

2017-2018

BENEFIT INFORMATION



EMPLOYEE BENEFITS

BAYADA Home Health Care values the contributions of our employees. In appreciation of your dedicated service, BAYADA Home Health Care offers a Minimum Coverage Plan. In addition to the Minimum Coverage Plan employees can elect to purchase an Enhanced Minimum Coverage Plan.

BAYADA Home Health Care Employee Benefits

MINIMUM COVERAGE PLAN

- Provides 100% coverage of the Centers for Medicare and Medicaid Services listed Preventive and Wellness benefits.
- Employees can prevent the “Individual Mandate” penalty
 - 2016 and beyond: Individuals will face a tax of 2.5% of their household income or \$695 per adult and \$347.50 per child, whichever is greater.

ENHANCED MINIMUM COVERAGE PLAN

- Includes the benefits of the Minimum Coverage Plan.
- Provides first dollar coverage for basic healthcare needs, including Dr. Office Visits, Diagnostic Tests, Surgical Procedures, Hospital Stays, etc.
- Key features include no deductibles, copays, pre-existing condition limitations, waiting periods and is guarantee issue.

NON-INSURED BENEFITS

- Provides access to a national PPO Network, First Health
- Access to a discount Pharmaceutical program that provides savings up to 85%
- Includes telephonic doctor consultations
- Discounted health services including chiropractic, hearing, lab work, etc.



MINIMUM COVERAGE PLAN

The Minimum Coverage Plan provides affordable coverage that meet the requirements under the Affordable Care Act, which prevents members from paying the “Individual Mandate” penalty. This plan provides 100% coverage when utilizing a First Health Network provider and 0% coverage when utilizing an out-of-network provider.

This plan also includes the First Health Network and may include the New Benefits Discount Program; additional information is available on page 4.

Minimum Coverage Plan

Plan Pays 100% of the 63 Required Preventive Services, When Utilizing a First Health Network Provider	15 Services for Adults 22 Services for Women 26 Services for Children
FIRST HEALTH NETWORK	Included
NEW BENEFITS DISCOUNT PROGRAM	Included

Weekly Rates

Employee	\$8.19
Employee + Spouse	\$11.42
Employee + Child(ren)	\$11.20
Family	\$15.01

Below is a partial list of services covered by the Minimum Coverage plan. You can view a full list of covered services online at www.healthcare.gov/preventive-care-benefits/. A copy of the plan’s Summary of Benefits and Coverage (SBC) is available online at www.TheAmericanWorker.com. The SBC is an easy-to-understand summary of your health care plan’s benefits and coverage. The coverage examples provided in the SBC give a general sense of how a plan would cover services.

Covered Services For Adults

- Blood Pressure screening for all adults
- Cholesterol screening for adults of certain ages or at higher risk
- Type 2 Diabetes screening for adults with high blood pressure
- Colorectal Cancer screening for adults over 50
- Aspirin use for men and women of certain ages
- Tobacco Use screening for all adults and cessation interventions for tobacco users
- Obesity screening and counseling for all adults
- Diet counseling for adults at higher risk for chronic disease
- Depression screening for adults
- Alcohol Misuse screening and counseling
- Immunization vaccines for adults - doses, recommended ages, and recommended populations vary: Hepatitis, Hepatitis B, Herpes, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
- Breast Cancer Mammography screenings every 1 to 2 years for women over 40
- Well-woman visits to obtain recommended preventive services
- Contraception coverage for women: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs

Covered Services For Children

- Autism screening for children at 18 and 24 months
- Behavioral assessments for children of all ages; Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Depression screening for adolescents
- Immunization vaccines for children from birth to age 18 - doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella
- Obesity screening and counseling
- Vision screening for all children
- Iron supplements for children ages 6 to 12 months at risk for anemia
- Medical History for all children throughout development; Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, and 15 to 17 years.
- Oral Health risk assessment for young children; Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.
- Developmental screening for children under age 3, and surveillance throughout childhood
- Height, Weight and Body Mass Index measurements for children; Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, and 15 to 17 years
- Fluoride Chemoprevention supplements for children without fluoride in their water source
- Hearing screening for all newborns
- Hematocrit or Hemoglobin screening for children

ENHANCED MINIMUM COVERAGE PLAN

The Enhanced Minimum Coverage Plan provides affordable, first dollar coverage. The plan includes the same benefits as the Minimum Coverage Plan (details on page 2) as well as Fixed Indemnity benefits for basic health care services, including doctor office visits, diagnostic tests and hospital stays.

This plan also includes the First Health Network and New Benefits Discount Program, additional information is available on page 4.

Enhanced Minimum Coverage Plan

MINIMUM COVERAGE PLAN	Plan Pays 100% of the Required Preventive Services, When Utilizing a First Health Network Provider
PHYSICIAN'S OFFICE	Plan Pays \$75 per Day,
OUTPATIENT DIAGNOSTIC LAB	Plan Pays \$75 per Testing Day, 3 Days per Person per Year
OUTPATIENT DIAGNOSTIC X-RAY	Plan Pays \$75 per Testing Day, 3 Days per Person per Year
EMERGENCY ROOM SICKNESS	Plan Pays \$75 per Day, 4 Days per Person per Year
SURGICAL Daily Inpatient Daily Inpatient Maximum Daily Outpatient Daily Outpatient Minor Outpatient Benefit Maximum	Plan Pays \$500 per Day, 1 Day per Person per Year Plan Pays \$250 per Day Plan Pays \$50 per Day 1 Day per Person per Year
ANESTHESIA	Plan Pays 30% of
DAILY INPATIENT HOSPITAL INDEMNITY	Plan Pays \$100 per Day, 500 Day Lifetime Maximum
INTENSIVE CARE UNIT	Plan Pays \$200 per Day, 30 Days per Person per Year
SUBSTANCE ABUSE	Plan Pays \$50 per Day, 30 Days per Person per Year
MENTAL ILLNESS	Plan Pays \$50 per Day, 30 Days per Person per Year
SKILLED NURSING	Plan Pays \$50 per Day, 60 Days per Person per Stay
FIRST HEALTH NETWORK	Doctor and Hospital
NEW BENEFITS DISCOUNT PROGRAM	Included
AMERITAS VISION CARE	Plan Pays 80% up to \$300 per year; 1 exam every 12 months, 1 pair of glasses or contacts every 24 months

Weekly Rates

Employee	\$18.29
Employee + Spouse	\$36.67
Employee + Child(ren)	\$29.38
Family	\$41.43

ADDITIONAL MEDICAL PLAN FEATURES

First Health Network

Members have access to the First Health Network, which provides savings on Physician and Hospital services. By visiting a First Health provider you can reduce your out-of-pocket expenses.

- Over 490,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit www.FirstHealthLBP.com

You can visit a First Health or out-of-network provider for service and the Fixed Indemnity Plan will pay the same benefit amount.

New Benefits Pharmaceutical Discount Program*

The Neighborhood Pharmacy discount program assures members the lowest price on prescription drugs. Pharmacists will calculate the discount at point-of-service and the member pays the discounted price.

- Save 10% to 85% on most prescriptions
- Over 60,000 participating pharmacies across the country
- To view drug prices or locate a pharmacy, visit www.RxPriceQuotes.com

Pharmacy discounts are not insurance and are not intended as a substitute for insurance. The discount is only available at participating pharmacies.

New Benefits Health Services Discount Program*

Not available to WA and VT residents.

This package of health service and discount programs can help reduce out-of-pocket expenses and provide savings on a variety of services that promote healthy living.

- Teladoc¹: 24/7 access to a network of U.S. board-certified doctors that will diagnose, treat and prescribe medication, when necessary, over the phone for medical issues including cold or flu symptoms, allergies, bronchitis, ear infections and more.
- Medical Bill SaverTM: can help lower out-of-pocket costs on medical or dental bills over \$400 through provider negotiation.
- Medical Health Advisor²: access to Personal Health Advocates that can assist in resolving insurance claim and billing issues.
- NurselineTM and Personal Counseling Services

¹Teladoc is not available to AR and ID residents. ²Health Advisor does not replace health insurance, provide medical care or recommend treatment. ³Savings may vary based on geographic location, provider selected and procedure performed. The lab network portion of this benefit is not available in MA, MD, ND, NE, NJ, NY, RI or SD.

*Discount benefits administered by New Benefits, Ltd.



In addition, members will receive discounts on the following services or supplies at participating providers.

- Lab and Imaging³
- Vision
- Diabetic Supplies
- Vitamins
- Chiropractic
- Hearing
- Durable Medical Equipment

DISCLOSURES

Minimum Coverage Plan: This Plan is designed to provide Plan Participants with minimum essential coverage under the federal income tax rules. This Plan is designed so that Plan Participants may enroll in this Plan and not have to pay a federal individual income tax penalty. However, while you are enrolled in this Plan, you will not be eligible for a federal tax credit through a federal or state exchange (sometimes referred to as the insurance marketplace). If you do not enroll in this plan, you may be eligible for a federal tax credit that lowers your monthly premium. If you do not enroll you may receive a reduction in certain cost-sharing if you enroll in a health insurance plan through the federal or state exchange. Please note that this plan is NOT minimum essential coverage for purposes of the individual health coverage requirements in MA.

Fixed Indemnity benefits: This program is not intended nor recommended to replace any comprehensive program of insurance in which you currently participate, or intend to participate. This plan is not designed to replace or provide major medical or catastrophic coverage. This brochure is for summary purposes only. The insurance benefits of the fixed indemnity plan are offered by Nationwide Life Insurance Company. Additional information will be provided upon enrollment in the program. Plan exclusions and limitations apply.

New Hampshire residents are not eligible for the Enhanced Minimum Coverage Plan offered by BAYADA Home Health Care.

Massachusetts residents are eligible for the Minimum Coverage Plan and Enhanced Minimum Coverage plans, but these plans do NOT meet Minimum Creditable Coverage standards required by the state of Massachusetts and will NOT satisfy the individual mandate that you have health insurance.

New Benefits Discount Programs

© 2014 Teladoc, Inc. All rights reserved. Not available to residents of AR and ID. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. Teladoc phone consultations are available 24 hours, 7 days a week while video consultations are available during the hours of 7am to 9pm, 7 days a week.

The Discount Health Savings Program is NOT insurance. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. This plan provides discounts at certain healthcare providers for medical services. This plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount plan organization. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309 Dallas, TX 75367-1309, 800-800-7616. Website to obtain participating providers: MyMemberPortal.com

New Hampshire residents are not eligible for any of the benefit programs offered by BAYADA Home Health Care.