpreferred Brand-Name Drugs

A drug that has a trade name that is protected by a patent. Because only the company that holds the patent can produce and sell the drug, they are generally more expensive than generic and preferred brand-name drugs.

Out-of-Network

Health care professionals, hospitals, clinics, and labs that do not belong to your health care plan's network. You'll typically pay more and might have to pay in full at the time of your visit and then file a claim with the health plan for reimbursement. And because out-of-network providers may charge more, you might not be reimbursed for the full cost.

Out-of-Pocket Maximum

The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance, and copays that you pay for out of your own pocket. After you have paid the specified out-of-pocket maximum during a policy year, your health insurance pays the remaining covered services at 100%.

PPO (Preferred Provider Organization)

A group of doctors, hospitals, labs, and other health care providers who have agreed to charge less for their services.

Preferred Brand-Name Drugs

These are drugs for which generic equivalents are not available. However, they have been on the market for a time and are widely accepted. They cost more than generics but are less expensive than nonpreferred brand-name drugs.

Premium

The premium is the amount that's deducted out of your paycheck each week for the cost of coverage.

Preventive Care

Routine healthcare services that can minimize the risk of certain illnesses or chronic conditions. Examples of Preventive Care services include, but are not limited to: physical, mammogram, flu vaccine, prostate test, smoking cessation, etc.

Primary Care Physician (PCP)

In the Core PPO, Buy-Up PPO, and High-Deductible Health Plans, Primary Care Physician (PCP) refers to the doctor you see for regular preventive care and when you have a minor illness. This is often referred to as your family doctor. In the HMO offered to Hawaii employees, a PCP is the doctor you must see for routine care. Your PCP is also the doctor who will give you referrals to specialists and other types of care.

Qualified Life Event

Certain changes in your life mean you can make changes to your benefits during the year. In the benefits world, these changes are known as qualified life events. They include having a baby or adopting a child; getting married, legally separated, or divorced; if your spouse gains or loses coverage; or if your child reaches the maximum age for coverage. If you have a qualified life event, contact the Benefits office at **877-291-3000** or by email.

Specialist

A doctor with additional training who specializes in a certain area of medicine. Specialists include gynecologists and obstetricians, orthopedists, and oncologists.

Statins

A class of lipid-lowering medications that have been found to reduce cardiovascular disease and mortality in those who are at high risk of cardiovascular disease.

Telemedicine

The use of telecommunications technologies to provide medical information and services.

CARRIER CONTACT LIST

To enroll via telephone, call a benefit enrollment specialist at BCI at **844-225-7552**. To enroll or make changes to your current benefit elections online, use Workday. Any additional questions (eg, COBRA information) may be directed to the BAYADA Benefits office at benefits@bayada.com, or by calling **877-708-7460**.

Following is a comprehensive list of BAYADA’s carriers and their contact information.

Carrier Contact List			
Line of Coverage	Carrier	Phone Number	Website
Phone enrollments	BCI	New Hires: 844-225-7552	
Medical	Horizon - BCBSNJ	1-800-355-BLUE(2583)	www.HorizonBlue.com/members
Prescription Drug	Express Scripts	877-680-7793	www.express-scripts.com
HSA -Bancorp	Bancorp	866-271-9995	www.thebancorp-wealthcare.com/
FSA/DCA	Ameriflex	888-868-3539	www.mywealthcareonline.com/ameriflex
MEC Plans	Nationwide	1-855-495-1190*	www.theamericanworker.com
Dental	Delta Dental	1-800-452-9310	www.deltadentalnj.com
Vision	Eye Med	866-804-0982	www.eyemedvisioncare.com
Retirement	Prudential	877-778-2100	www.prudential.com/online/retirement
Life and AD&D, Voluntary Life and AD&D, Disability	Cigna	1-800-362-4462	
Life Assistance Program (EAP)	Cigna	(800) 538-3543	www.cignabehavioral.com/cgi
Aflac Voluntary Products	BCI - BES	Aflac Questions: 844-600-7073	www.aflacgroupinsurance.com
Cobra Group	Taben	(800) 675-7341	http://taben.webcobra.com/newaccount

If you have other questions (eg, COBRA information), please contact the BAYADA Benefits team at 877-708-7460 or email benefits@bayada.com.

*Member services benefits line.

Closing Disclaimer

This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a Summary Plan Description (SPD) or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change, or terminate the plan, or any benefits under it, for any reason, at any time, and without notice to any person.



BAYADA specialty practices include Home Health Care, Pediatrics, Hospice, and Habilitation.

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