

# 2025 Benefits At A Glance

## Part-Time Office Employees



### Benefits Overview

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

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

You will earn an average week's vacation after having worked 2,000 hours. The average week is calculated as 2,000 divided by the number of weeks worked to get to 2,000 hours (maximum average week is 40 hours). Also, sick leave time may be accrued in those cities and/or states that require it by law.

#### **Health insurance, dental, and vision plans**

If you work an average 30 hours per week over a 3-month measurement period, you will be able to participate in BAYADA's group health insurance, dental, and vision plans. If your weekly hours worked average below 30, you will still be able to sign up for one of four Minimum Coverage, Enhanced Minimum Coverage, Copay plan, and Copay Plus health insurance plans.

#### **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).

#### **Short-term disability**

The DisabilityFLEX plan requires a working average of 15 hours per week and earn a minimum of \$26,000 or more in gross annual income to be eligible for the plans. For more information, contact [benefits@bayada.com](mailto:benefits@bayada.com).

#### **Health savings account**

If enrolled in the High Deductible Health Plan, you are permitted to open a health savings account after 90 days of service.

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

Active employees working an average of 15 hours per week and earning a minimum of \$26,000 or more in gross annual income will become eligible after 90 days of service and will receive notification of enrollment process.

#### **Direct deposit**

You 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 time of hire (no waiting period).

#### **Online earnings statement**

All employees will have 24 / 7 access to view their earnings statements online by visiting [home.bayada.com](https://home.bayada.com).

#### **Employee Assistance Program (EAP):**

Aetna Resources for Living assists employees in resolving a wide range of topics such as legal and financial; and consultations and referrals for childcare, elder care, caregiver support, school and college planning, and convenience services to promote overall wellness.

#### **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**

While not a BAYADA managed benefit, some employees may be eligible for the Public Service Loan Forgiveness (PSLF) federal program administered by the US Department of Education, which provides student loan forgiveness to eligible full-time employees of qualifying 501(c)(3) non-profit employers. Not all entities of BAYADA are qualifying 501(c)(3) non-profit employers. For more PSLF information and/or to determine if your BAYADA entity is qualifying for PSLF, visit [bayada.com/benefits/find-benefits/additional-benefits](https://bayada.com/benefits/find-benefits/additional-benefits).

Contact [pslf@bayada.com](mailto:pslf@bayada.com) for additional questions and/or PSLF form completion.

#### **Commuter benefits**

Commuter benefits allow pre-tax funds to pay for qualified work-related commuting and parking expenses such as bus, train, ferry or subway fares and parking meters and parking garage fees.

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## MEDICAL – Aetna

BAYADA offers two medical plans through Aetna's Premier Care Network Plus. The APCN+ Network plans give you more coverage options. It assigns providers into three different tiers. Make sure you understand the benefits of each tier and which category your providers fall under before receiving treatment. The APCN+ Multi-Tier plans sort doctors and facilities into tiers based on their performance and ability to save money. The highest performing and most efficient doctors and facilities are in Tier 1. To find out if your provider is in the Tier-1 network and obtain the most savings, use <https://www.aetnadocfind.com/2025-apcn-plus-mt-cpii/>

		Aetna Core APCN+			Aetna High Deductible APCN+		
		Tier 1 In-Network Maximum Savings	Tier 2 In-Network Standard Savings	Tier 3 Out-of-Network Minimal Savings	Tier 1 In-Network Maximum Savings	Tier 2 In-Network Standard Savings	Tier 3 Out-of-Network Minimal Savings
<b>PLAN FEATURES</b>							
Annual Deductible (Individual/Family)	Embedded	\$1,000/ \$2,000	\$2,000/ \$4,000	\$4,000 / \$8,000	\$1,750/ \$3,500	\$2,500/ \$5,000	\$5,000 / \$10,000
Annual Out-of-Pocket Maximum (Individual/Family)	Embedded	\$3,500/ \$7,000	\$6,000/ \$12,000	\$10,500 / \$21,000	\$4,500/ \$9,000	\$7,000/ \$14,000	\$15,000 / \$30,000
Annual HSA Employee Contribution Maximum (Individual/Family)		Not Eligible			\$4,300 / \$8,550		
<b>YOUR COSTS FOR CARE</b>							
Coinsurance		20% *	40% *	50% *	20% *	40% *	50% *
Preventive Care		No cost	No cost	50%*	No cost	No cost	50% *
Primary Care Physician (PCP) Office visit & Telemedicine		\$25	\$30	50%*	20%*	40% *	50% *
Specialist Visit Office Visit & Telemedicine		\$40	\$50	50% *	20%*	40% *	50% *
Teladoc		\$5 copay when calling Teladoc Physician			0% coinsurance when calling Teladoc Physician *		
Urgent Care		\$50	\$50	50% *	20%*	40% *	50%*
Emergency Room		\$150 + 20% **			20% **		

\* After deductible

\*\* Tier 1 deductible and out-of-pocket maximum will apply

## PHARMACY – CVS

Prescription drug coverage through Aetna is included with all of our medical plans. You can also purchase a 90-day supply through CVS 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. 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 visit <http://www.caremark.com/>

### RETAIL 30-DAY SUPPLY

Generic	\$10	\$10	Not Covered	\$10	\$10	Not Covered
Preferred Brand	\$35	\$35		\$35	\$35	
Non-preferred Brand	\$55	\$55		\$55	\$55	
Specialty	30%	30%		30%	30%	

### MAIL ORDER 90-DAY SUPPLY

Generic	\$25	\$25	Not Covered	\$25	\$25	Not Covered
Preferred Brand	\$88	\$88		\$88	\$88	
Non-preferred Brand	\$138	\$138		\$138	\$138	
Specialty	N/A	N/A		N/A	N/A	

# 2025 Benefits At A Glance

## MEDICAL – *Minimum Essential Coverage*

The Minimum Coverage plan includes 63 preventive tests and an array of other services that meet the Affordable Care Act Individual Mandate requirements. Cost varies according to the plan selected and number of people enrolled per week for coverage.

For 2025, there are 4 medical plans for you to choose from: MEC, MEC Copay, MEC Enhanced, and MEC Enhanced Copay. All plans include a tele-medicine and the AWP Value Rx discount program. The only difference between the plans is the additional reimbursement toward covered expenses. All 4 plans are provided by Fringe Benefit Group, which will contact new employees after they receive their first paycheck.

	MEC	MEC Enhanced	MEC Copay	MEC Copay Plus
<b>Plan Features</b>				
Minimum Essential Coverage (MEC) Preventive Services	Plan Pays 100% *	Plan Pays 100% *	Plan Pays 100% *	Plan Pays 100% *
Deductible: Individual / Family	N/A	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A	N/A
Out-of-Pocket Maximum: Individual / Family	N/A	N/A	N/A	N/A
First Health Network	✓	✓	✓	✓
Teladoc Virtual Primary Care	✓	✓	✓	✓
Primary Care Office Visit Specialist Office Visit Urgent Care Visit	N/A	Plan pays \$75 / Day	\$15 Copay * \$50 Copay * \$80 Copay *	\$15 Copay * \$50 Copay * \$80 Copay *
Outpatient Diagnostic Lab Outpatient Diagnostic X-ray	N/A	Plan pays \$75 / Day	\$15 Copay *	\$15 Copay*
Outpatient Diagnostic Advanced Studies	N/A	N/A	N/A	Plan pays \$500/Day
Accident Medical (per occurrence)	N/A	N/A	Plan pays up to \$5,000	Plan pays up to \$5,000
Emergency Room Sickness	N/A	Plan pays \$75 / Day	N/A	Plan pays \$150/Day
Inpatient Surgery	N/A	Plan pays \$500 / Day	N/A	Plan pays \$1,000/Day
Hospital Admission (lump sum benefit)	N/A	N/A	N/A	Plan pays \$1,500/Confinement
Inpatient Hospital Indemnity	N/A	Plan pays \$100 / Day	N/A	Plan pays \$200/Day
Inpatient Intensive Care Unit	N/A	Plan pays \$200 / Day	N/A	Plan pays \$400/Day
Vision Care	N/A	Plan pays 80% up to \$300	N/A	N/A
Prescription Drug	Generic & Brand Discounts	Generic & Brand Discounts	\$15 Generic Copay Brand Discounts	\$15 Generic Copay Brand Discounts

\* You MUST visit a First Health Network provider for services to be covered. Services from out-of-network providers are NOT covered

Note: The MEC Enhanced plans will not be eligible for NH, NM, and VT and MEC Copay Plus plans will not be eligible for NM, and VT due to state regulations around fixed indemnity components

# 2025 Benefits At A Glance

## DENTAL – *Delta*

BAYADA offers two dental plans, the Base and Buy-up, through Delta Dental. Premiums for coverage are deducted from your paycheck.

	Base	Buy-Up
Annual Deductible Individual/Family	\$50/\$150	\$50/\$150
Annual Maximum Per Person	\$1,500	\$2,000
Preventive Care Routine Cleanings, Exams (twice a year)	Covered 100%	Covered 100%
Basic Services Fillings, Routine Extractions	20% after deductible	20% after deductible
Major Services Crowns, Dentures, Bridges	50% after deductible	50% after deductible
Orthodontia Children up to age 18	50% after deductible	50% after deductible
Orthodontia Lifetime Maximum (Per Person)	\$1,000	\$1,500

## VISION – *EyeMed*

Vision coverage is available to you through EyeMed. Premiums for coverage are deducted from your paycheck.

	Member Cost In-Network*	Out-of-Network Reimbursement
Eye Exam (Once every 12 months)	\$10 copay	Reimbursed up to \$25
Lenses (Once Every 12 Months)		
Single	\$15 copay	Reimbursed up to \$14
Bifocal	\$15 copay	Reimbursed up to \$28
Trifocal	\$15 copay	Reimbursed up to \$53
Frames (Once every 24 months)***	Up to \$150 allowance plus 20% off any amount above allowance	Reimbursed up to \$75
Contact Lenses*** (Once every 12 months)		
Medically Necessary	Covered in full	Reimbursed up to \$200
Elective	Up to \$130 allowance plus 15% off any amount above allowance	Reimbursed up to \$104

## DISABILITY – *The Hartford*

You have the choice of two disability plans, which allows you 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

**For a full outline of benefit offerings, please refer to your Benefit Guide, Policy Documents, or contact your Benefits team.**