

# Benefits At A Glance

## Hawaii Full-time Home Health Field Employees (VFT)



### Benefits Overview

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

#### **Paid Time Off (PTO) and holidays**

*Salaried:* Immediately upon hire, you will earn Paid Time Off (PTO). PTO is accrued weekly, and is based on guarantee or total worked points, whichever is higher. PTO is accrued at a rate of .1025 hours per point.

*Pay Per Point:* PTO is accrued weekly and is based on total worked points. PTO is accrued at a rate of .1025 hours per point. You will receive compensation for holiday time off for recognized holidays and additional compensation for time worked on holidays.

#### **Medical, dental, and vision plans**

Employees are newly eligible the first of the following month after working at BAYADA for 4 consecutive weeks with 20 or more hours each week. If an eligible employee does not enroll during the newly eligible period, the employee must wait for the next open enrollment period or experience a Qualifying Life Event (QLE). An employee must continue to work 80 or more hours each month to maintain eligibility. If an employee does not work more than 80 hours, the employee will lose coverage at the end of the month.

#### **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 maximum. You may be eligible for a discretionary employer match after meeting age and service requirements (excluding catch-up contributions). For more information, visit [bayada.com/benefits/find-benefits/retirement-plans](https://bayada.com/benefits/find-benefits/retirement-plans).

#### **Tuition reimbursement**

You will be eligible for tuition reimbursement for one 3-credit course per semester as approved by your office director.

#### **Hawaii state short-term disability**

You are 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.

#### **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 and can purchase up to an additional \$100,000 in voluntary life coverage after 90 days of service depending on your job classification.

#### **Flexible Spending Account (FSA)**

You will become eligible to open a dependent care and/or medical flexible spending account (FSA) after 90 days. You must enroll each year to maintain an FSA.

#### **Voluntary accidental life, critical illness, hospital indemnity**

You will become eligible after 90 days of service and will receive plan information directly from Hartford.

#### **Direct deposit**

You will 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 the 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](https://field.bayada.com).

#### **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 federal 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





## HMSA and Kaiser Medical Coverages

HMSA PPO Plan		Kaiser Permanente HMO Plan	
	In network	Out of network	In network only
Annual deductible		Subject to Balance Billing	
Individual deductible	\$350		None
Family deductible	\$1,050		None
Coinsurance	80%	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	\$15 copay
Specialist office visit			
Preventative care	100% covered	Covered up to 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	\$75 copay per visit
Outpatient surgery	80% after deductible	80% after deductible	\$15 copay
Prescription generic	\$7 copay	\$7 copay & 20% coinsurance	\$10 retail; \$20 mail order
Prescription brand non-formulary	\$30	\$30	\$10
Prescription brand formulary	\$30 + \$45 (other brand name cost share)	\$30 + \$45 (other brand name cost share)	\$45
Prescription mail order (90- day supply)	\$11 / \$65 / \$200	\$11 / \$65 / \$200	2 times retail for a 90-day supply



## HMSA and Kaiser Dental Plans

	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% once 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%
Roll over Amount	Up to \$500 (max accumulation \$1,250)	n/a
<b>Calendar year maximum</b>	<b>\$1,500</b>	<b>\$1,200</b>



## EyeMed Vision Plan

Services	Member cost in-network	Out-of-network reimbursement
Exam	\$10 copay	Up to \$25
Frames	\$150 allowance 20% off balance over \$150	Up to \$75
Contact lens fit and follow-up:		
Standard	Up to \$40	N/A
Premium	10% off retail price	N/A
Frequency		
Exam	Once every 12 months	
Frames	Once every 24 months	
Standard plastic lenses*	Once every 12 months	
Contact lenses*	Once every 12 months	

Please see the Summary Plan Documents for full details on participating providers and covered services. Included with medical plan only, cannot enroll separately.

\* Standard plastic lenses or contact lenses covered once every 12 months.

