

You Love What You Do Now, Take Care of You

MINIMUM ESSENTIAL COVERAGE
PLANS



For Benefit Plan Year:
July 1, 2022 to June 30, 2023



WE LOVE WHAT WE DO

We believe that every team member plays an important part in BAYADA's success. At BAYADA, we strive to provide you with a benefits program that rewards employees for the hard work and dedication that you put forth every day. 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 and neither are our benefits. That's why we offer a range of benefits options designed to fit different budgets, lifestyles, and health needs.

We encourage you to review this guidebook carefully, paying close attention to the sections that are applicable to you and your employment status. You and your family will get the most out of your benefits by understanding how they work and selecting the benefit offerings that best meet your needs.

Need help?

In an effort to provide all BAYADA employees with a clear understanding of our benefit offerings, we encourage you to visit bayada.com/benefits, where you will find detailed plan information.

Our dedicated team is available to answer questions and to provide assistance throughout the enrollment period and may be reached at **877-291-3000**.

As a reminder, the 2022 Open Enrollment period runs from May 9 through May 25, 2022.

Newly benefit-eligible employees will be proactively contacted within their benefit eligibility period.



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Eligibility

All employees are eligible for MEC, EAP, and retirement benefits as of their first day of employment.

If you are a:	You are eligible to participate in:	Effective:
Full-time office employee	<ul style="list-style-type: none"> • Aetna medical plans: Core or High Deductible Health Plan (HDHP) • Minimum coverage plans (MEC) • Flexible Spending Account (FSA)/ Health Saving Account (HSA) • Dental • Vision • Employee Assistance Program (EAP) • Life, disability, and voluntary benefits • Retirement and financial benefits 	On the 90th day of employment, except for MEC, EAP, and retirement which are available on the first day of employment
Part-time office employee who works 30 or more hours per week	<ul style="list-style-type: none"> • Aetna medical plans: Core or High Deductible Health Plan (HDHP) • Minimum coverage plans (MEC) • Health Savings Account (HSA) • Dental • Vision • Employee Assistance Program (EAP) • Voluntary benefits • Retirement and financial benefits 	On the 90th day of employment, except for MEC, EAP, and retirement which are available on the first day of employment
Part-time office employee who works less than 30 hours per week	<ul style="list-style-type: none"> • Minimum coverage plans (MEC) • Employee Assistance Program (EAP) • Voluntary benefits • Retirement and financial benefits 	MEC, EAP, and retirement benefits are available on the first day of employment

Dependent Eligibility

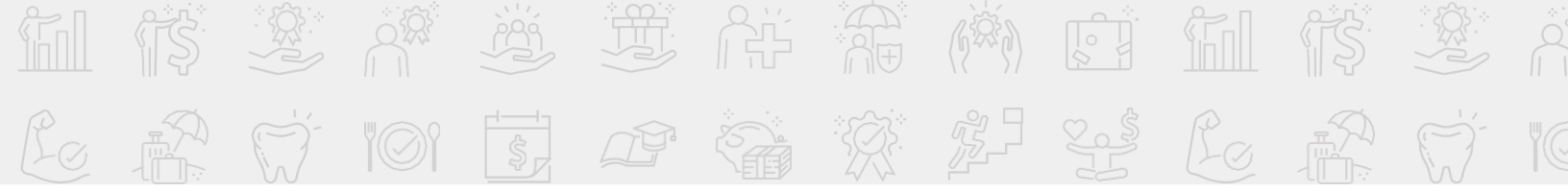
You may enroll your eligible dependents, including your legal spouse and your children up to age 26. Dependents must be enrolled in the same plans you choose for yourself, but tiers can vary between benefit offerings. For example, you may add your spouse to dental and not medical.

Making Changes During the Plan Year

The choices you make upon eligibility or during Open Enrollment remain in effect through the end of the plan year: June 30, 2023. Once you are enrolled, you must wait until the next Open Enrollment period to change your benefit elections, add, or remove coverage for yourself or your dependents, unless you have a qualifying life event as defined by the IRS.

Qualifying Life Events

A qualifying life event is a change in your life circumstances that may allow you to change benefit elections outside of BAYADA's annual Open Enrollment period.



Examples of a qualifying life event include, but are not limited to, the following:

- Marriage, death, divorce, legal separation, or annulment
- Birth or adoption of a child
- Change in employment status (eg, full-time to part-time status)
- Gain or loss of other health insurance coverage
- Dependent gaining/losing other health insurance coverage

The IRS mandates that any 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, death certificate, divorce decree, birth certificate, or loss of coverage letter). **Note:** Any change you make to your coverage must be consistent with the qualifying life event.



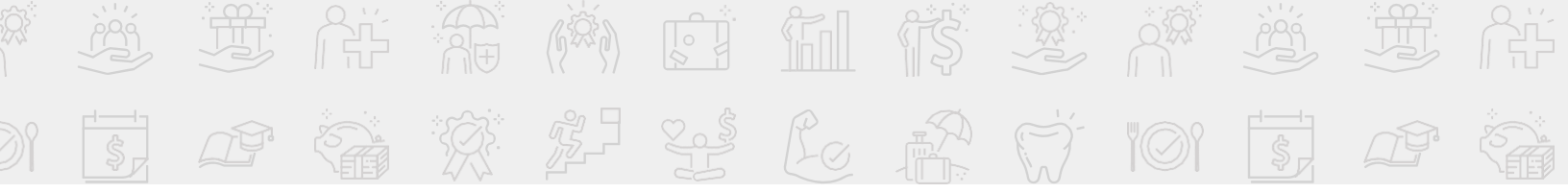
Minimum and Enhanced Minimum Essential Coverage (MEC) Plans

Who is Eligible?

- All employees are eligible

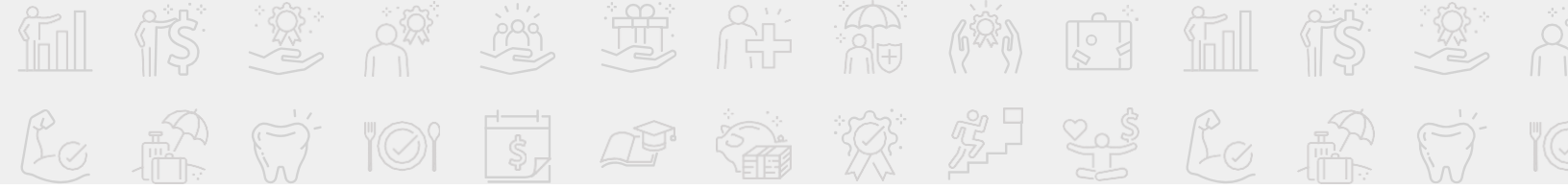
Plan Choices

With two plans to pick from, both the Minimum Coverage and Enhanced Minimum Coverage plans include enhancements of telemedicine and the Average Wholesale Price (AWP) Value Rx discount program. Both plans are provided by Nationwide, and all new employees will receive enrollment information within the first 30 days of hire. The Minimum Coverage plans include 63 preventive tests and an array of other services.



MEC Plan Overview (Including Prescription Plan)

Nationwide Insurance Company		
	Minimum Coverage Plan	Enhanced Minimum Coverage Plan
	In-Network	In-Network
Deductible: individual/family	N/A	N/A
Coinsurance	N/A	N/A
Out-of-pocket maximum: individual/family	N/A	N/A
Lifetime maximum	N/A	N/A
PCP selection	N/A	N/A
Referral requirements	N/A	N/A
Preventive care: routine adult physical exams, well-child exams, pediatric immunizations, routine GYN care exams, routine mammograms, and routine laboratory/radiology	100%, no deductible	100%, no deductible
Primary care physician office visits	N/A	Plan pays \$75 per day 6 days per person, per year
Specialist office visits	N/A	Plan pays \$75 per day 6 days per person, per year
Maternity/OB visits	N/A	N/A
Diagnostic laboratory/radiology	Discount program	Plan pays \$75 per testing day 3 days per person, per year plus discount program
Emergency room	N/A	Plan pays \$75 per day 4 days per person, per year
Hospice and home health care	N/A	N/A
Skilled nursing facility	N/A	Plan pays \$50 per day 60 days per person, per stay
Outpatient private duty nursing	N/A	N/A
Outpatient rehab therapy (speech, physical, occupational)	N/A	N/A
Durable medical equipment	Discount program	Discount program
Bariatric surgery (see provider requirements)	N/A	N/A
Inpatient hospital	N/A	Plan pays \$100 per day \$500 per day lifetime maximum
Prescription drug - retail (30-day supply)	Tier 1: Select generic & brand name drugs available for \$10 or less / \$10 copay Tier 2: Select generic & brand name drugs available for \$20 or less / \$20 copay Tier 3: Select generic & brand name drugs available for \$50 or less / \$50 copay Tier 4: Discounted pricing	
Prescription drug - maintenance drugs are mandatory mail order (90-day supply)	N/A	N/A
Vision	N/A	Plan pays 80% up to \$300 per year; 1 exam every 12 months; 1 paid of glasses or contacts every 24 months



Below is a partial list of services covered by the Minimum Coverage plan. You can view a full list of covered services online at healthcare.gov/preventive-care-benefits. A copy of the plan's Summary of Benefits and Coverage (SBC) is available online at bayada.com/benefits. 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 Adults

- Blood pressure screening for all adults
- Cholesterol screening for adults of certain ages or at higher risk
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Colorectal cancer screening for adults over 50
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- 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 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 Children

- Autism screening for children at 18 and 24 months
- Behavioral assessments for children of all ages, from birth through 17 years
- Depression screening for adolescents beginning routinely at age 12
- 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, from birth through 17 years
- Oral health risk assessment for young children, from birth through 10 years
- Developmental screening for children under age 3
- Height, weight and body mass index measurements for children, from birth through 17 years
- Fluoride chemoprevention supplements for children without fluoride in their water source
- Hearing screening for all newborns
- Hematocrit or Hemoglobin screening for children



Employee Assistance Program (EAP)

Who is Eligible?

- All employees are eligible to take advantage of the EAP at no cost.

EAP: Aetna Resources for Living

We appreciate the work you do every day, and we want to provide you with the resources to live your best life. Aetna Resources for Living delivers a better way to help you and your loved ones meet your daily life challenges. This EAP is fully integrated with Aetna medical and behavioral health benefits.

Designed to assist employees in resolving a wide range of issues to promote overall wellness, the EAP administered by Aetna includes:

- Up to 6 sessions per topic, per year
- Legal (30-minute consultation per topic / 60-minute ID Theft Consultation for victims of ID theft)
- Financial (30-minute telephonic consultation per topic)
- Telephonic WorkLife Services (consultation and referrals for childcare, elder care, caregiver support, school and college planning, and convenience services)
- Online WorkLife Services (articles, provider searches, orientation videos, myStrength, legal/financial tools, free will preparation, webinars, discount center, etc.)

Voluntary Benefits

BAYADA offers employees the option to enroll in supplementary coverage(s) through Aflac. These added voluntary benefits are a la carte, with different levels of coverage you can customize to meet your individual needs. Please contact a benefit enrollment specialist at [844-600-7073](tel:844-600-7073) for more information regarding Aflac products.

Who is Eligible?

- All employees are eligible for the voluntary benefit offerings after working 90 days.

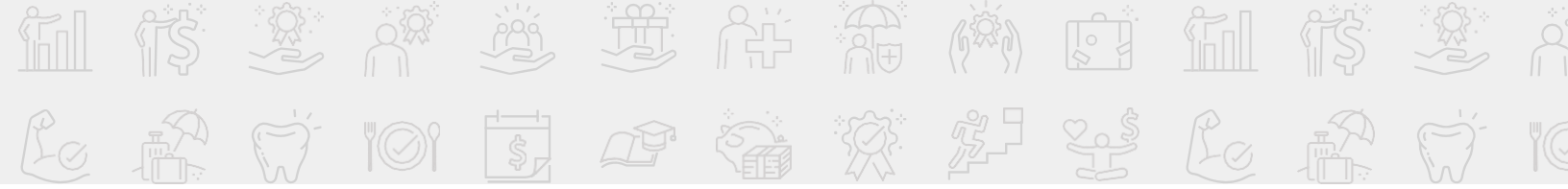
Voluntary Plan Offerings to Employees Include:

Accident Insurance

Designed to supplement employer-sponsored health coverage, accident insurance pays specific benefit amounts for expenses resulting from injuries or accidents that take place on or off the job. Hospitalization, physical therapy, intensive care, transportation, and lodging are some of the out-of-pocket expenses that this accident insurance could cover. Coverage is available for you, your spouse, and/or your child/children.

Critical Illness Insurance

Critical Illness Insurance supplements major medical coverage by helping you pay the direct and indirect costs associated with a critical illness or event. Benefits are paid tax-free in a lump sum to be used at your discretion. You may select the amount of coverage needed. Coverage amounts are available on a guaranteed issue basis with options starting from \$10,000 for employee coverage and \$5,000 for spouse coverage. 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 Insurance is designed to help provide financial protection in the event of a hospital confinement. You may use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump-sum benefits are paid directly to you based on the amount of coverage listed, regardless of the actual cost of treatment. The option of electing spouse and/or dependent coverage is also available.

Group Short-Term Disability Insurance

Short-Term Disability Insurance is an income protection policy that can help replace a portion of your salary should you experience a disability. The plan pays monthly benefits in the event of sickness and off-the-job accidents. This plan includes a 12-month pre-existing condition limitation. You may enroll for Short-Term Disability coverage up to 60% of your pre-disability earnings (or 40% in states with state disability) not to exceed \$6,000 per month.



Retirement and Financial Benefits

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?

All employees are immediately eligible to contribute to the 401(k) plan upon hire. Our plan provider, Prudential, will send you an enrollment packet by mail. You may enroll any time after receiving your paycheck by calling [877-778-2100](tel:877-778-2100) or visiting prudential.com/online/retirement.

Prudential 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 that make saving effortless.
- A wide array of investment options that enable 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 provides you with 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. Roth 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.

You can contribute up to 80% of your pay, up to the IRS maximum of \$20,500 for 2022 (with the exception of Highly Compensated Employees (HCEs), who are capped at 4%). Employees who are age 50 and over may contribute an additional \$6,500 per year in “catch-up” contributions.



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.

Vesting Schedule

Years of Service	Vested Interest
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6+	100%

Your Contribution and Investments

You can contribute on a before-tax or Roth after-tax basis 1% to 80% of your pay, up to the IRS maximum of \$19,500 for 2022 (with the exception of Highly Compensated Employees (HCEs), who are capped at 4%). If you are or will be at least 50 years old in 2022, you can make an additional before-tax or Roth after-tax catch-up contribution of up to \$6,500 per the IRS 2022 maximum (including HCEs).

What is the difference between traditional pre-tax contributions and Roth after-tax contributions?

Traditional pre-tax contributions come out of your pay before taxes are deducted, so you can save on your taxes now. Every pre-tax dollar you contribute costs less than \$1.00 in take-home pay. Roth contributions come out of your pay after taxes have been withheld. Your take-home pay is reduced by the amount you contribute, but your contributions are never taxed again and any investment earning won't face federal taxes as long as you hold the account for five or more years from January 1 of your first contribution and are at least age 59.5 when you take your withdrawal.

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.



Public Service Loan Forgiveness

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 not-for-profit organizations. PSLF is a way for not-for-profit employees to have a portion of their student loans forgiven, provided they meet a strict set of criteria over a 10-year timeline. Given the complex and long-term nature of PSLF qualifications, BAYADA has engaged with PeopleJoy, a trusted partner who can help our employees with this process. PeopleJoy is an experienced company specializing in helping borrowers with their student loan structure, including their pursuit of PSLF. Their services have been thoroughly vetted by BAYADA and determined to be a strong fit for our employees' needs.

Your free consultation includes an assessment of your student loans and guidance regarding PSLF. If you choose to become a PeopleJoy client following your consultation, there is a fee for their ongoing services.

PeopleJoy client services include, but are not limited to:

- PSLF process guidance
- Student loan expert analysis
- Dedicated loan coach
- Customized student loan savings report
- Income-driven federal loan repayment program filing

Get Help

You can access a free consultation with PeopleJoy by visiting bayada.PeopleJoy.com using the authorization code 1975. For general PSLF questions, please contact PSLF@bayada.com.



Common Medical Insurance Terms and Definitions

Coinsurance

Coinsurance: Your share of the costs of a covered health care 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 plan pays the rest of the allowed amount.

Copay

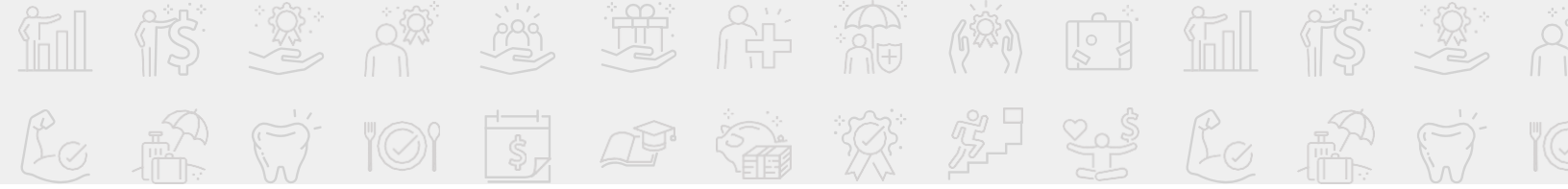
A copay is a fixed dollar amount you pay for a health care service. The amount can vary by the type of service. Your copays do not count towards your deductible, but they do count towards your out-of-pocket maximum.

Covered Expenses

These are the services that are reimbursed through the insurance plans.

Deductible

The amount you pay for covered health care 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 health care services subject towards the deductible. Preventive care is covered 100% by all medical plan options and therefore is not subject to the deductible.



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 much less.

Health Savings Account (HSA)

An HSA is an account available to employees who enroll in the High Deductible Health Plan. An HSA lets you save money for health care expenses on a pre-tax basis (before taxes are deducted from your paycheck). When you go to the doctor or pharmacy, you can use the money in your account to pay for your visit or prescription. That’s an automatic savings because the money you put aside in your HSA comes out before taxes. Best of all, you own 100% of the money in your account—even if you change jobs or retire.

Any money you don’t use during the year stays in your HSA—earning interest—for you to use in the future.

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](tel: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 for Questions About Medicare

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](tel: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. 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%.

POS (Point-of-Service) Plan

A hybrid medical plan where you may select any physicians and hospitals in and outside the plan's network of preferred providers.

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

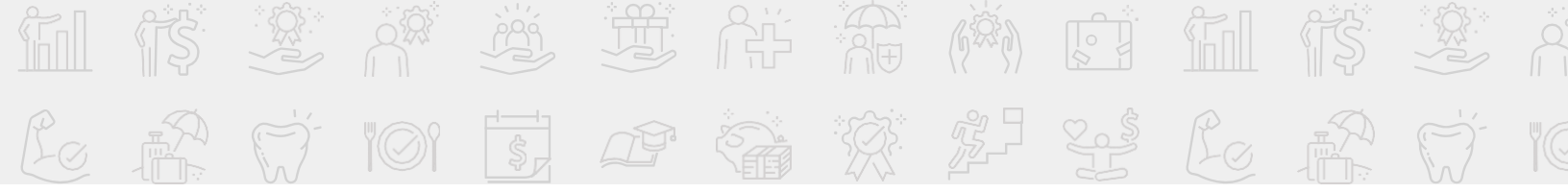
Routine health care services that can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include, but are not limited to: routine physical, mammogram, flu vaccine, prostate test, smoking cessation, etc.

Primary Care Physician (PCP)

In the POS Core and POS High-Deductible Health Plans, 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.

Qualifying 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 qualifying 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 qualifying life event, contact the Benefits office at [877-291-3000](tel:877-291-3000) or by email at benefits@bayada.com.



Specialist

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

Telemedicine

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



Carrier Contact List

To enroll via telephone, call a benefit enrollment specialist at BCI at **844-225-7552**. To enroll or make changes online to your current benefit elections, log into Workday. Any additional questions (eg, COBRA information) may be directed to the BAYADA Benefits office at benefits@bayada.com, or by calling **877-291-3000**.

Following is a comprehensive list of BAYADA’s benefit coverage carriers and their contact information.

Carrier Contact List			
Coverage	Carrier	Phone Number	Website/Email
Phone enrollments	BAYADA	New hires: <u>844-225-7552</u>	
Employee Assistance Program (EAP) Aetna Resources for Living	Aetna	<u>888-238-6232</u>	resourcesforliving.com Username: Bayada Password: eap
MEC plans	Nationwide	<u>855-495-1190</u> for Member Services	theamericanworker.com
Retirement	Prudential	<u>877-778-2100</u>	prudential.com/online/retirement retirement@bayada.com
Aflac voluntary products	BCI	<u>844-600-7073</u>	aflacgroupinsurance.com
COBRA	Taben	<u>800-675-7341</u>	taben2.webcobra.com/

If you have other questions (eg, COBRA information), please contact the BAYADA Benefits team at **877-291-3000** or email benefits@bayada.com.

