

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

Licensed Home Health  
Field Employee Benefits Guide  
**Full-Time and Part-Time**



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BAYADA Nurse since 2004

Benefit Plans: 2021-2022  
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WE **LOVE** WHAT WE DO

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### **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

*Full-Time and Part-Time Licensed Home Health Field Employees:*

- Full-time employees are eligible for any of BAYADA's group medical, prescription drug, dental, and vision benefits on the 90th day of employment.
- Part-time employees are eligible for the Core and HDHP group medical plans, prescription drug, dental, and vision benefits on the 90th day of employment.

*Per Diem Licensed Home Health Field Employee Working More than 30 hours per weeks:*

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

*Per Diem Licensed Home Health Field Employees Working Less than 30 hours per week:*

- You are eligible for the Minimum and Enhanced Minimum Coverage Plans (state restrictions apply).

### 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, 2022. 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](https://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 3 - May 21, 2021 Open Enrollment period. BAYADA's Benefits team is also available to answer any questions at **877-291-3000**.

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**.

## Plan Highlights for Open Enrollment 2021 – 2022

We know that benefits are important to our employees and we strive to provide plans that meet your needs.

Our employees' health and well-being remain a top priority, and we will continue to actively listen to feedback and assess the best ways to manage our overall health and welfare offerings as an important component of our employee value proposition.

### Medical and Prescription Drug Plan

- All 3 Aetna medical plan options: POS Core, POS Buy-Up, or High Deductible Health Plan (HDHP) includes unique features that deliver outstanding value to your health.
- POS Core and POS Buy-Up members will now have first dollar coverage for urgent care:
  - \$50 copay - POS Core (deductible does not apply)
  - \$40 copay – POS Buy-Up (deductible does not apply)
- If you elect the Aetna Medical Plan, you will automatically be enrolled in the Aetna Rx plan. Aetna pharmacy offers mail order delivery and retail pharmacy options.
  - Aetna POS Core and POS Buy-Up members are eligible to receive select specialty medications at no cost.

### Flexible Spending Account (FSA) and Dependent Care (DCA); Health Savings Account (HSA); Commuter Benefits

- ConnectYourCare is BAYADA's partner for offering tax advantaged benefits offering mobile-friendly online portal and app to view reimbursement requests, account balances & claims.
- You are allowed to carryover up to \$550 of unused FSA funds into to the following plan year
- 2021-2022 DCA Maximum has been increased to \$10,500 for the plan year
- HSA plan year contribution maximums for 2021 are \$3,600 for single coverage and \$7,200 for family coverage

## 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 Aetna (Choice) Point of Service (POS) II.

### Who is Eligible?

You are eligible for all medical plans if you are a full-time licensed home health field employee. Part-time home health field employees and licensed per diem home health field employees who work more than 30 hours per week are eligible to participate in the Core or HDHP plans only.

### Plan Choices

BAYADA offers three Aetna medical plan choices: Buy-Up, Core, and the High Deductible Health Plan (HDHP). Each plan includes a prescription drug plan through Aetna Rx. All medical plans offer Teladoc telemedicine allowing employees 24-hour access to consultations with medical providers via voice or video call for a reduced cost. Some key considerations for selecting the best plan for you and your loved ones:

#### Aetna POS Core

- The Core plan has relatively low out-of-pocket costs at the time of service.
- Employees will generally pay less using in-network providers. Your weekly payroll deduction is less than the Buy-Up and more than the HDHP plan.

#### Aetna POS Buy-Up

- The POS Buy-Up plan has the lowest out-of-pocket costs at the time of service and offers the lowest individual deductible
- The POS Buy-Up plan has the highest payroll deduction

#### Aetna POS High Deductible Health Plan (HDHP)

- The POS HDHP has a lower payroll deduction than the other Aetna plans (POS Core or POS Buy-Up), but the POS HDHP plan requires members to pay toward the deductible before services are covered and paid for by the plan
- The POS HDHP is the only plan partnered with the optional Health Savings Account (HSA)

## Medical Plan Design – What You Pay

	POS Medical Core Plan		POS Medical Buy Up Plan		POS Medical High Deductible Health Plan (Employee Only)		POS Medical High Deductible Health Plan (Employee+Family)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductibles</b>								
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%	25%	40%
Individual Out-of-Pocket Maximum	\$5,250	\$10,500	\$3,250	\$8,125	\$6,350	\$12,700	\$6,350	\$12,700
Family Out-of-Pocket Maximum	\$10,500	\$21,000	\$6,500	\$16,250	—	—	\$12,700	\$25,400
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
<b>Outpatient Services</b>								
Telemedicine Medical/Behavioral	\$5 copay	—	\$5 copay	—	Deductible/Coinsurance based on type of service*	—	Deductible/Coinsurance based on type of service*	—
PCP/Specialist Office Visit	\$30/\$50 copay	50% after deductible	\$20/\$40 copay	40% after deductible	25% after deductible	40% after deductible	25% after deductible	40% after deductible
Urgent Care	\$50 copay	50% after deductible	\$40 copay	40% after deductible	25% after deductible	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	100% coverage	40% after deductible
ER	\$150 copay/deductible & coinsurance	30% coinsurance after \$150 ER copay/deductible waived	\$150 copay/deductible & coinsurance	20% coinsurance after \$150 ER copay/deductible waived	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Diagnostic Laboratory/Radiology	30% after deductible	50% after deductible	20% after deductible	40% after deductible	25% after deductible	40% after deductible	25% after deductible	40% after deductible
Hearing Aids	Plan pays \$3,000/ear every 24 mos.	Plan pays \$3,000/ear every 24 mos.	Plan pays \$3,000/ear every 24 mos.	Plan pays \$3,000/ear every 24 mos.	Plan pays \$3,000/ear every 24 mos.	Plan pays \$3,000/ear every 24 mos.	Plan pays \$3,000/ear every 24 mos.	Plan pays \$3,000/ear every 24 mos.
Maternity/OB Office Visits (Prenatal/Maternity)	100% coverage, no deductible/no co-pay	50% after deductible	100% coverage, no deductible/no co-pay	40% after deductible	25% after deductible	40% after deductible	25% after deductible	40% after deductible
<b>Inpatient Services</b>								
Hospital (includes Bariatric, Transplant, maternity)	\$250 copay/deductible & coinsurance	50% coverage for the facility stay after \$500 copay/deductible waived	\$200 copay/deductible & coinsurance	40% coverage for the facility stay after \$400 copay/deductible waived	25% after deductible	40% after deductible	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. \*\*Preventative Care includes routine adult physical exams; well child exams; pediatric immunizations; and routine GYN care exams, mammograms, and laboratory/radiology

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## Prescription Drug

The POS Core, POS Buy-Up, and POS HDHP plans all include prescription drug coverage through Aetna Rx. If you opt into the Aetna Medical Plan, you will automatically be enrolled in the Aetna Rx plan. You will also only have one medical health insurance card with contact information for both your medical and pharmacy coverage.

As part of a broader network, you now have the flexibility and convenience to fill maintenance drug prescriptions by mail order or retail (CVS).

### Prescription Drug Plan Design – What You Pay

Prescription Drugs								
	POS Medical Core Plan		POS Medical Buy-Up Plan		POS Medical High Deductible Health Plan (Employee Only)		POS Medical High Deductible Health Plan (Employee + Family)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drug - Retail (30-day supply)	\$10 Generic / \$35 Brand Formulary / \$55 Brand Non-Formulary / 30% coinsurance for specialty drugs	Not Applicable	\$10 Generic / \$35 Brand Formulary / \$55 Brand Non-Formulary / 30% coinsurance for specialty drugs	Not Applicable	25% after deductible	Not Applicable	25% after deductible	Not Applicable
Prescription Drug - Mail Order or CVS Maintenance Drugs (90-day supply) *can opt out	\$25 Generic \$88 Brand Formulary \$138 Brand Non-Formulary 30% coinsurance for specialty drugs		\$25 Generic \$88 Brand Formulary \$138 Brand Non-Formulary 30% coinsurance for specialty drugs		25% after deductible	Not Applicable	25% after deductible	Not Applicable

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*All medical plan members taking specialty medications will automatically be enrolled in PrudentRx. This program is designed to lower out of pocket costs by assisting you with enrollment in drug manufacturers discount copay cards/assistance programs. Once enrolled in PrudentRx, your out of pocket cost will be \$0 for medications included on the PrudentRx exclusive specialty drug list. Members using PrudentRx medications will be contacted by PrudentRx to finalize program enrollment. Members who choose not to engage in the program will be subject to 30% coinsurance on the Core and Buy Up plans and subject to deductible and 25% coinsurance on the High Deductible Health Plan.*

## 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 Aetna POS Core, POS Buy-Up, and the POS 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. 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 ConnectYourCare at **833-325-0002** or visit <http://www.connectyourcare.com/bayada> for more information about claims, account balance, and investment options.

### 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 2021/2022

Coverage Level	IRS Mandated Maximum Contribution
Individual (covering just yourself on the plan)	\$3,600
Family (covering yourself and one or more dependents)	\$7,200
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](http://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

### 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 \$1,000 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.

 **TOOLS AND TIPS:****Important Note**  
**Applicable to All FSAs:**

You must keep a copy of all receipts because IRS regulations require the plan administrator to substantiate each claim. While some transactions can be identified by provider name, dollar amount, etc., you may be required to send in additional information to substantiate the claim.

**Plan Carefully:** Under the IRS “use it, or lose it” rule, you typically must forfeit any unused account balances (outside of the \$550 rollover medical FSA only) at the end of each plan year. The medical and DCA accounts have a 3-month grace period immediately following the end of the plan year. This means you have through September 30 to request reimbursement for expenses incurred through June 30.

## Flexible Spending Accounts (FSA)

### Who is Eligible for FSAs?

You are eligible for FSAs if you are a full-time home health field employee.

### What is a Flexible Spending Account (FSA)?

Flexible Spending Accounts (FSAs)—both medical and dependent care—are used to pay for IRS-approved medical and dependent care expenses that you would typically pay out-of-pocket. An FSA lets you pay these expenses with pre-tax dollars. Each year that you would like to participate in an FSA, you must elect the amount you want to contribute to either or both FSAs at open enrollment.

### Medical FSA

A Medical FSA lets you use pre-tax dollars to pay for certain medical care expenses not covered by your insurance plan. This account is pre-funded by BAYADA, your contributions will be deducted from your paychecks in equal installments throughout the plan year. The maximum contribution to the Medical Spending Account is \$2,750 per plan year. You can rollover up to \$550 at the end of each plan year.

### Dependent Care FSA

The Dependent Care FSA enables you to pay for dependent day care costs with pre-tax dollars. Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account. This account is not pre-funded; only funds deposited weekly are available for use. The maximum contribution to the Dependent Care Account (DCA) is \$10,500.

### Reimbursement from Your FSAs

Each FSA account functions separately. When you have eligible expenses, you can use your ConnectYourCare payment card or submit a claim (online or paper) for reimbursement from the appropriate FSA account.

### Commuter Benefits

Commuter benefits allow pre-tax funds to pay for qualified work-related commuting and parking expenses such as bus, train, ferry or subway fares and parking meters and parking garage fees.

## Medical and Dependent Care FSA Program Provisions

	Medical Account	Dependent Care Account
Eligible Expenses	Eligible out-of-pocket healthcare expenses that are not covered by a medical, prescription drug, dental or vision care plan, including deductibles, copayments, and coinsurance.	Eligible out-of-pocket day care expenses so you (or your spouse, if you are married) can work or attend school full-time. Eligible dependent care expenses include care for children under age 14, and care for dependents of any age who are physically or mentally incapable of self-care (includes day care for elderly dependents, but not nursing home expenses).
You Can Contribute	Up to \$2,750 per plan year.	Up to \$10,500 per plan year.
How can I use the money?	You can use it to pay for medical, dental, and vision expenses, including deductibles, coinsurance, prescriptions, and other eligible expenses.	You can use it for eligible expenses at licensed day care centers, nursery schools, day camps, and home care with valid tax ID numbers.
Making Midyear Changes	The medical FSA and DCA can be decreased as well as increased with a qualifying event. The change needs to be consistent with the event; for example, the birth of a child can trigger an increase in the FSA, but not decrease. Further, a divorce (one fewer dependent to cover) can trigger a decrease in the election amount.	
Claims Reimbursement	<p>ConnectYourCare Payment Card – use at point of service.</p> <p>Submit online or paper claim forms: You have until September 30th following the end of each plan year to submit your expenses.</p>	<p><b>DCA is a non-carded account;</b> the ConnectYourCare Payment Card cannot be typically used for dependent care expenses. For reimbursement of dependent care costs, you need to keep the receipts for those services.</p> <p>Submit online or paper claim forms: You have until September 30th following the end of each plan year to submit your expenses.</p>
What happens if there is money left at the end of the plan year?	<p>The FSA will have a carryover feature allowing up to \$550 of your unused Healthcare FSA balance to be carried into the next plan year.</p> <p>Any funds over the \$550 rollover will be forfeited if not used by 6/30 or claims filed by 9/30.</p>	<p>If you have not spent all the funds in your DCA by the end of the plan year, you may continue to submit expenses during the "grace period." The "grace period" extends 3 months after the end of the plan year, during which time you can continue to incur claims and use up all funds remaining in your DCA. Any funds not used by 6/30 or claims filed by 9/30 are forfeited.</p>
Do I need to keep my receipts?	Yes	
Administrator	ConnectYourCare	

## 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 if you are a licensed full-time, licensed part-time home health field employee, or if you are a licensed per diem home health field employee who works more than 30 hours per week.

### Plan Choices

BAYADA offers two dental plans: Core Plan and Buy-Up Plan. See chart below for full details.

### Plan Features

- Oral Health
  - Participants with a history of periodontal disease may receive up to four dental cleanings or periodontal maintenance procedures per plan year.
- Coverage
  - Full mouth and panoramic x-rays are now covered at 100%, once per five years.
  - Sealants are now fully covered; extractions are covered at 80%.
  - Fluoride treatments are now covered twice a year for children up to 19 years.
- Carryover Maximum
  - Members may carry over a portion of their unused annual maximum from one plan year to the next year.
  - To qualify for Carryover Max, you must receive at least one cleaning or one oral exam during the plan year. You may carry over up to 25% of the unused portion of your standard annual maximum up to \$500.

### Dental Plan Design – What You Pay

	Core Plan In-Network	Buy-Up Plan In-Network
<b>Deductible/Maximum</b>		
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Calendar Year Maximum	\$1,500 per person	\$2,000 per person
<b>Coinsurance</b>		
Preventive Services (exams, x-rays, cleanings)	100%	100%
Basic Services (fillings, root canals, oral surgery)	80%	80%
Major Services (bridges, crowns, dentures)	50%	50%
<b>Orthodontia</b>		
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 if you are a licensed full-time, licensed part-time home health field employee, or if you are a licensed per diem home health field employee who works more than 30 hours per week.

### Plan Features

- Frames Allowance remains at \$150.
- Vision programs continue 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](https://www.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
<b>Standard Plastic Lenses</b>		
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
<b>Other Lens Options</b>		
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
<b>Contact Lens Fit &amp; Follow-Up</b>		
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
<b>Frequency</b>		
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?

All employees are immediately eligible to contribute to the 401(k) plan upon hire. Our plan provider—Prudential—will send you an enrollment packet by mail. You may enroll any time after receiving your paycheck by calling **877-778-2100** or visiting [prudential.com/online/retirement](https://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.

The BAYADA Home Health Care 401(k) Plan provides BAYADA employees with two ways to save:

1. Traditional pre-tax contributions – Your contributions will come out of your pay *before* taxes are deducted, so you save on your taxes now.
2. Roth after-tax contributions – Roth contributions come out of your pay after taxes have been withheld, so your take-home pay is reduced by the amount you contribute.

You can contribute on a before-tax or Roth after-tax basis 1% to 80% of your pay, up to the IRS maximum of \$19,500 for 2021 (with the exception of Highly Compensated Employees (HCEs), who are capped at 4%). If you are or will be at least 50 years old in 2021, you can make an additional before-tax or Roth after-tax catch-up contribution of up to \$6,500 per the IRS 2021 maximum (Highly Compensated Employees included).

### BAYADA matching contributions

BAYADA has contributed \$37 million to employee plans to date. Each year, BAYADA may match 35% of the first 4% you contribute to the 401(k) plan. This formula is subject to change from year to year. The employer match is based on the match-eligible contributions you make to the plan. To be eligible for employer match, you must be at least age 21, and have completed 1 year with 1000 hour(s) of service from hire date, or if not, in a subsequent year. Catch-up contributions are not matched. The annual match is deposited to your account in the year following the year contributions are made. If you separate from service during the year, in addition to having met the plan eligibility requirements, you must have worked over 500 hours in that year to qualify for that year's match allocation.

Matching contributions are subject to the vesting schedule below. “Vesting” refers to your ownership of the money in your account. You are always 100% vested in your own contributions. Starting in the year of your hire, for each calendar year in which you receive 1,000 hours of paid service, you earn a year of vesting service.

### Vesting Schedule

Years of Service	Vested Interest
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6+	100%

### Your contribution and investments

You can contribute on a before-tax or Roth after-tax basis 1% to 80% of your pay, up to the IRS maximum of \$19,500 for 2021 (with the exception of Highly Compensated Employees (HCEs), who are capped at 4%). If you are or will be at least 50 years old in 2021, you can make an additional before-tax or Roth after-tax catch-up contribution of up to \$6,500 per the IRS 2021 maximum (including HCEs).

What is the difference between traditional pre-tax contribution and Roth after-tax contributions?

Traditional pre-tax contributions come out of your pay before taxes are deducted, so you can save on your taxes now. Every pre-tax dollar you contribute costs less than \$1.00 in take-home pay. Roth contributions come out of your pay after taxes have been withheld. Your take-home pay is reduced by the amount you contribute, but your contributions are never taxed again and any investment earning won't face federal taxes as long as you hold the account for 5+ years from January 1 of your first contribution and are at least age 59.5 when you take your withdrawal.

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](https://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 MetLife, at no cost to you. See the below chart for eligibility and benefit coverage.

Basic Life and AD&D	
Eligibility (Class)	All active field employees who worked 1,000 hours in the previous calendar year.
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

### Supplemental Life Insurance (Voluntary Life Insurance)

#### Who is Eligible?

You are eligible if you are a licensed full-time, licensed part-time home health field employee, or if you are a licensed per diem home health field employee who works more than 30 hours per week.

#### Plan Information

- Voluntary Life Insurance can be purchased through MetLife in increments of \$10,000 up to \$100,000.
- To enroll, evidence of Insurability (EOI) or proof of good health is required under the following circumstances:
  - Late entrant: you have previously waived the opportunity to elect this coverage and are now electing coverage for the first time
  - Current participant: you currently have this coverage and are requesting an increase to your current coverage amount

## Additional Optional Benefits

BAYADA is pleased to offer several new optional benefits in direct response to your feedback.

### Who is Eligible?

All employees are eligible for the following benefit offerings at no cost.

### Employee Assistance Program (EAP): Aetna Resources for Living

We appreciate the work you do every day and we want to provide you with the resources to live your best life. Aetna Resources for Living delivers a better way to help you and your loved ones meet your daily life challenges. This EAP is fully integrated with Aetna medical and behavioral health benefits. Designed to assist employees in resolving a wide range of issues to promote overall wellness, the Employee Assistance Program administered by Aetna includes:

- Up to 6 sessions per topic per year
- Legal (30-minute consultation per topic / 60-minute ID Theft Consultation for victims of ID theft)
- Financial (30-minute telephonic consultation per topic)
- Telephonic WorkLife Services (consultation and referrals for child care, elder care, caregiver support, school and college planning, and convenience services)
- Online WorkLife Services (articles, provider searches, orientation videos, myStrength, legal/financial tools, free will, webinars, discount center, etc.)

### Identity Theft Protection

BAYADA has partnered with IdentityForce to offer you identity protection as a benefit. Each year, millions of people have their identity stolen. That's why it's more important than ever to be protected. For over 40 years, IdentityForce has been protecting the identities of people just like you.

IdentityForce protects you with:

- Prompt alerts so you can take action before the damage is done
- Comprehensive 24/7 recovery services if you become a victim of identity theft
- Identity theft insurance and much more

## Aflac Voluntary Products

BAYADA offers voluntary lines of coverage through Aflac to ensure that the benefit offerings meet all of 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.

### Aflac insurance policies offered to employees include:

#### 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 issue basis with options that range \$10,000 employee and \$5,000 spouse, \$20,000 employee and \$10,000 spouse or \$30,000 employee and \$15,000 for a spouse depending on responses to a standard set of 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, 30%) 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 30% would be \$30. 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 all medical plan options.

### 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%.

**POS (Point-of-Service) Plan**

A hybrid medical plan where you may select any physicians and hospitals in and outside the plan's network of preferred providers.

**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 POS Core, POS Buy-Up, and POS 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 at [benefits@bayada.com](mailto:benefits@bayada.com).

**Specialist**

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

**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](mailto:benefits@bayada.com), or by calling **877-291-3000**.

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

Carrier Contact List			
Line of Coverage	Carrier	Phone Number	Website/Email
Phone enrollments	BCI	New Hires: 844-225-7552	
Medical	Aetna (Choice) POS II	Customer Service: 800-922-5863 Teladoc: 855-835-2362	<a href="http://www.aetna.com">www.aetna.com</a>
Prescription Drug	Aetna Rx	Customer Service: 800-922-5863 Teladoc: 855-835-2362	<a href="http://www.aetna.com">www.aetna.com</a>
Employee Assistance Program (EAP) Aetna Resources for Living	Aetna	888-238-6232	<a href="http://www.resourcesforliving.com">www.resourcesforliving.com</a> Username: Bayada Password: eap
HSA	ConnectYourCare	833-325-0002	<a href="http://www.connectyourcare.com/bayada">www.connectyourcare.com/bayada</a>
FSA/DCA	ConnectYourCare	833-325-0002	<a href="http://www.connectyourcare.com/bayada">www.connectyourcare.com/bayada</a>
MEC Plans	Nationwide	855-495-1190*	<a href="http://www.theamericanworker.com">www.theamericanworker.com</a>
Dental	Delta Dental	800-452-9310	<a href="http://www.deltadentalnj.com">www.deltadentalnj.com</a>
Vision	EyeMed	866-804-0982	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
Retirement	Prudential	877-778-2100	<a href="http://www.prudential.com/online/retirement">www.prudential.com/online/retirement</a>
Basic Life and AD&D, Voluntary Life	MetLife	877-291-3000	<a href="http://www.bayada.com/benefits">www.bayada.com/benefits</a>
Aflac Voluntary Products	BCI	844-600-7073	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
COBRA	Taben	800-675-7341	<a href="http://taben.webcobra.com/newaccount">http://taben.webcobra.com/newaccount</a>
Identity Theft Protection	IdentityForce	866-721-3746	<a href="mailto:memberservices@identityforce.com">memberservices@identityforce.com</a>

If you have other questions (eg, COBRA information), please contact the BAYADA Benefits team at 877-291-3000 or email [benefits@bayada.com](mailto:benefits@bayada.com).

\*Member services benefits line.



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**bayada.com**

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

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WE LOVE WHAT WE DO