

BENEFITS AT A GLANCE

FULL-TIME HOME HEALTH AND HOSPICE FIELD EMPLOYEES (VFT/SFT)



Nicole Green, LPN
BAYADA Nurse since 2015

BENEFITS OVERVIEW

BAYADA offers a comprehensive benefits plan designed to meet the needs of our employees:

Paid Time Off (PTO)

Immediately upon hire, you will earn Paid Time Off (PTO). PTO is accrued weekly, and equates to four (4) weeks per year less any "no pay units" taken.

Health insurance, dental, and vision plans

You will be able to obtain either the Minimum Coverage or Enhanced Minimum Coverage plans shortly after hire. Following 60 days of employment, you will also be offered BAYADA's group health insurance benefits. Group benefits become effective on the 90th day after hire.

401(k) retirement plan

If 21 years of age, you will be able to open a 401(k) plan upon completion of 1,000 benefit credit hours worked in the first 12 months of your employment. If you fail to meet this requirement, you will be able to open a retirement account once you have earned 1,000 benefit credit hours in any calendar year. You will generally earn 40 benefit credit hours per week.

Short-term disability

Employees working in HI, NJ, NY, and RI may be eligible for short term disability coverage through their state plans.

Life insurance

You will become eligible for a \$5,000 term-life insurance policy after working a minimum of 1,000 benefit credit hours in the previous calendar year and can purchase up to an additional \$100,000 in voluntary life coverage after 90 days of service depending on your job classification.

Flexible Spending Account (FSA)

You will become eligible to open a dependent care and/or medical flexible spending account after 90 days of service. You must enroll each year to maintain an FSA.

Health Savings Account (HSA)

If enrolled in BAYADA's High Deductible Health Plan (HDHP), you will be able to open a health savings account.

Voluntary accidental life, critical illness, hospital indemnity, and disability insurance plans

You will become eligible after 90 days of service, and will receive notification of enrollment process.

Tuition reimbursement

You will be eligible for tuition reimbursement for one 3-credit course per semester as approved by your office director.

Direct deposit

You will have the option to directly deposit your weekly paycheck. You may choose to split the check into up to three accounts (checking, savings, or a combination of each). This service is available to all employees at the time of hire (no waiting period).

Online earnings statement

All employees will have 24/7 access to view their earnings statements online by visiting field.bayada.com.



WE LOVE WHAT WE DO

Horizon Blue Cross/Blue Shield medical and Express Scripts prescription coverage

| In-network benefits: | Option A: PPO Core Plan | Option B: PPO Buy-up Plan | Option C: High Deductible Health Plan |
|---|------------------------------|------------------------------|--|
| Individual deductible | \$1,000 | \$750 | \$1,500 |
| Family deductible | \$2,000 | \$1,500 | \$3,000* |
| Coinsurance | 70% | 80% | 75% |
| Individual coinsurance maximum | \$5,250 | \$3,250 | \$6,350 |
| Family coinsurance maximum | \$10,500 | \$6,500 | \$12,700 |
| Lifetime coinsurance maximum | Unlimited | Unlimited | Unlimited |
| Primary care physician office visit | \$30 | \$20 | Deductible / Coinsurance |
| Specialist office visit | \$50 | \$40 | Deductible / Coinsurance |
| Preventive care | 100% | 100% | 100% |
| Emergency room visit | \$150 copay, 30% coinsurance | \$150 copay, 20% coinsurance | Deductible / Coinsurance |
| Inpatient hospital | \$100 per day | \$75 per day | Deductible / Coinsurance |
| Prescription retail copay (30-day supply) | \$10 / \$35 / \$55 | \$10 / \$35 / \$55 | Deductible / Coinsurance |
| Prescription mail copay (90-day supply) | \$25 / \$88 / \$138 | \$25 / \$88 / \$138 | Deductible / Coinsurance |
| Specialty medication copay | 30% up to \$3,000 | 30% up to \$3,000 | Deductible / Coinsurance |

Vision discount program: If enrolled in a medical plan, you are eligible for discounts on eye exams, lenses, eye glass frames, and laser vision correction services. This is separate from the EyeMed vision plan.

Minimum Coverage and Enhanced Minimum Coverage plans

The Minimum Coverage plan includes 63 preventive tests and an array of other services that meet the Affordable Care Act Individual Mandate requirements. Cost varies according to the plan selected and number of people enrolled per week for coverage.

There is also an Enhanced Minimum Coverage plan. Both the Minimum Coverage and Enhanced Minimum Coverage plans include a telemedicine and the AWP Value Rx discount program. The only difference between the plans is the additional reimbursement toward covered expenses. Both plans are provided by Nationwide Insurance, which will contact new employees after they receive their first paycheck.

Delta Dental of NJ coverage

| In-network benefits: | Option A: Dental Core Plan | Option B: Dental Buy-up Plan |
|---|--------------------------------|---------------------------------|
| Individual deductible | \$50 | \$50 |
| Family deductible | \$150 | \$150 |
| Annual benefit | \$1,500 per person | \$2,000 per person |
| Preventative care | 100% | 100% |
| Diagnostic x-rays | 100% | 100% |
| Coverage after deductible met: | | |
| Basic restorative | 80% | 80% |
| Routine extractions | 80% | 80% |
| Periodontics | 80% | 80% |
| Root canal | 80% | 80% |
| Crowns and bridgework | 50% | 50% |
| Orthodontia (dependent children only under age 19) | 50% to lifetime max of \$1,000 | 50% to lifetime max of \$1,500 |

EyeMed vision plan

| Services | Member cost in-network | Out-of-network reimbursement |
|---------------------------------|--|------------------------------|
| Exam | \$10 copay | Up to \$25 |
| Frames | \$150 no out-of-pocket costs for frames at Target or Sears | Up to \$65 |
| Contact lens fit and follow-up: | | |
| Standard | Up to \$55 | N/A |
| Premium | 10% off retail price | N/A |
| Frequency | | |
| Exam | | Once every 12 months |
| Frames | | Once every 24 months |
| Standard plastic lenses | | Once every 12 months |
| Contact lenses | | Once every 12 months |

*Standard plastic lenses or contact lenses covered once every 12 months

