

# BENEFITS AT A GLANCE

## PART-TIME OFFICE EMPLOYEES



**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)**

You will earn an average week's vacation after having worked 2,000 hours. The average week is calculated as 2,000 divided by the number of weeks worked to get to 2,000 hours (maximum average week is 40 hours). Also, sick leave time may be accrued in those cities and/or states that require it by law.

#### **Health insurance, dental, and vision plans**

If you work an average 30 hours per week over a 3-month measurement period, you will be able to participate in BAYADA's group health insurance, dental, and vision plans. All employees are offered the Minimum Coverage and Enhanced Minimum Coverage plans.

#### **401(k) retirement plan**

If 21 years of age, you will be able to open a 401(k) account upon the completion of one year of service and 1,000 hours worked.

#### **Short-term disability**

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

#### **Health savings account**

If enrolled in the High Deductible Health Plan, you are permitted 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.

#### **Direct deposit**

You 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 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](https://field.bayada.com).



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## 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

