

Employee Benefits

2025

Office Employees



BAYADA[®]
Home Health Care



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This benefit summary describes the benefit plans available to you as an employee of BAYADA Home Health Care. The details of these plans are contained in the official plan documents that have been provided to you by your employer, including some insurance contacts.

This summary is meant only to cover the highlights of each plan; It does not contain all the details that are included in your summary plan description as described by the Employee Retirement Income Security Act (ERISA).

If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of BAYADA Home Health Care.

Welcome!

We are committed to providing competitive benefit programs that are flexible enough to meet your individual needs.

Our comprehensive benefits are carefully designed to give you the tools you need to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement.

Getting the most from your benefits is up to you. You know your family, your goals and your lifestyle best. This benefits guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.

Open Enrollment:

This Open Enrollment is a passive enrollment meaning if you do not enroll, your benefits from 2024 will carry over to 2025. **After open enrollment, you will not be able to make changes to your benefits unless you experience a Qualifying Life Event (QLE).**

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to bayada@benefits.com



**Open Enrollment
will be held:**

October 16 – November 6

Eligibility

Benefit Eligibility

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.

***Enrolled children lose coverage when they turn 26. Coverage will end the last day of the month in which they turn 26. You must inform HR 30 days prior to your dependent reaching their 26th birthday.**

Dependent Eligibility

You can enroll the following dependents in our group benefit plans:

- Your same or opposite sex legal spouse, domestic partner, or civil union partner
- Children up to age 26*
- A child under the age of 26 who is your natural child, stepchild, legally adopted child, or child for whom you have obtained legal guardianship
- Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of handicapped status must be provided)



Qualifying Life Event

Your benefit elections made during Open Enrollment will be effective January 1, 2025. You may not make changes to your elections unless you experience a qualifying life event.

Common qualifying events include:

- Change in the number of your dependents (through birth or adoption or if a child is no longer an eligible dependent)
- Change in spouse's employment status (resulting in a loss or gain of coverage)
- Change in legal marital status (marriage, divorce, or legal separation)
- Change in employment status from full-time to part-time or part-time to full-time, resulting in a gain or loss of eligibility
- Eligibility for coverage through the Marketplace
- Entitlement to Medicare or Medicaid
- A court order to provide health coverage for your eligible dependent (QMSCO)

Some lesser-known qualifying events are:

- Turning 26 and losing coverage through a parent's plan
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)



IMPORTANT

If you need to make a change before the next Open Enrollment period due to a change in status, you must submit the required documentation WITHIN 31 DAYS of the qualifying life change event.

Contact a Benefits Counselor at 877-318-1764 or email HRCareCenter@bayada.com. You can also login to Workday to process a Qualifying Life Event.

What's New for 2025?

420 HMO Plan

Your Kaiser Medical HMO Plan has improved for the 2025 plan year! The Kaiser Permanente 420 HMO Plan will replace the 401 plan. This new plan features a \$0 primary care doctor office visit copay for children through age 17. The plan will continue to have a \$15 copay for adults 18+.

HMSA Medical Plan Additions

The HMSA Medical PPO plan now offers Oral Chemotherapy Specialty Drugs for \$100, or 10%, whichever is less. Similarly, cardiac rehabilitation will now be covered under the HMSA medical plan.

Basic Life Insurance

All employees working 30+ hours are eligible to enroll in Basic Life & AD&D coverage up to \$15,000

Voluntary Life Insurance

All employees are eligible to enroll in employee Voluntary Life coverage up to \$300,000. You may need to submit Evidence of Insurability



Alliant Medicare Support

Medicare can be complicated. Figuring out the rules— not to mention how Medicare works with or compares to your employer-provided medical coverage—can be a headache. That's why we are offering Alliant Medicare Solutions. The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

Contact 1-877-888-0165 to speak to a licensed agent

Alliant Individual Healthcare Solutions

Finding an marketplace plan can be complicated, which is why we are offering Alliant Individual Healthcare Solutions. AIHS is a referral program to help employees find marketplace solutions if they lose coverage, have dependents exiting the plan, employees retire early, or find alternatives to COBRA.

Schedule an appointment or call 877-328-1195 to speak with a licensed insurance agent

Major Medical Coverage



Understanding Your Plan Options

Your medical plans will be offered through Kaiser Permanente and HMSA. Please review your plan summaries or SBCs for coverage information and full plan details located on Workday.

Elections you make during Open Enrollment will be effective January 1, 2025, and remain in effect until December 31, 2025, unless you experience a Qualified Life Event.

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.

Register Online*

Your connection to great healthcare is only a click away. Register for an online account at Kaiser Permanente or HMSA so you can access time-saving tools, tips for healthy living, view lab results, choose a doctor, manage your EOBs, and more!

<https://www.kp.org/thrive>

<https://www.hmsa.com>

Call Benefits Counselor

For support with understanding your options or making a decision about coverage, reach out to our dedicated team who will help you in any way they can.

877-318-1764

*Employees will need their carrier-assigned ID number to register for online services and mobile app.



Embedded Deductibles

Embedded

The deductible on the HMSA Medical Plan as well as the out-of-pocket maximum on both the HMSA and Kaiser plans use an "individual" approach. This means that the family amount can be met by any combination of family members, but each individual will never be subject to more than the individual amount.

Once an employee meets their individual deductible, the plan begins to pay. If a member within the family reaches the individual OOP max, then the plan pays 100% or that member only, until another member reaches the individual OOP max or the family OOP is reached.

Medical Plan Comparison - Pending

| | HMSA PPO Plan | | Kaiser Permanente HMO Plan |
|--|---------------|---|--|
| | In-Network | Out-of-Network | In-Network Only |
| PLAN FEATURES | | | |
| Annual Deductible (Individual/Family) | Embedded | \$350 / \$1,050 | None |
| Annual Out-of-Pocket Maximum (Individual/Family) | Embedded | \$3,000 / \$9,000 | \$2,500 / \$7,500 |
| Coinsurance | 80% | | N/A |
| Preventive Care | No cost | Covered up to the HMSA allowed amount | No Cost |
| Primary Care Physician (PCP) | \$17 copay * | \$17 copay * Covered up to the HMSA allowed amount | \$15 copay for adults 18+ \$0 copay for children through age 17 |
| Specialist Visit | \$17 copay * | \$17 copay * Covered up to the HMSA allowed amount | \$15 copay for adults 18+ \$0 copay for children through age 17 |
| Urgent Care | \$17 copay * | \$17 copay * | \$15 copay per visit |
| Emergency Room | 80% * | | \$75 copay per day |
| Inpatient Hospital | 80% * | 80* up to the HMSA allowed amount | \$75 copay per day |
| Outpatient Surgery | 80% * | 80* up to the HMSA allowed amount | \$15 copay per visit |
| Lab/X-Ray (Outpatient) | 80% * | 80* up to the HMSA allowed amount | 90% |

* After deductible



An Independent Licensee of the Blue Cross and Blue Shield Association

Pharmacy

Prescription drug coverage through HMSA and Kaiser is included with all of our medical plans. You can also purchase a 90-day supply through HMSA or Kaiser mail order pharmacy. Review the chart for the amount you will pay for a 30-day supply of the prescription drug category listed. Your medical ID card will also include information on your prescription drug coverage.

| | HMSA PPO Plan | | Kaiser Permanente HMO Plan |
|---------------------------------|--|--|---|
| | In-Network | Out-of-Network | In-Network Only |
| RETAIL 30-DAY SUPPLY | | | |
| Generic | \$7 | \$7 + 20% Coinsurance | Generic Maintenance: \$3 Other Generic: \$10 |
| Preferred Brand | \$30 | \$30 + 20% Coinsurance | \$45 |
| Non-preferred Brand | \$30 + \$45 (Other Brand Name Cost Share) | \$30 + 20% Coinsurance + \$45 (Other Brand Name Cost Share) | \$45 |
| Specialty | \$100 | Not Covered | 200 |
| MAIL ORDER 90-DAY SUPPLY | | | |
| Generic | \$11 | Not Covered | 2x Retail for 90-day supply |
| Preferred Brand | \$65 | | |
| Non-preferred Brand | \$200 | | |

Access Your Prescription Drug Coverage

To view a list of covered drugs, find cost estimates, locate an in-network pharmacy, register for mail-order delivery, and review other important information about your prescription drug coverage.

Kaiser:

Visit: <https://health.kaiserpermanente.org>

Call: 800-966-5955

HMSA:

Visit www.hmsa.com

Call: 800-776-4672



Where To Go For Care

Choose the right care option to save time & money

When you need care, it's important to select a care option that meets your needs while reducing your out-of-pocket cost.



| CARE TYPE | CARE OPTIONS | | | |
|--|---|--|---|--|
| | EAP offered through Resources for Living* No Cost | Doctor Visit \$ | Urgent Care \$\$ | Emergency Room \$\$\$ |
| | USE THIS CARE OPTION FOR: | | | |
| | No-cost support for any life concern you or your household members are facing | Conditions and concerns that require in-person treatment | Non-emergency concerns that cannot wait for your primary doctor | Life threatening conditions or illnesses |
| Substance Dependency | X | X | X | |
| Stress, Anxiety, and Depression | X | X | X | |
| Minor Headache | | X | X | |
| Nausea, Vomiting, Diarrhea | | X | X | |
| Bumps & Scrapes | | X | X | |
| Cough, Sore Throat, Congestion | | X | X | |
| Urinary Burning | | X | X | |
| Mild Abdominal Pain | | X | X | |
| Earache | | X | X | |
| Rash | | X | X | |
| Back Pain | | X | X | |
| Sprain & Strain | | X | X | |
| Vaccination | | X | X | |
| High Blood Pressure | | X | X | |
| Cuts & Stitches | | | X | |
| Severe Pain | | | X | |
| Broken Bone | | | X | |
| Ongoing Blood Loss | | | | X |
| Chest Pain and Numbness in Face, Arm, or Leg | | | | X |
| Sharp Abdominal Pain with High Fever | | | | X |
| Loss of Consciousness | | | | X |
| Life Threatening Injury or Illness | | | | X |

*See page 19 for more information on your EAP benefits

Important Terms

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles.

An example

If your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe.

An example

If the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.



Out-of-Pocket Maximum

The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover. Some plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments, or other expenses toward this limit.

Premium

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly.

In-Network Provider

A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider."

Out-of-Network Provider

A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider."



Which Plan is Right For You?

When choosing between a PPO (Preferred Provider Organization) and an HMO (Health Maintenance Organization) there are several factors to consider.

Health Maintenance Organization:

Costs:

HMO plans often have lower monthly premiums and higher out-of-pocket costs, but you may have to pay higher fees if you see an out-of-network provider.

Referrals

With an HMO plan, you need a referral from your primary care physician to see a specialist.

Network:

HMO plans typically have a smaller network of healthcare providers that you must use in order to be covered by the plan. You usually need a referral from your primary care physician to see a specialist.

Coverage for out-of-network care:

HMO plans typically do not cover out-of-network care except in emergencies

Preferred Provider Organization:

Cost:

PPO plans generally have higher premiums and out-of-pocket costs, but they offer more flexibility in choosing healthcare providers

Referrals:

With a PPO plan, you do not need a referral to see a specialist

Network:

PPO plans have a larger network of providers, and you have the flexibility to see out-of-network providers at a higher cost

Coverage for out-of-network:

PPO plans offer coverage for out-of-network care, but will pay higher costs for using out-of-network providers.

Consider an HMO if:

- Your provider is already in-network, or you are willing to switch to a new provider that is in network
- You are willing to see your primary care physician to obtain a referral to see an in-network specialist
- You're comfortable with higher out-of-pocket costs when seeking care outside of the HMO network.

Consider a PPO if:

- You have specific doctors or specialists you prefer to see.
- You want more flexibility in choosing healthcare providers.
- You're willing to pay higher premiums for lower out-of-pocket costs.

Remember

Your decision should align with your overall health needs, financial situation, and preferences. Assess your own health history, anticipated medical expenses, and comfort level with risk to determine which plan best suits your needs.



Dental Plan



In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and x-rays. Receiving regular dental care can protect you and your family from the

high cost of dental disease and surgery. Dental coverage is offered for basic and major services.

The dental plan also includes 100% coverage for preventive care. You and your eligible dependents may enroll in one of the two dental coverage options administered by HMSA or Kaiser Permanente.

| Dental Plan* | HMSA | Kaiser Permanente (HDS) |
|--------------------------------------|------------------------------|------------------------------|
| Preventative & Diagnostic | | |
| Examination | 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 18 |
| Other X-Rays | 70% | 70% |
| Other Services | | |
| Endodontics | 70% | 70% |
| Periodontics | 70% | 70% |
| Prosthodontics | 50% | 50% |
| Calendar year Maximum | \$1,500 | \$1,200 |

*You have the option to visit any dental provider you wish, but you will pay less by utilizing in-network care.

Access your dental coverage

To review your benefits and eligibility information, find in-network dentists, track claims, get cost estimates, print additional copies of your ID card, and more, please see the contact information below.

Save money with a PPO network dentist

Save money with Delta Dental's PPO network dentists for deeper discounts and higher benefits. Beware of balance billing with out-of-network dentists, which can lead to additional costs beyond your plan's coverage limits.

Kaiser:

800-232-2533

<https://health.kaiserpermanente.org>

HMSA:

800-776-4672

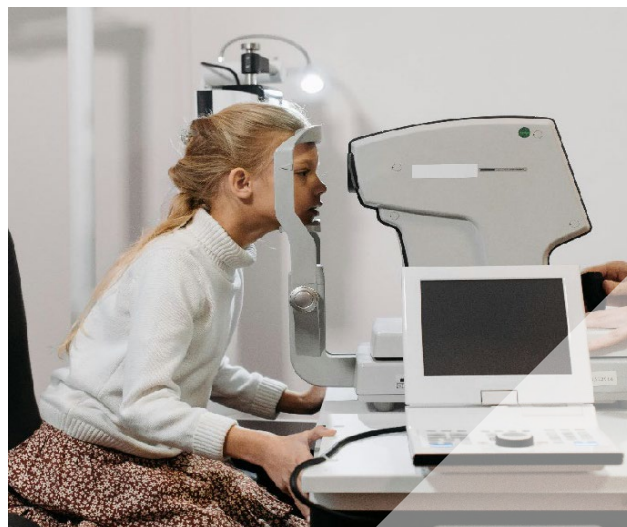
www.hmsa.com

Vision Plan



Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Your vision insurance is provided by EyeMed and entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.



| Vision Plan | Member Cost In-Network* |
|---|--|
| Plan Features | |
| Eye Exam (Once Every 12 Months) | \$10 copay |
| Lenses (Once Every 12 Months) | Single Vision - \$15 copay Bifocal - \$15 copay Trifocal - \$15 copay |
| Frames (Once Every 24 Months)*** | Up to \$150 allowance: plus 20% off balance over \$130 |
| Contact Lenses** (Once Every 12 Months) | Medically Necessary - Covered in full Elective - Up to \$130 allowance plus 15% off any amount above allowance |

*You have the option to visit any vision provider you wish, but you will pay less by utilizing in-network care

** In lieu of glasses

*** No out-of-pocket costs for frames at Target or Sears

Access your vision coverage

To check your coverage, access your vision card, find in-network eye doctors, view special offers and discounts, shop eyewear fashions, and more, please see the contact information.

www.eyemed.com
866-804-0982
[Download the app](#)

Flexible Spending Accounts (FSA)

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

Health Care FSA (HCFSA)

What does it cover?

Pay for eligible health care expenses, such as plan deductibles, copays, and coinsurance.

Who can participate?

Full-Time Employees after 90 days of service who are enrolled in the company medical Plan.

What are the contribution limits?

Employees can contribute up to \$3,200 per plan year for the year 2025

What happens at the end of the year?

The FSA will have a carryover feature allowing up to \$640 of your unused Healthcare FSA balance to be carried into the next plan year.

Any funds over the \$640 rollover will be forfeited if not used by 6/30 or claims filed by 9/30.

Dependent Care FSA (DCFSA)

What does it cover?

Qualified day care expenses for children younger than age 13 and adult dependents who are incapable of caring for themselves.

Typical eligible expenses you can use your DCFSA to pay for include, adult day care facilities, application fees for daycare, babysitting (work-related), extended care (before or after regular school hours), late pickup fees for daycare, licensed nursery schools and preschool tuition.

Who can participate?

Full-Time Employees after 90 days of service.

What are the contribution limits?

Employees can contribute up to \$5,000 per plan year

Unlike the healthcare FSA, your full election for the plan year is not available on the day your plan starts. For the dependent care FSA, you can only be reimbursed for qualified expenses up to the amount you have contributed to your FSA up to that point in time. As your contributions accrue, claims for reimbursement can be processed.

Does being divorced affect use of a DCFSA?

Yes, if you are divorced, only the custodial parent may use a DCFSA.



Optum

To learn more, see IRS
Publication 502 at
www.irs.gov

Or visit the Optum website:
<https://www.optum.com/en/financial-services/flexible-spending-accounts>

Life Insurance

Basic Life and Accidental Death and Dismemberment (AD&D)

The Basic Life and AD&D plan provides a benefit in the event of your death, dismemberment or paralysis. This benefit is sponsored by BAYADA, so you will automatically be enrolled at no cost to you. Your coverage will be a fixed amount of \$15,000

Voluntary Life Insurance

You may purchase additional life insurance at group rates:

- Available in increments of \$10,000 up to \$300,000
- You pay the full cost of this plan and the amount deducted depends on the age of the employee and the amount of coverage elected
- If you do not elect this coverage when first becoming eligible you are subject to medical underwriting by the carrier

Guaranteed Issue and Evidence of Insurability

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI).

If the amount requested is more than the GI, you will need to provide EOI before the amount over GI becomes effective.

For those who previously waived coverage or those who wish to increase their cover you will need to provide EOI.

Imputed Income

Under current tax laws, imputed income is the value of your Basic Life insurance that exceeds \$50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.



Disability Coverage

We want to do everything we can to protect you and your family. That's why BAYADA pays for the full cost of short- and long-term disability insurance - meaning that you owe nothing out of pocket.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Short-Term Disability (STD) Plan

The STD plan provides full-time employees with income replacement while disabled and unable to work due to a non-occupational illness or injury, including pregnancy. The benefit payment is based on your exemption/union status.

Eligibility:

You become eligible to enroll in the STD plan if you are a full-time office employee with one year of employment.

Weekly benefit amount:

85% of your predisability weekly earnings to a maximum weekly benefit of \$1,055

Benefits begin:

After 14 days of time off unless admitted to hospital

Maximum payment period:

26 weeks

Filing a Short-Term Disability Claim

In order to receive benefits, you must report your disability claim to MetLife if you will be out of work for more than three days.

You can contact MetLife at 1-800-638-5000, or visit <http://www.metlife.com/lifeclaims>

Long-Term Disability (LTD) Plan

If you are enrolled in the LTD plan and are disabled and out of work for 26 weeks or more, you may be eligible for a LTD benefit of up to 60% of total monthly covered earnings up to a maximum benefit amount of \$5,000

Total covered earnings is your basic salary not including commissions, bonus or overtime.

This benefit continues until you recover or reach your Social Security normal retirement age, whichever is sooner.

Eligibility:

You become eligible to enroll in the LTD plan if you are a full-time office employee with two years of employment

Monthly benefit amount:

60% of your monthly covered earnings up to a maximum of \$5,000. If your monthly earnings exceed \$8,333, your LTD benefit will be limited to this maximum.

Benefits begin:

After 180 days

Maximum payment period:

Social Security normal retirement age

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 a maximum of \$650 per week.

Voluntary Short-Term Disability

Voluntary Short-Term Disability Insurance

A disability can happen to anyone. A pregnancy, a non-occupational illness, or injury can lead to months without a regular paycheck. If you're unable to work for a short period of time due to a non-work condition, illness or injury, short term disability insurance offers financial protection by paying you a portion of your earnings. You may enroll in the Hartford STD plan while you wait to meet your one year waiting period to enroll in the MetLife STD plan.

Eligibility

You are eligible if you are an active employee who works at least 15 hours per week. Coverage begins the first day of the month following the date you elect coverage.

Coverage Information

You have the choice of two disability plans, which allows you the flexibility to enroll for the coverage that best meets your needs.

| Benefits | | Option 1 | Option 2 |
|------------------|---|---------------|-----------------|
| Benefit Amount | You may choose your weekly benefit. Benefits are in \$100 increments, not to exceed 60% of your weekly earnings | \$300-\$1,400 | \$300 - \$1,400 |
| Benefit Starts | You may choose when you want your benefit to start | Day 8 | Day 15 |
| Benefit Duration | You may choose how long you want to receive your benefit | 26 weeks | 52 weeks |



Visit

www.thehartford.com/benefits/BAYADA

to learn more

Employee Assistance Program

Your Employee Assistance Program, through Resources for Living is your go-to support line whenever you're facing a life situation and are unsure about how to proceed. Whether you or a family member are dealing with stress, anxiety, depression, chemical dependency, care concerns, financial concerns, legal concerns, or anything else, the EAP offers you confidential 24/7 support. All employees are eligible for this no-cost benefit. All household members are eligible to utilize the benefit as well as children up to 26 who live outside the household.

Contact the EAP for support with:

- Family concerns including going through a divorce, caring for an elderly family member, and returning to work after having a baby
- Work concerns including job relocation, building relationships with co-workers and managers, and navigating reorganization
- Money matters including budgeting, financial guidance, retirement planning, buying or selling a home, and tax issues
- Legal services including issues relating to civil, personal and family law, financial matters, real estate and estate planning
- Identity theft recovery including ID theft prevention tips and help from a financial counselor if you are victimized
- Health concerns including coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- Everyday life concerns including moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, and training a new pet

And more!

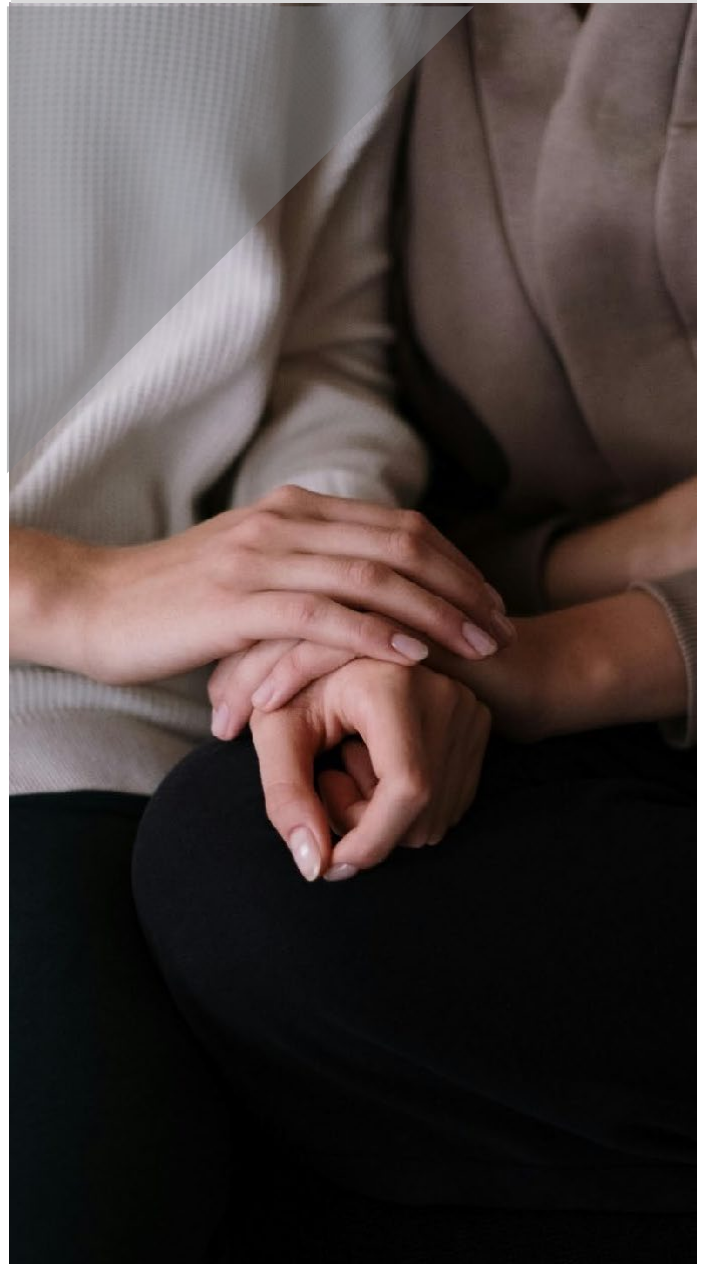
You and your family members also have access to **six** sessions per issue each year. Counseling sessions are available face-to-face or online with televideo.

[Resourcesforliving.com](https://www.resourcesforliving.com)

Username: BAYADA

Password: eap

888-238-6232



LGBTQIA+ Benefits

BAYADA celebrates equality and is intentional about providing inclusive benefit coverage to members of our LGBTQIA+ community. Over the last few years, we've enhanced our benefit plans to include care and medical treatments in support of our LGBTQIA+ community and their families.

Dependent Eligibility

Our benefit plans are available to same-sex spouses, domestic partners, civil union partners, as well their children.

Transgender-Inclusive Healthcare

Kaiser and HMSA medical plans provide gender confirmation surgery benefits as well as mental health counseling. Covered services include hormone replacement therapy and reconstructive surgery. Please refer to your medical plan policy for full coverage information.

Pre-authorization may be required for certain procedures. If you have any questions or need assistance obtaining care, please call the number on the back of your medical ID card or visit the website of your carrier:

Kaiser: [Login Portal](#)

HMSA: [Login Portal](#)

We also provide paid medical leave through our short-term disability policy. More information can be found in the appropriate section of our Benefits Guide

HIV Prevention & Treatment

Through our prescription drug plan, members have access to PrEP medication and antiviral therapy to help reduce the risk of transmitting HIV

Mental Health Resources

Our Resources for Living EAP through Aetna provides 6 free coaching or counseling sessions, with ability to select clinicians based on sexual preference or gender. You can access help on a variety of mental health issues including depression, family issues, and relationship support, providing an opportunity to connect and navigate the unique cultural or political challenges affecting the queer community. Additional counseling is also available through your medical plan.



Voluntary Benefits

Accident Insurance

The Hartford provides Accident Insurance that pays out a lump sum if you become injured because of an accident — even if the injuries you incur do not keep you out of work. While health insurance companies pay your provider or facility, Accident insurance pays you directly.

How does Accident Insurance work?

Accident Insurance provides you an additional level of financial protection if you experience a covered non-work-related accident such as a broken bone, concussion, or laceration.

Example scenario - Regina breaks her ankle

Regina loves to hike but slips and breaks her ankle. To treat her condition, she undergoes a number of care services including x-rays, surgery, medical equipment, and ongoing physical therapy. Because Regina had Accident Insurance, she receives a cash payment of \$3,345 which she uses towards her monthly bills and expenses.*

Covered expenses typically include:

- Emergency room visits
- Hospital stays
- Fractures and dislocations
- Medical exams
- Physical therapy
- Transportation and lodging

Critical Illness Insurance

The Hartford offers Critical Illness, providing you a cash payment if you or a covered person experiences a covered condition such as heart attack, cancer, and/or stroke. You can purchase a benefit amount of \$10,000, \$20,000, or \$30,000 for you, and up to 50% of your coverage for your spouse and/or dependent children.

Example scenario - Dave has a stroke.

Thankfully, he's expected to make a full recovery. Because he was signed up for \$20,000 of Critical Illness Insurance, he receives a check for \$20,000 which he uses to cover his out-of-pocket medical expenses. The rest he deposits into his savings for later use.*

Covered conditions typically include:

- Heart attack
- Multiple Sclerosis
- Stroke
- Alzheimer's disease
- Parkinson's disease
- Major organ failure

*All scenarios are for illustrative purposes only. Actual payments may vary.



Voluntary Benefits



Hospital Indemnity Insurance

The Hartford provides Hospital Indemnity insurance designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers employees who are admitted to a hospital or ICU for a covered sickness or injury. Even if your Medical insurance covers most of your hospitalization, you can still receive payments from your Hospital Indemnity insurance plan to cover extra expenses while you recover.

Covered events typically include:

- Hospital admission
- Hospital confinement
- Hospital intensive care
- Surgical care
- Diagnostic imaging

How does Hospital Indemnity Insurance work?

Hospital Indemnity insurance provides you a cash payment due to hospitalization. You have three plan options to choose from to fit your needs.

Example scenario - Emily has a baby

Emily and her spouse are excited to have their second child. Emily knows she will be hospitalized for the delivery, so she enrolls in the High Plan. Everything goes according to plan and after three days in the hospital, Emily and her new baby are on their way home. Because Emily had Hospital Indemnity Insurance, she receives a cash payment of \$650 which she uses for a new baby swing and other items for the nursery.*

*All scenarios are for illustrative purposes only. Actual payments may vary.

| | Frequency | Amounts Payable |
|---|---------------------------|-----------------|
| Plan Features | | |
| Admission Benefit | Once per calendar year | \$1,500 |
| Confinement Benefit | 90 days per calendar year | \$150 |
| ICU Supplemental Confinement (paid concurrently with the Confinement Benefit) | 30 days per calendar year | \$300 |

Voluntary Benefits

Identity Theft Protection

Identity Theft offered through **IdentityForce** provides credit monitoring and fully managed identity restoration services should you or an immediate family member become a victim of identity theft. This will help you remain productive at home and at work while your identity is restored to pre-theft status.

Identity theft protection through Identity Force provides all-in-one protection for your identity. Once enrolled, you will receive an email with instructions on how to take full advantage of your membership.

Identity theft protection looks for uses of your personal information and, with proprietary technology, alerts you to a wide range of potential threats to your identity.

Device Security protects against existing and emerging threats, including ransomware, viruses, spyware, malware and other online threats.

Parental Control helps keep your kids safer online. Help your kids explore the web more safely by staying informed of sites they are visiting and blocking harmful or inappropriate ones.

Privacy Monitor scans common public people-search websites for your personal information and helps you opt out, giving you peace of mind and greater control over your online privacy.



Commuter Benefits

Transit

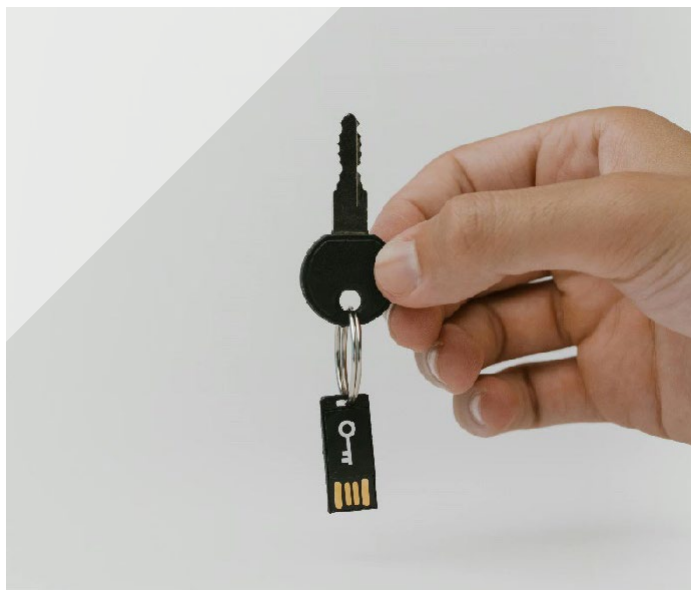
Commuter Benefits provided by **Optum Financial** allow pre-tax funds to pay for qualified work-related commuting and parking expenses such as bus, train, ferry or subway fares, along with parking meters and parking garage fees.

Parking

Covers parking costs at or near your work site and parking costs related to transportation to work (e.g. train stations or van pool stops). Note that parking on or near your own property does not qualify.

Notes:

- Reimbursement occurs after the first deduction from your paycheck.
- Unused funds carry over as long as you continue participating in the plan.
- Verify expenses with itemized invoices to ensure IRS-approved eligibility.
- Tolls, taxis, fuel/gas, mileage, and airport parking fees are *not* eligible expenses for the Commuter FSA.
- Uber and Lyft services are not covered unless associated with UberX Share or Lyft Line.



Understanding Medicare

Turning 65? Understand Your Medicare Options

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65

Most people become eligible for Medicare at age 65. When that happens, you'll probably have some time-sensitive decisions to make, based on your individual situation.

Introducing Alliant Medicare Solutions

Medicare can be complicated. Figuring out the rules—not to mention how Medicare works with or compares to your employer-provided medical coverage—can be a headache. That's why we are offering Alliant Medicare Solutions. The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

How does it work?

Call Alliant Medicare Solutions at **1-877-888-0165** to speak to a licensed insurance agent. Have your current medical coverage information available when you call.

Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.

If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

AlliantMedicareSolutions.com

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Contact 1-877-888-0165 to speak to a licensed agent

Additional Online Resources

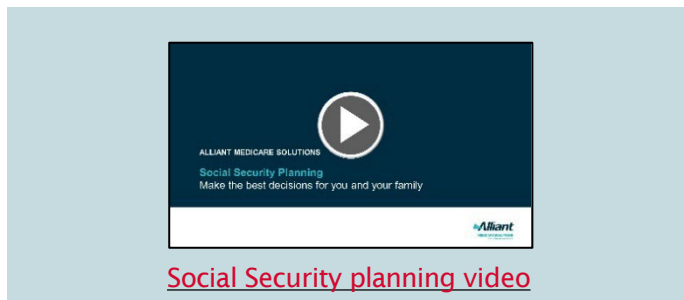
Your guide to Medicare



Medicare 101 video



Social Security planning video



Finding Marketplace Coverage

Need to find marketplace coverage?

Could your family get health insurance subsidies?

As part of our commitment to providing benefit options that meet your specific needs, we have partnered with Alliant Individual Health Solutions (AIHS). AIHS does not replace the company-sponsored group health insurance plans—rather, it expands options available to you and your dependents, with the opportunity for significant savings.

New rules make insurance more affordable for many

Changes in recent legislation could mean your dependents may now qualify for subsidies in the Affordable Care Act Marketplace (also called the Exchange), possibly lowering your family's healthcare premiums. The federal government has changed who may be eligible for Marketplace subsidies. If your family members previously were ineligible for Marketplace subsidies, they may now qualify.

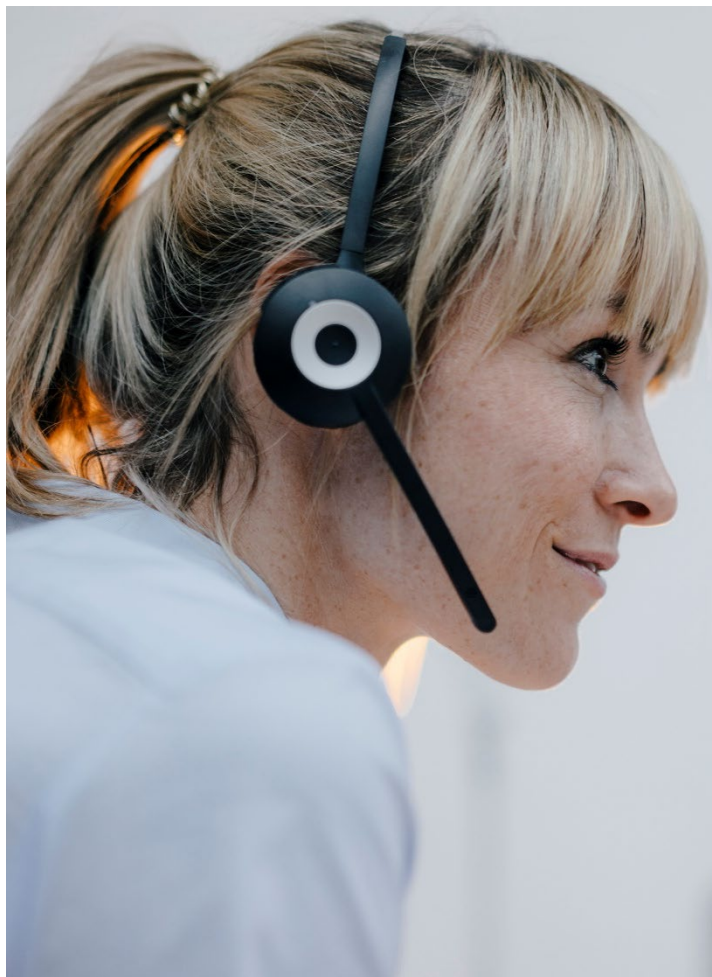
How does it work?

The AIHS team can help you:

- Explore whether your dependents are eligible for subsidies.
- Learn whether an individual health plan could be a more affordable option than the company-sponsored group plans.
- Secure health coverage if you or your dependents are leaving a company plan.

AIHS may be able to help you find affordable coverage if:

- Your dependent child is turning 26 (making them no longer eligible for coverage under a company plan).
- You are retiring early (before Medicare benefits start at 65).
- Your spouse is younger than 65 (and not eligible for Medicare yet).
- You're leaving the company and want to explore options that may be more affordable than COBRA.



alliantindividualhealthsolutions.com

Schedule an appointment or call 877-328-1195 to speak with a licensed insurance agent

Benefit Educators

Get help from Benefit Educators

Are you getting married and you're not sure how or when to add your new spouse to your plan? Is your stepchild eligible for your healthcare plan? Do you need help understanding the difference between an HSA and an FSA? A Benefits Counselor can help answer these questions and more.

Benefits Counselors are trained benefit experts who can help you understand and use your healthcare benefits and other coverage. Contact your Benefits Counselor for issues such as:

- General benefit questions
- Eligibility and coverage
- Finding a network provider
- Problems with health care claims or billing, when warranted
- Coverage changes due to qualified life events (such as marriage, a new child, or divorce)

Claims assistance

If you need claims assistance, you may need to complete a HIPAA authorization form to grant your Benefits Counselor permission to work with your insurer and/or healthcare provider(s) to resolve your claims issues. Permission is granted on a limited-duration basis, and only to the individuals listed on the form.

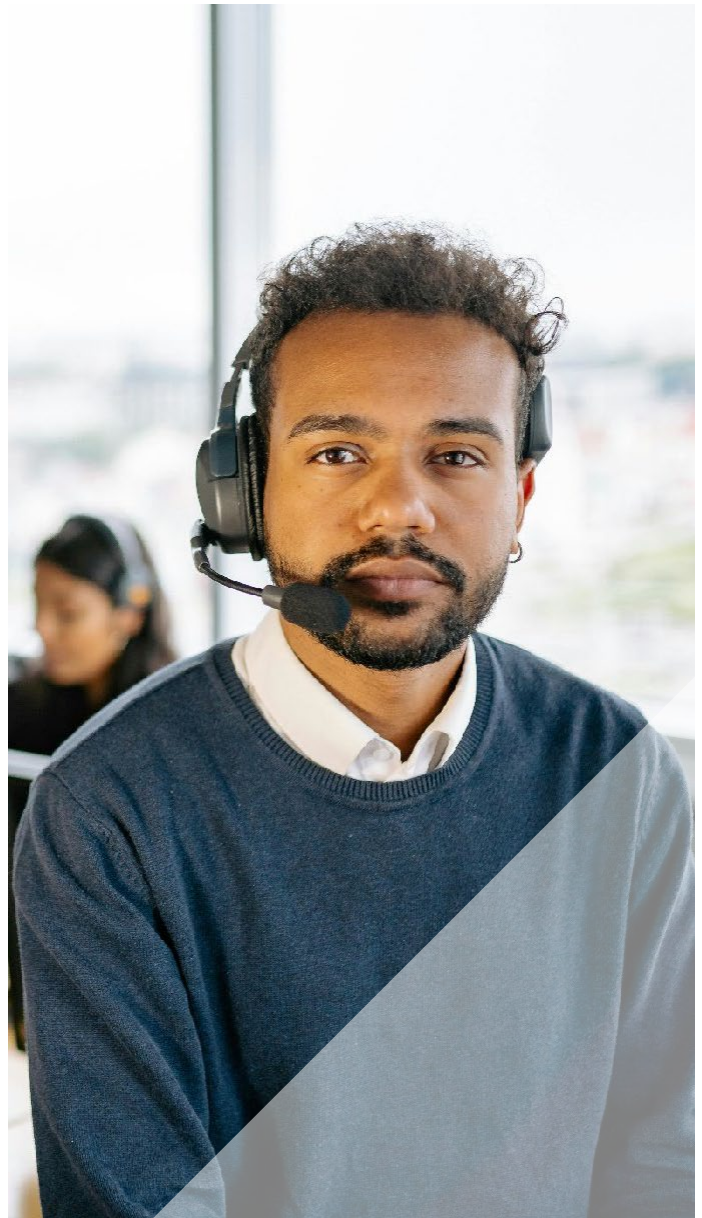
You can end the permissions granted by the form at any time. Your Benefits Counselor will provide the form to you when needed.

Contact your Benefits Counselor

Schedule a call back by scanning the QR Code below



OR
Call 877-318-1764
(subject to wait times)



Financial Security

401(k) Plan

Helping you prepare for retirement is extremely important to BAYADA. To help you achieve long-term retirement security, BAYADA offers you the ability to build individual wealth through the 401(k) employee contributions. All BAYADA employees are eligible to contribute to the 401(k) on your date of hire and can enroll anytime after receiving your first paycheck.

Eligibility for Employer Match Contributions

You will be eligible receive employer contributions once you meet the below requirements:

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

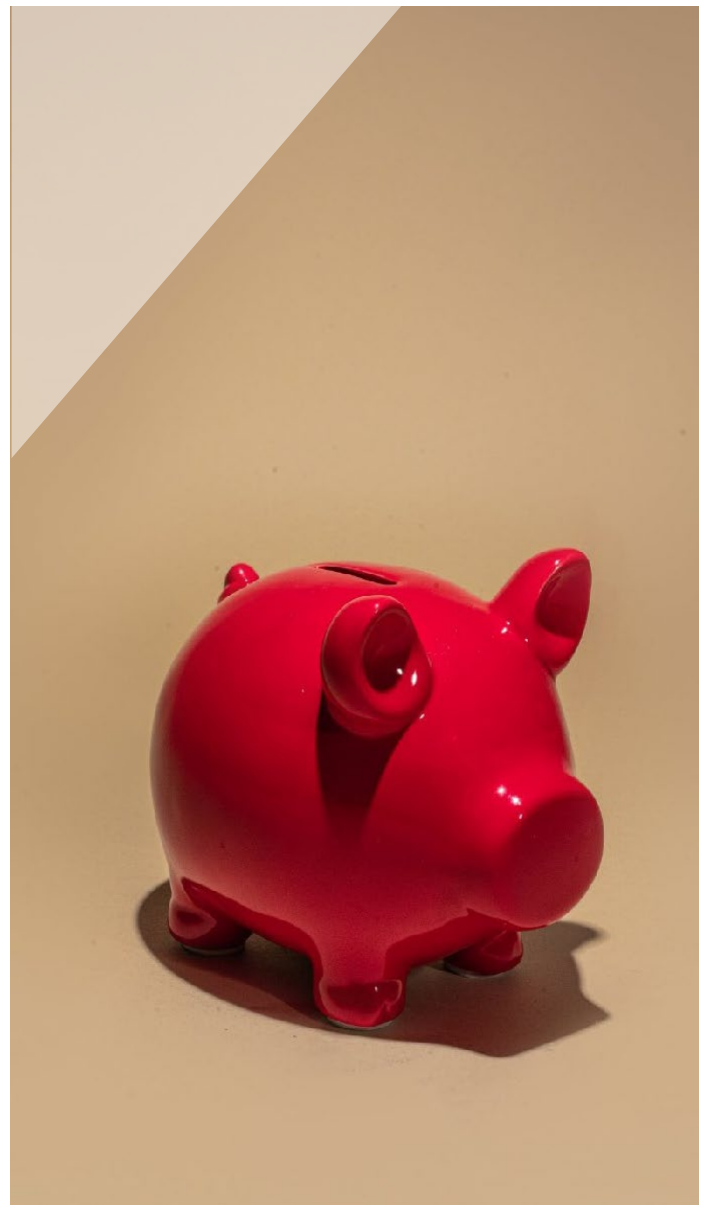
Employee contributions will be effective as soon as administratively feasible after election.

| Vesting Schedule for Non-Safe Harbor Employer Contributions | Vested Interest |
|--|------------------------|
| 0-1 year of service | 0% |
| 2 years of service | 20% |
| 3 years of service | 40% |
| 4 years of service | 60% |
| 5 years of service | 80% |
| 6 years of service or more | 100% |

Visit the Empower website to:

- View your current 401(k) balance and investments
- Add or change your beneficiary on the plan
- Rollover funds from a previous employer plan or qualified 401(k) plan

For more information and access to the Empower site, go to empowermyretirement.com or call 833-961-5273 (Monday-Friday 8am-10pm ET and Saturday 9am-5:30pm ET).



How Do I Enroll?

ENROLL

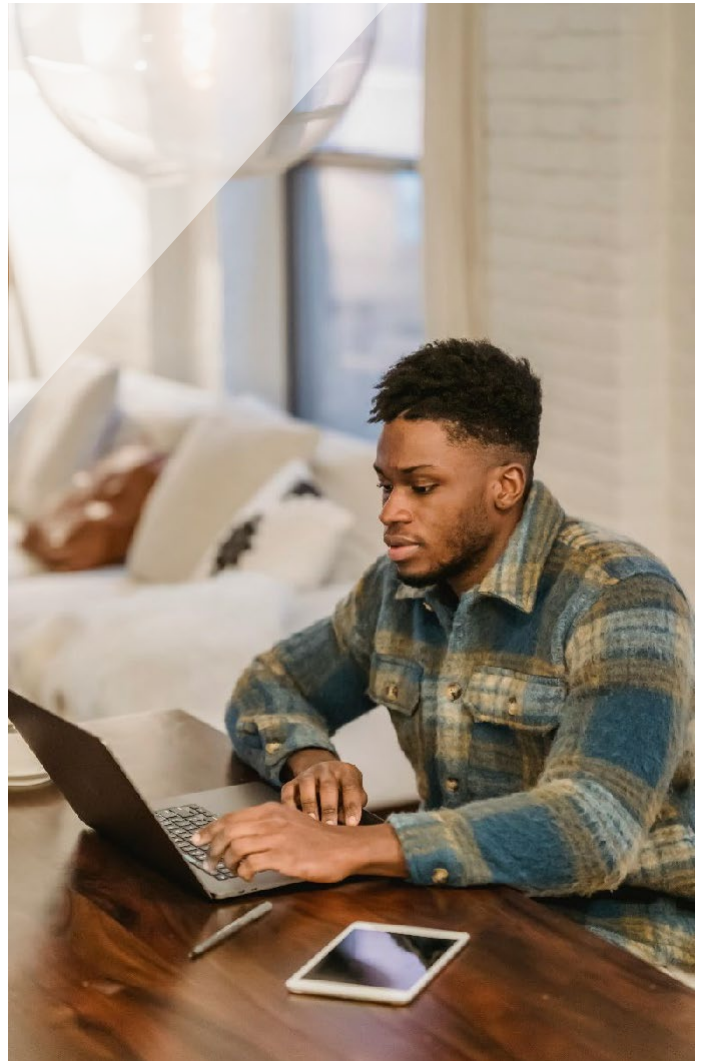
To enroll in your benefits, Log into Workday or register at bayada.okta.com if you do not yet have a Workday account

BAYADA Benefits Counselors

Your one stop shop for all benefit information. Your BAYADA Benefits Counselors can help answer benefits questions and locate in-network doctors and treatments, help to lower medical costs, and more!

Visit: bayada.okta.com to schedule an appointment or visit <https://bayada.mybenefits.pro/>

Phone: [877-318-1764](tel:877-318-1764) from 8am-6pm EST, Monday - Friday



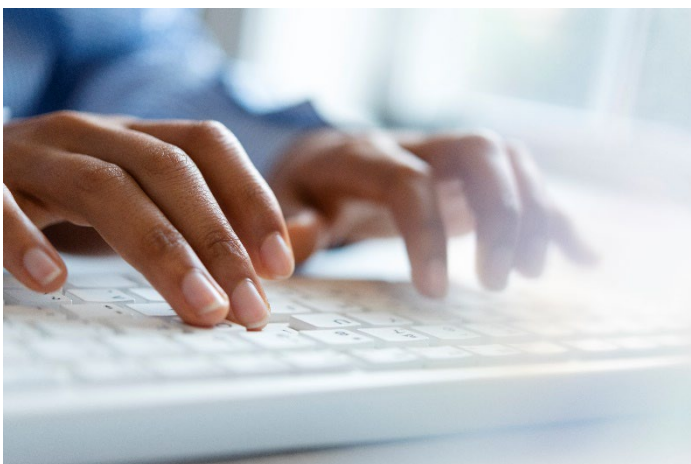
CHOOSE YOUR PLAN

Electing a medical plan is one of the most important decisions you will make as a new hire or during Open Enrollment. For support to help you decide utilize ALEX from Jellyvision to help choose the lowest-cost, best-value health plan based on your medical needs.

Meet ALEX – Your virtual benefits counsellor

ALEX is a quick and interactive way to review your benefit options and get personalized recommendations on what plans to choose. The choice is ultimately yours to make, but ALEX can help you make the best decision based on your unique coverage needs.

To get started visit: <https://start.myalex.com/bayada-home-health-care>



REMINDER

Benefits enrollment must be completed within 30 days of your event. Make sure you click 'submit' to save your elections before closing the window.

Contacts

| Coverage | Contact | Phone/Email | Website |
|---|-----------------------------------|--|---|
| Medical / Prescriptions | Kaiser | 800-966-5955 | https://healthy.kaiserpermanente.org |
| Dental | HDS – Kaiser | 800-232-2533 | https://healthy.kaiserpermanente.org |
| Medical / Dental / Prescriptions | HMSA | 800-776-4672 | www.hmsa.com |
| Vision | EyeMed | 866-804-0982 | www.eyemed.com |
| Life and AD&D | MetLife | 877-291-3000 | https://access.online.metlife.com/ |
| Disability | MetLife | 877-291-3000 | https://access.online.metlife.com/ |
| Critical Illness | The Hartford | 844-600-7073 | https://www.thehartford.com/ |
| Accident Insurance | The Hartford | 844-600-7073 | https://www.thehartford.com/ |
| Hospital Insurance | The Hartford | 844-600-7073 | https://www.thehartford.com/ |
| Flexible Spending Accounts | Optum | 833-325-0002 | https://www.optum.com/en/financial-services/flexible-spending-accounts |
| Employee Assistance Program | Aetna Resources for Living | 888-238-6232 | https://resourcesforliving.com |
| Human Resources | Benefits Counselor | 877-318-1764 or HRCareCenter@bayada.com | |
| 401(k) Retirement | Prudential | 877-778-2100 | prudential.com/online/retirement |

