



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.

Retirement benefits

Eligibility to participate in the 401(k) starts on your date of hire and you can enroll after receiving your first BAYADA paycheck. You can contribute to the 401(k) on a pre-tax and/or after-tax (Roth) basis up to the IRS annual minimum. You may be eligible for a discretionary employer match after meeting age and service requirements (excluding catch-up contributions). For more information, visit <u>bayada.com/benefits/find-benefits/</u> <u>retirement-plans</u>.

Short-term disability

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

Health Savings Account (HSA)

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 <u>home.bayada.com</u>.

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

Public Service Loan Forgiveness (PSLF) is a program administered by the US Department of Education, which allows full-time employees of qualifying nonprofit employers to have the remaining balance of their Federal Direct student loans forgiven after making 120 (10 years) qualifying monthly payments under a qualifying repayment plan. Nonprofit entities of BAYADA are qualifying employers. For more information, view the Public Service Loan Forgiveness section under <u>bayada.com/benefits/ find-benefits/additional-benefits</u>.

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*

	Core APCN+		High Deductible APCN+	
In-network benefits:	Tier 1	Tier 2	Tier 1	Tier 2
	Maximum Savings	Standard Savings	Maximum Savings	Standard Savings
Individual Deductible	\$1,000	\$2,000	\$1,750	\$2,500
Family Deductible	\$2,000	\$4,000	\$3,500	\$5,000
Coinsurance (You Pay)	20%	40%	20%	40%
Individual Coinsurance Maximum	\$3,500	\$6,000	\$4,500	\$7,000
Family Coinsurance Maximum	\$7,000	\$12,000	\$9,000	\$14,000
Lifetime Coinsurance Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician Office Visit	\$25	\$30	Deductible / 20%	Deductible / 40%
Specialist Office Visit	\$40	\$50	Deductible / 20%	Deductible / 40%
Urgent Care	\$50	\$50	Deductible / 20%	Deductible / 40%
Preventive Care	100%	100%	100%	100%
Emergency Room Visit	\$150 + Tier 1	\$150 + Tier 1	Tier I Ded/Coins	Tier I Ded/Coins
<i>. .</i>	Ded/Coins applies	Ded/Coins applies	applies	applies
Prescription Retail Copay (30-day supply)	\$10 / \$35 / \$55 / 30%	\$10 / \$35 / \$55 / 30%	\$10 / \$35 / \$55 / 30%	\$10 / \$35 / \$55 / 30%
Prescription Mail Copay (90-day supply)	\$25 / \$88 / \$138 / 30%		\$25 / \$88 / \$138 / 30%	\$25 / \$88 / \$138 / 30%

*The plans listed are in-network benefits. To find a provider in-network, use the APCN+ Provider Finder directory. If you use a provider out-of-network, you will not be able to utilize these plan savings.



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	Option A:	Option B:
benefits:	Dental Core Plan	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%
Fillings*	80%	80%
Extractions*	80%	80%
Periodontics*	80%	80%
Crowns*	50%	50%
Bridgework*	50%	50%
Full & Partial Denture*	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 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	NA
Frequency Exam Frames Standard plastic lenses Contact lenses	Once every 12 months Once every 24 months Once every 12 months Once every 12 months	



* Coverage after deductible is met