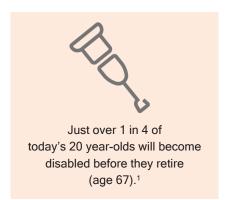
DisabilityFLEX® (GROUP VOLUNTARY SHORT-TERM DISABILITY INSURANCE) BENEFIT HIGHLIGHTS





BAYADA Home Health Care

A disability can happen to anyone. A back injury, pregnancy, or serious illness 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-related condition, illness or injury, short-term disability insurance offers financial protection by paying you a portion of your earnings.



To learn more about Accident insurance, visit our interactive benefits education tool, **MyTomorrow**® at: www.thehartford.com/benefits/BAYADA

COVERAGE INFORMATION

You have a 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	Duration You may choose how long you want to receive benefits.		52 weeks

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 15 hours per week on a regularly scheduled basis.

AM I GUARANTEED COVERAGE?

If this is the first time you are eligible to elect coverage, evidence of insurability is not required. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

You may also elect coverage during a qualified family status change period by providing evidence of insurability. Coverage would become effective if your application is approved.

Electing or changing coverage is only permitted during scheduled annual enrollment periods or qualified family status change periods.

This coverage is subject to a pre-existing condition limitation, which is detailed on the Limitations & Exclusions sheet.3

WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer. Before benefits start, disabled means, due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning 20% or less of your pre-disability weekly earnings. After benefits start, if you are disabled and working, you must earn more than 20% but less than 80% of your pre-disability earnings to receive benefits.

Pre-disability earnings are defined in your policy.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect.

WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

WILL MY BENEFIT BE REDUCED FOR ANY REASON?

Your benefits are not reduced by any benefit for loss of income received as a result of a disability such as Social Security, other employerbased insurance coverage you may have, settlements or judgment for income loss, unemployment benefits, or retirements benefits that your employer fully or partially pays for (such as a pension).

If you are disabled and working, your benefit amount may be reduced.

11U.S. Social Security Administration Fact Sheet: https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf, as viewed on October 14, 2020.

Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

The Short Term Disability policy contains a Pre-Existing Condition Limitation. Please refer to the certificate for more information on exclusions and limitations, such as Pre-Existing Conditions.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding The Hartford's compensation practices, please review our website http://thehartford.com/group-benefits-producer-compensation. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

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LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

DisabilityFLEX® (GROUP SHORT TERM DISABILITY INSURANCE)

LIMITATIONS AND EXCLUSIONS

GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
 - War or act of war (declared or not)
 - The commission of, or attempt to commit a felony
 - An intentionally self-inflicted injury
 - Your being engaged in an illegal occupation
 - Sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed
 - Sickness or injury sustained as a result of doing any work for pay or profit for another employer, including self-employment
 - You have already satisfied the pre-existing condition requirement of your previous insurer

PRE-EXISTING CONDITIONS

- Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the
 effective date of your certificate, you will be covered for a disability due to that condition only if:
 - · You have not received treatment for your condition for 90 days before the effective date of your insurance, or
 - You have been insured under this coverage for 12 months prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
 - You have already satisfied the pre-existing condition requirement of your previous insurer
- If you are unable to satisfy one of the requirements above, your coverage will be limited to a maximum of 4 weeks of benefits for that disability

THIS POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This Disability policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

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Premium Worksheet



Rates and/or benefits may be changed on a class basis. Rates are based on the employee's age and increase as you enter each new age category.

DisabilityFLEX® (VOLUNTARY SHORT TERM DISABILITY INSURANCE) Maximum Benefit Amount Based on Annual Earnings						
If the amount of your	Your election cannot	If the amount of your	Your election cannot	If the amount of your	Your election cannot	
annual earnings are:	exceed the maximum	annual earnings are:	exceed the maximum	annual earnings are:	exceed the maximum	
	weekly benefit amount of:		weekly benefit amount of:		weekly benefit amount of:	
\$26,000.00 - \$34,666.66	\$300	\$60,666.67 - \$69,333.32	Up to \$700	\$95,333.33 - \$103,999.99	Up to \$1,100	
\$34,666.67 - \$43,333.32	Up to \$400	\$69,333.33 - \$77,999.99	Up to \$800	\$104,000.00 - \$112,666.66	Up to \$1,200	
\$43,333.33 - \$51,999.99	Up to \$500	\$78,000.00 - \$86,666.66	Up to \$900	\$112,666.67 - \$121,333.32	Up to \$1,300	
\$52,000.00 - \$60,666.66	Up to \$600	\$86,666.67 - \$95,333.32	Up to \$1,000	More than \$121,333.33	Up to \$1,400	

DisabilityFl	DisabilityFLEX® (VOLUNTARY SHORT TERM DISABILITY INSURANCE)								
	Weekly Premium Amount (Cost per Pay Period – 52/Year)								
Option 1: Benefits Begin: Injury: 8 th day					Option 2:	Benefits Begin: In	njury: 15 th day		
Illness: 8 th day				Illness: 15 th day					
Duration: 26 weeks				Duration: 52 weeks					
Weekly Benefit	Under Age 35	Age 35-49	Age 50-59	Age 60+	Weekly Benefit	Under Age 35	Age 35-49	Age 50-59	Age 60+
\$300	\$11.96	\$11.96	\$12.74	\$15.86	\$300	\$9.88	\$9.88	\$11.70	\$16.38
\$400	\$15.95	\$15.95	\$16.98	\$21.15	\$400	\$13.17	\$13.17	\$15.60	\$21.84
\$500	\$19.94	\$19.94	\$21.23	\$26.43	\$500	\$16.47	\$16.47	\$19.50	\$27.30
\$600	\$23.93	\$23.93	\$25.48	\$31.72	\$600	\$19.76	\$19.76	\$23.40	\$32.76
\$700	\$27.91	\$27.91	\$29.72	\$37.01	\$700	\$23.05	\$23.05	\$27.30	\$38.22
\$800	\$31.90	\$31.90	\$33.97	\$42.30	\$800	\$26.34	\$26.34	\$31.20	\$43.68
\$900	\$35.89	\$35.89	\$38.22	\$47.58	\$900	\$29.64	\$29.64	\$35.10	\$49.14
\$1,000	\$39.88	\$39.88	\$42.46	\$52.87	\$1,000	\$32.93	\$32.93	\$39.00	\$54.60
\$1,100	\$43.86	\$43.86	\$46.71	\$58.16	\$1,100	\$36.22	\$36.22	\$42.90	\$60.06
\$1,200	\$47.85	\$47.85	\$50.95	\$63.44	\$1,200	\$39.52	\$39.52	\$46.80	\$65.52
\$1,300	\$51.84	\$51.84	\$55.20	\$68.73	\$1,300	\$42.81	\$42.81	\$50.70	\$70.98
\$1,400	\$55.83	\$55.83	\$59.45	\$74.02	\$1,400	\$46.10	\$46.10	\$54.60	\$76.44

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ADDITIONAL SERVICES



BAYADA Home Health Care

If you are enrolled in insurance coverage with The Hartford, you may also be eligible to receive additional services. These services help with challenges that come before and after a claim. Be sure to read the information provided below; The Hartford wants to be there when you need us.

SERVICES AVAILABLE

COVERAGE ENROLLED IN	ADDITIONAL SERVICES AVAILABLE
DisabilityFLEX®	Ability Assist® Counseling Services
	Health Champion SM

ASKED & ANSWERED

WHAT IS ABILITY ASSIST COUNSELING SERVICES?

Ability Assist^{®1} **Counseling Services** provides access to Master's degreed clinicians for 24/7 assistance if you're enrolled in coverage. This includes 3 face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal, and work-life concerns.

For more information on Ability Assist® Counseling Services:

Call 1-800-964-3577

Visit www.guidanceresources.com

Company name: Abili Company ID: HLF90

WHAT IS HEALTHCHAMPION?

HealthChampion^{SM5} offers unlimited access to benefit specialists and nurses for administrative and clinical support to address medical care and insurance claims concerns if you're enrolled in coverage. Service includes: claim and billing support, explanation of benefits, cost estimates and fee negotiation, information related to conditions and available treatments, and support to help prepare for medical visits

For more information on HealthChampionSM Services

Call 1-800-964-3577

Visit www.guidanceresources.com

Company name: Abili Company ID: HLF902

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⁵HealthChampion^{5M} services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford doesn't provide basic hospital, basic medical, or major medical insurance. HealthChampion specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Health Champion is a service mark of ComPsych. Services may not be available in all states. Visit https://www.thehartford.com/employee-benefits/value-added-services for more information.

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This Benefit Highlights Sheet is an overview of the non-insurance services being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the services as actually provided. Only the Service Provider can fully describe all of the provisions, terms, conditions, limitations and exclusions of your non-insurance service coverage.

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