

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

Hawaii Office Employee Benefits Guide  
Full-Time and Part-Time



Pam Compagnola, RN  
BAYADA Nurse since 2004

Benefit Plan Years: January 1, 2024 to December 31, 2024

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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 16.*

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## Eligibility

### Full-Time / Part-Time Office Employees

You are eligible for BAYADA's group medical, prescription drug, dental, and vision benefits on the first of the following month after working for 4 consecutive weeks with 20 or more hours each week. To maintain eligibility, you must work 80 hours each month

### 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 medical and not vision.

### 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: December 31, 2024. 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)
- 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.

## What's New for the 2024 Plan Year

### Benefit Enhancements

We know that benefits are important to our employees, and we strive to provide plans that meet your needs. We've listened to your feedback, and BAYADA is pleased to share the following enhancements to our benefits package for the January 1, 2024 to December 31, 2024 Plan Year.

#### Kaiser Medical/Prescription/Dental Plan (HMO)

- There are no increases to your copays for your primary care, specialist, and urgent care visits.
- There are no increases to your prescription copays.
- An increase to employee and employer contributions will apply to the Kaiser medical plan

#### HMSA Medical/Prescription/Dental Plan (PPO)

- There are no increases to your copays for your primary care, specialist, and urgent care visits.
- There are no increases to your prescription copays.
- You can still rollover up to \$500 for your dental calendar year maximum (maximum accumulation \$1,250).
- An increase to employee and employer contributions will apply to the HMSA medical plan

## 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 HMSA and Kaiser.

### Who is Eligible?

You are eligible if you are a full-time office employee or if you are a part-time Office employee who works more than 80 hours per month.

### Plan Choices

BAYADA offers two Medical Plan choices: Kaiser (HMO) or HMSA (PPO). See below for some helpful tips when you're choosing the Medical Plan for you:

#### Kaiser HMO

- The Kaiser plan offers low copays for both a primary care physician office visit as well as a specialist office visit.

#### HMSA PPO

- The HMSA PPO network offers discounted rates with groups of "in-network" medical providers.

## Medical Plan Design – What You Pay

	HMSA PPO Plan		Kaiser Permanente HMO Plan
	In-Network	Out-of-Network	In-Network Only
	Annual Deductible		Subject to Balance Billing
Individual Deductible	\$300		None
Family Deductible	\$1,050		None
Coinsurance	80%		N/A
Individual Coinsurance Maximum	\$3,000		\$2,500
Family Coinsurance Maximum	\$9,000		\$7,500
Office Visit	\$17 copay Deductible Applies	\$17 copay ; deductible applies ; covered up to the HMSA allowed amount	\$15 Copay
Preventive Care	100%	Covered up to the HMSA allowed amount	100% Covered
Emergency Room	80% after deductible		\$75 copay + 20% coinsurance for ambulance services
Inpatient Hospitalization	80% after deductible	80% after deductible up to the HMSA allowed amount	\$75 copay per day
Outpatient Surgery	80% after deductible	80% after deductible up to the HMSA allowed amount	\$15 Copay

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## Prescription Drug

The Kaiser and HMSA medical plans both include prescription drug coverage

### Prescription Drug Plan Design – What You Pay

	HMSA PPO Plan		Kaiser Permanente HMO Plan
	In-Network	Out-of-Network	In-Network Only
Generic	\$7 Copay	\$7 copay and 20% coinsurance	Generic Maintenance = \$3 Other Generic = \$10
Brand Non-Formulary	\$30 Copay	\$30 Copay and 20% coinsurance	\$45 Copay
Brand Formulary	\$30 + \$45 (Other Brand Name Cost Share)	\$30 + 20% coinsurance + \$45 (Other Brand Name Cost Share)	\$45 Copay
Specialty	\$100 Copay	Not Covered	\$200 Copay
Mail Order (90-Day Supply)	\$11 / \$65 / \$200 For 90-day Supply	\$11 / \$65 / \$200 For 90-day Supply	2 times retail for 90-day supply

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## Flexible Spending Accounts (FSA)

### Who is Eligible for FSAs?

You are eligible for FSAs if you are a full-time office employee.

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

Flexible Spending Accounts (FSAs) — both health and dependent care — are used to pay for IRS-approved health 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.

### Health FSA

A Health 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.

### 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 \$5,000.

### Reimbursement from Your FSAs

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

## Medical and Dependent Care FSA Program Provisions

	Medical Account	Dependent Care Account
<b>Eligible Expenses</b>	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 13, 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).
<b>You Can Contribute</b>	Up to \$2,750 per plan year	Up to \$5,000 per plan year
<b>How can I use the money?</b>	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.
<b>Making Midyear Changes</b>	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.	
<b>Claims Reimbursement</b>	<p>Connect Your Care Payment Card – use at point of service.</p> <p>Submit online or paper claim forms: You have until 9/30 following the end of each plan year to submit your expenses.</p>	<p>DCA is a non-carded account; the ConnectYourCare Payment Card cannot be used for dependent care expenses. For reimbursement of dependent care costs, you need to keep the receipts of those services.</p> <p>Submit online or paper claim forms: You have until 9/30 following the end of each plan year to submit your expenses.</p>
<b>What happens if there is money left at the end of the plan year?</b>	<p>The FSA will have a carryover feature allowing up to \$570 of your unused Healthcare FSA balance to be carried into the next plan year.</p> <p>Any funds over the \$570 rollover will be forfeited if not used by 6/30 or claims filed by 9/30.</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.
<b>Do I need to keep my receipts?</b>	Yes	
<b>Administrator</b>	Optum Financial	



## 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 HMSA or Kaiser HDS. The dental coverage is connected with the medical/prescription plan.

### Who is Eligible?

You are eligible for BAYADA’s dental benefits if you are a full-time office employee or if you are a part-time office employee who works more than 80 hours per month.

### Changes for 2024

Your dental benefits have not changed for 1/1/2024

### Dental Plan Design – What You Pay

	HMSA	Kaiser Permanente (HDS)
<b>Preventative &amp; Diagnostic</b>		
Examinations	100% twice per calendar year	100% twice per calendar year
Cleanings	100% twice per calendar year	100% twice per calendar year
Bitewing x-rays	100% twice per calendar year	100% twice per calendar year
Fluoride (age 18 & younger)	100% twice per calendar year	70%
Space Maintainers	70% age 13 and under	70% through age 17
Other x-rays	70%	70%
<b>Other Services</b>		
Endodontics	70%	70%
Periodontics	70%	70%
Prosthodontics	50%	50%
Calendar year Maximum	\$1,500	\$1,200
Please see the Summary Plan Documents for full details on participating providers and covered services		

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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 for BAYADA's Vision benefits if you are a full-time office employee or if you are a part-time office employee who works more than 80 hours per month.

### Changes for 2024

Your vision benefits have not changed for 1/1/2024

## Vision Plan Design – What You Pay

	HMSA	Kaiser Permanente (HDS)
Exam	\$10 copay	Up to \$25
Retinal Imaging	Up to \$39	N/A
Frames	\$150 allowance ; 20% off balance over \$130	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 a additional \$20 allowance using <a href="https://contractsdirect.com">contractsdirect.com</a>	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 12 Months	

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## Retirement 401(k)

Everyone knows that a financially secure retirement doesn't happen overnight, it requires careful planning. But some 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?

You can participate if you:

- Are aged 21 or older
- Have completed 1 year of service
- Have completed 1,000 hours of service during your first year of employment or any following calendar years

Once you're eligible to participate, the plan administrator—Empower—will send you an enrollment packet. You may then enroll at any time by calling **877-778-2100**, or visiting [prudential.com/online/retirement](https://prudential.com/online/retirement).

### Empower 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 will offer another way to help fund your future: post-tax Roth contributions! Eligible BAYADA employees now have 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. Rother 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.

### 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 one 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.

Your matching contribution is based on your contributions made after becoming eligible.

## Vesting Schedule

Years of Service	Vested Interest
0 – 1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

### Your contribution and investments

You can contribute 1% to 80% of your pay, up to the IRS maximum of \$22,500 for 2023 on a before-tax basis (with the exception of Highly Compensated Employees (HCEs), capped at 4%). Before-tax contributions mean the money is deducted from your paycheck before taxes, so you pay taxes on a lower amount.

If you are or will be at least 50 years old in 2023, you can make an additional before-tax catch-up contribution of up to \$6,500.

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 Health & Disability 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 prior 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, full-time office employees working 1,000 hours in the previous calendar year
Waiting Period	90 days of service
Guaranteed Issue	\$15,000
Maximum Benefit	\$15,000
Age-Based Reduction	70 or older, reduced to 60% of Life Benefit
Term Illness Benefit	50% of maximum

You are eligible for the Hawaii state disability if you have at least 14 weeks of Hawaii employment in which you were paid for 20 hours or more, earned no less than \$400 in the 52 weeks preceding the first day of disability, and are currently employed. The state disability plan covers 58% of average weekly wages up to the maximum of \$650 per week.

## Supplemental Life Insurance (Voluntary Life Insurance)

### Who is Eligible?

You are eligible for voluntary life insurance if you are a full-time office employee.

### Plan Information

Voluntary Life Insurance can be purchased through MetLife in increments of \$10,000 up to \$300,000.

### During Open Enrollment, you may enroll with evidence of good health 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

### Hawaii TDI

You are eligible for the Hawaii state disability if you have at least 14 weeks of Hawaii employment in which you were paid for 20 hours or more, earned no less than \$400 in the 52 weeks preceding the first day of disability, and are currently employed. The state disability plan covers 58% of average weekly wages up to the maximum of \$650 per week.

### Short-Term Disability (STD)

#### Who is Eligible?

You are eligible for Short-Term Disability insurance if you are a full-time office employee with one year of employment.

If you are not a full-time office employee, but you are a resident of New York, New Jersey, Rhode Island, California, or Hawaii, you may qualify for state-mandated short-term disability insurance.

#### Plan Information

Short-term disability insurance can help provide financial security until you get back on your feet and return to work. Short-term disability coverage is offered through MetLife. The plan covers 85% of your pre-disability earnings up to \$887 (subject to change each year) per week for a maximum of 26 weeks.

You are also covered under the state disability plan. To be eligible you must have at least 14 weeks of Hawaii employment in which you were paid for 20 hours or more, earned no less than \$400 in the 52 weeks preceding the first day of disability, and are currently employed. The state disability plan covers 58% of average weekly wages up to the maximum of \$667 per week.

### Long-Term Disability

#### Who is Eligible?

You are eligible for Long-Term Disability insurance if you are a full-time office employee with three years of employment.

#### Plan Information

BAYADA offers a LTD plan through MetLife at no cost to you. Eligible employees receive a benefit equal to 60% of your monthly salary, up to a maximum of \$5,000 per month. The cost of the plan is paid by BAYADA, so the benefit will be taxable.

## Voluntary Products

BAYADA is proud to offer voluntary lines of coverage (fully employee-funded) through The Hartford to ensure that the benefit offering meets your needs. Please contact a benefit enrollment specialist at **844-600-7073** for more information regarding Hartford products.

### Who is Eligible?

All employees are eligible for the Hartford benefit offerings after 90 days of employment.

### Accident Insurance

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day- to-day costs of living such as the mortgage or your utility bills.

### Critical Illness Insurance

Facing a serious illness can be challenging both emotionally and financially. Major medical insurance may pick up most of the tab, but can still leave out-of-pocket expenses that add up quickly. Critical Illness insurance can provide a lump-sum benefit upon diagnosis of a covered illness that can be used however you choose from expenses related to treatment, to deductibles or day-to-day costs of living such as the mortgage or your utility bills.

A health screening questionnaire may apply.

#### 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
- Allows coverage levels to be selected to best meet your individual needs
- May pay multiple times for a covered critical illness
- Provides ongoing benefits for cancer treatment and care
- Includes an annual health screening benefit

### Hospital Indemnity Insurance

Hospital Indemnity (HI) insurance pays a cash benefit if you or an insured dependent (spouse or child) are confined in a hospital for a covered illness or injury. Even with the best primary health insurance plan, out-of-pocket costs from a hospital stay can add up. The benefits are paid in lump sum amounts to you, and can help offset expenses that primary health insurance doesn't cover (like deductibles, co-insurance amounts or copays), or benefits can be used for any non-medical expenses (like housing costs, groceries, car expenses, etc.).

## 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 Maintenance Organization (HMO)

A health maintenance organization provides a broad range of health care services, including preventive care for its members. All health care (or that care which the HMO states it will provide) is received from one health center that has been pre-selected by the member. Employees enrolling in HMO plans must select a primary care provider (PCP) and corresponding health center.



**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%.

**PPO (Preferred Provider Organization)**

A group of doctors, hospitals, labs, and other health care providers who have agreed to charge less for their services.

**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 Core PPO, Buy-Up PPO, and 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.

**Specialist**

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

**Statins**

A class of lipid-lowering medications that have been found to reduce cardiovascular disease and mortality in those who are at high risk of cardiovascular disease.

**Telemedicine**

The use of telecommunications technologies to provide medical information and services.

## Carrier Contact List

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 [HRCareCenter@bayada.com](mailto:HRCareCenter@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
Medical / Prescription	Kaiser	800-966-5955	<a href="http://www.kp.org/thrive">www.kp.org/thrive</a>
Dental	HDS – Kaiser	800-232-2533	<a href="http://www.kp.org/thrive">www.kp.org/thrive</a>
Medical / Dental / Prescription	HMSA	800-776-4672	<a href="http://www.hmsa.com">www.hmsa.com</a>
FSA / DCA	Optum Financial	833-325-0002	<a href="http://www.optum.com">www.optum.com</a>
Vision	EyeMed	866-804-0982	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
Retirement	Empower	877-778-2100	<a href="http://www.prudential.com/login/retirement">www.prudential.com/login/retirement</a>
Life and AD&D, Voluntary Life and AD&D, Disability	MetLife	877-291-3000	<a href="http://www.bayada.com/benefits">www.bayada.com/benefits</a>
The Hartford Voluntary Products	BCI – EBS	844-600-7073	<a href="http://bayada.mybenefits.pro/">bayada.mybenefits.pro/</a> <a href="https://www.prudential.com/login">https://www.prudential.com/login</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).

### Closing Disclaimer

This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a Summary Plan Description (SPD) or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change, or terminate the plan, or any benefits under it, for any reason, at any time, and without notice to any person.



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

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