# BENEFITS AT A GLANCE

PER DIEM HOME HEALTH AND HOSPICE FIELD EMPLOYEES (VPD AND SPD)

**Pam Compagnola**, RN BAYADA Nurse since 2004



#### **BENEFITS OVERVIEW**

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

#### Health insurance, dental, 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. If your weekly hours worked average below 30, you will still be able to sign up for either our Minimum Coverage or Enhanced Minimum Coverage health insurance plans. All employees are offered the Minimum Coverage and Enhanced Minimum Coverage plans.

#### **Holidays**

You will receive additional compensation for time worked on recognized holidays.

### **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 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.

## **Short-term disability**

Employees working in CA, 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.

#### **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.

### **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.

# **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 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   | High Deductible Health Plan   |
|--|---|---|
| Individual deductible<br>Family deductible   | \$1,000<br>\$2,000  | \$1,500<br>\$3,000  |
| Coinsurance Individual coinsurance maximum Family coinsurance maximum Lifetime coinsurance maximum                         | 70%<br>\$5,250<br>\$10,500<br>Unlimited                                     | 75%<br>\$6,350<br>\$12,700<br>Unlimited   |
| Primary care physician office visit<br>Specialist office visit<br>Urgent care<br>Preventative care<br>Emergency room visit | \$30<br>\$50<br>\$50<br>100%<br>\$150 copay + Deductible<br>and Coinsurance | Deductible / Coinsurance Deductible / Coinsurance Deductible / Coinsurance100% Deductible / Coinsurance |
| Prescription retail copay (30-day supply)<br>Prescription mail copay (90-day supply)                                       | \$10 / \$35 / \$55<br>\$25 / \$88 / \$138                                   | Deductible /<br>CoinsuranceDeductible /<br>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:<br>Dental Core Plan      | Option B:<br>Dental Buy-up Plan    |
|--|------------------------------------|------------------------------------|
| Individual deductible<br>Family deductible                       | \$50<br>\$150                      | \$50<br>\$150                      |
| Annual benefit<br>Preventative care<br>Diagnostic x-rays         | \$1,500 per person<br>100%<br>100% | \$2,000 per person<br>100%<br>100% |
| Coverage after deductible met: Fillings Extractions Periodontics | 80%<br>80%<br>80%                  | 80%<br>80%<br>80%                  |
| Orthodontia<br>(dependent children<br>only under age 19)         | 50% to lifetime<br>max of \$1,000  | 50% to lifetime<br>max of \$1,500  |

# EyeMed Vision Plan

| Services   | Member cost<br>in-network  | Out-of-network reimbursement |
|--|--|------------------------------|
| Exam<br>Frames   | \$10 copay<br>\$150 no out-of-<br>pocket costs for<br>frames at Target<br>or Sears           | Up to \$25<br>Up to \$75     |
| Contact lens fit<br>and follow-up:<br>Standard<br>Premium    | Up to \$40<br>10% off retail<br>price  | N/A<br>N/A                   |
| Frequency Exam Frames Standard plastic lenses Contact lenses | Once every 12 months<br>Once every 24 months<br>Once every 12 months<br>Once every 12 months |                              |

