

# BENEFITS AT A GLANCE

## FULL-TIME OFFICE EMPLOYEES

Pam Compagnola, RN  
BAYADA Nurse since 2004



### **BENEFITS OVERVIEW**

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

#### **Vacation**

After 90 days of service, you will accrue vacation time at the rate of 2.31 hours per week (15 days per year). After 5 years of full-time service, you will accrue 3.08 hours per week (20 days per year). Vacation hours are capped at 160 hours.

#### **Sick time**

After 90 days of service, you will accrue sick time at the rate of 1.54 hours per week (10 days per year) up to 80 hours.

#### **Holidays**

You will be paid for 10 holidays, which includes 4 floating holidays, one of which will be earned on your 1-year anniversary, and then each January thereafter.

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

You will become eligible after 90 days of service.

#### **Retirement benefits**

Upon hire, you may make pre-tax, Roth after-tax, or rollover contributions to the 401(k) plan. Discretionary employer match may be funded annually (excluding catch-up) made after fulfillment of match eligibility requirements. For more information, visit [bayada.com/benefits](https://bayada.com/benefits) Retirement Plan section. As you progress in your career, if you qualify for the 403(b) plan you will be notified directly by the Benefits team.

#### **Tuition reimbursement**

You will become eligible upon the completion of 6 months of service.

#### **Short-term and long-term disability**

Unless you are covered by a state plan, you will become eligible for short-term disability after 1 year of service and long-term disability after 3 years of service.

#### **Life insurance**

You will become eligible after 90 days of service for \$15,000 basic life insurance and can purchase up to an additional \$300,000 of optional life insurance.

#### **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**

If enrolled in the High Deductible Health Plan, you are permitted to open a health savings account after 90 days of service.

#### **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 [home.bayada.com](https://home.bayada.com).

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

Aetna Resources for Living assists employees in resolving a wide range of topics such as legal and financial; and consultations and referrals for child care, elder care, caregiver support, school and college planning, and convenience services to promote overall wellness.

#### **Identity theft protection**

BAYADA has partnered with IdentityForce to sponsor identity protection for group-eligible employees. Each year, millions of people have their identity stolen. That's why it's more important than ever to be protected.

#### **Public Service Loan Forgiveness partner**

BAYADA partners with PeopleJoy for employees to access assistance to expert advice on Public Service Loan Forgiveness (PSLF), a federal program offered to employees of nonprofit organizations. You can access a free consultation with PeopleJoy by visiting [BAYADA.PeopleJoy.com](https://BAYADA.PeopleJoy.com) using the Authorization Code 1975.

#### **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.

## Aetna Medical and Prescription Coverage

In-network benefits:	POS Core Plan	POS Buy-up Plan	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	<b>Deductible / Coinsurance</b>
Specialist office visit	\$50	\$40	Deductible / Coinsurance
Urgent care	\$50	\$40	Deductible / Coinsurance
Preventive care	100%	100%	100%
Emergency room visit	\$150 copay + Deductible and Coinsurance	\$150 copay + Deductible and Coinsurance	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

## 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 Plan

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:		
Fillings	80%	80%
Extractions	80%	80%
Periodontics	80%	80%
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 Frames	\$10 copay \$150 no out-of-pocket costs for frames at Target or Sears	Up to \$25 Up to \$75
Contact lens fit and follow-up: Standard Premium	Up to \$40 10% off retail price	N/A N/A
Frequency Exam Frames Standard plastic lenses Contact lenses	Once every 12 months Once every 24 months Once every 12 months Once every 12 months	

