



EMPLOYEE BENEFIT PAMPHLET FOR PERSONAL ASSISTANTS

Take a look at some of the benefits you will receive while working as a Personal Assistant with Community Home Care



HELP OUR TEAM GROW



Community Home Care
is pleased to announce our new

PARTNERSHIP *with* TICKETS AT WORK

Now you'll have access to exclusive savings on movie tickets, theme parks, hotels, tours and more. Be sure to visit often as new products and discounts are constantly being added.

Company Code: **elitecare**

**SIGN UP IN 60 SECONDS AND START SAVING TODAY!
VISIT WWW.TICKETSATWORK.COM**

→ **Click** on the "become a member" box at the top of the homepage. You will then be prompted to create an account with your email address and company code.

→ Or, you can place your order **by phone**. Call TicketsatWork customer service at 800-331-6483. Orders are taken 8:30am-12am/7 days a week (holidays included).

HOTEL



**NO NEED TO WAIT
FOR YOUR CHECK
IN THE MAIL**



**GET PAID DIRECTLY
ON YOUR RAPID CARD**

EVERY FRIDAY. FREE OF CHARGE

CALL THE PAYROLL
DEPARTMENT TO SIGN UP

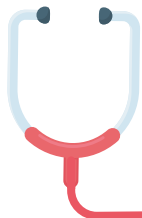
929.222.8282



Community Home Care now offers

Medical Insurance

to all full time* employees



CHOICE OF 4 PLANS:

MEC Basic - This plan excludes out-of-network services and covers only the services listed under our Preventive Care Benefits. Rx program offers discounts up to 80% on most FDA-approved prescription medications. Freshbenies® members have access to physicians via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary. **COST - Only \$13.89/WEEK**

COVERED BENEFITS	MEC BASIC
Wellness and Prevention	Covered 100%
RX Discounted Program	Included
VIRTUAL HEALTH BENEFITS	FRESHBENIES®
277/365 Telehealth Program	Included
BenieWALLET	Included

Ultra MEC - This plan excludes out-of-network services and covers only the services listed under our Preventive Care Benefits. Claims are repriced through the MultiPlan PHCS network. Members will be responsible for paying the remaining balance after the network discount is applied. Discounts vary based on provider contracts. Rx benefits are subject to the formulary drug list. Amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply. Virtual Health Benefits are offered through freshbenies. Members have access to 1) physician visits via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary and 2) therapist consultations via video at \$50 each (first 3 visits - \$85 after) **COST - Only \$38.40/WEEK**

COVERED BENEFITS	ULTRA MEC
Preventive/Wellness	Covered 100%
Primary Care Visit	\$15 Copay
Specialist Visits	Network Discount
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	Network Discount
Generic Rx	Tier 1: \$10 or less; Tier 2: \$25 or less
VIRTUAL HEALTH BENEFITS	FRESHBENIES®
277/365 Telehealth Program	Included
Behavioral Health	\$50 Fee / Max 3 Per Year
BenieWALLET	Included

Ultimate MEC - This plan excludes out-of-network services and covers only the services listed under our Preventive Care Benefits page. Rx benefits are subject to the formulary drug list. Amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply. Virtual Health Benefits are offered through freshbenies. Members have access to 1) physician visits via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary and 2) therapist consultations via video at \$50 each (first 3 visits - \$85 after) **COST - Only \$55.01/WEEK**

COVERED BENEFITS	ULTIMATE MEC
Preventive/Wellness	Covered 100%
Primary Care/ Specialist Visits	\$15 Copay
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	\$50 Copay
Generic Rx	Tier 1: \$10 or less; Tier 2: \$25 or less
Preferred Brand Rx	Tier 3: \$50 or less; Tier 4: \$75 or less
VIRTUAL HEALTH BENEFITS	FRESHBENIES®
277/365 Telehealth Program	Included
Behavioral Health	\$50 Fee (first 3 visits then \$85 fee after)
BenieWALLET	Included

MV 6500 - This is a benefit highlight representing a brief description of the coverage available. Additional covered services, exclusions and limitations exist. Specific services including inpatient hospital, maternity and outpatient surgery are subject to recertification. The out-of-pocket maximum refers to covered services only. Specific services, including emergency and hospital services, are subject to reference based pricing and patients may be billed beyond the out-of-pocket maximum for these services. Reference-based pricing reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. The MV 6500 plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients will be responsible for paying any remaining balance under the provider reimbursement total. **COST - Only \$148.94/WEEK**

COVERED BENEFITS	MINIMUM VALUE 6500
Annual Deductible	\$6,500 individual / \$13,000 family
Out-of-Pocket Max (for covered services)	\$6,500 individual / \$13,000 family
Preventive/Wellness	Covered 100%
Primary Care/ Specialist Visit	\$50 Copay
Urgent Care	Covered 100% after deductible is met
Emergency Services (excludes ambulance)	Reference-Based Pricing after deductible is met
Diagnostic Services / X-Rays	Covered 100% after deductible is met
Inpatient Hospital Services incl. Physician Fees	Reference-Based Pricing after deductible is met
Outpatient Hospital Services	Not Covered
All Additional Covered Services	Covered 100% after deductible is met
Telemedicine	Included
VIRTUAL HEALTH BENEFITS	FRESHBENIES®
Generic Prescription Drugs	Covered 100% after deductible is met
Preferred Brand Prescription Drugs	Covered 100% after deductible is met
Non-Preferred, Specialty and Self-Injectable Prescription Drugs	Not Covered

*Full time employees define as working 30+ hrs p/week, (or 130 hrs/month)

A full time employee will qualify for insurance after working 12 consecutive weeks with full time hours.

You will become eligible for medical insurance coverage on the first day of the calendar month after you have worked full time for at least 12 weeks.

DEPENDANT COVERAGE AVAILABLE. ASK US ABOUT IT.

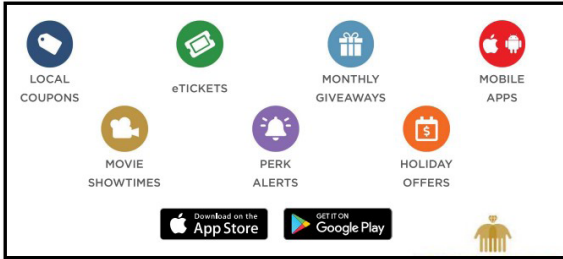
If you have questions or need assistance enrolling, please contact GEM ENROLLMENTS at (845) 2-ENROLL or via email Info@GEMenroll.com

ADDITIONAL BENEFITS GEM OFFERS

PRESCRIPTION SAVINGS PROGRAM

Our prescription savings program lowers the retail cost of prescription medications by providing exclusive discounts and savings at participating pharmacies

EMPLOYEE PERKS Coupons, Monthly Giveaways, eTickets and more!



DOCTEGRITY

Board certified primary care physicians and licensed mental health therapists available to you 24/7/365, nationwide (Telemedicine and Teletherapy)

DOGTEGRITY

24/7/365 days a year unlimited access to a dedicated team of licensed Veterinarians (Virtual Veterinary Services and Pet Drug Savings Card)

VOLUNTARY BENEFITS THROUGH COLONIAL LIFE

Voluntary benefits are designed to complement your health insurance and help provide extra financial protection:

- ✔ **Accident Insurance**
- ✔ **Critical Illness Insurance**
- ✔ **Hospital Confinement Indemnity Insurance**
- ✔ **Cancer Insurance**
- ✔ **Disability Insurance**
- ✔ **Life Insurance**

If you have questions or need assistance enrolling, please contact GEM ENROLLMENTS at **(845) 2-ENROLL** or via email **info@GEMenroll.com**



Sick Time Off for Caregivers



For **every 30 hours** worked at a case, you will accrue **1 hour of 'sick time'**.

You can accrue up to **56 hours** of sick time per calendar year.

On December 31 each year, you can carry over **up to 56 unused accrued sick hours** to the next calendar year.

USING SICK TIME

You may use sick time, at minimum, in 4-hour increments.

You must contact your coordinator in the event that you are sick.

You will be paid for your sick time at your hourly rate.

You will be paid for the requested sick time during the next regular payroll period beginning after the sick time was used.

*Upon termination or resignation of employment, accrued sick time will not be paid out and will be lost.

CAREGIVERS WHO WORK ON CASES THAT ARE REIMBURSED BY MEDICAID IN THE REGION OF WESTCHESTER, NASSAU, SUFFOLK COUNTY OR NYC MAY BE ELIGIBLE TO RECEIVE:

Wage Parity Benefits

IN ADDITION TO THEIR BASE WAGE

If you are assigned an eligible patient who lives in Westchester, Nassau, Suffolk County you will receive a "total compensation" of \$20.22 per hour. The Total Compensation will be divided between the Base Wage¹ and Supplemental Wage², as defined below.

If you are assigned an eligible patient who lives in New York City, you will receive a Total Compensation of \$21.09 per hour. The Total Compensation will be divided between the Base Wage¹ and Supplemental Wage².

¹ BASE WAGE

- This is the pre-arranged rate of pay you will be receiving for servicing the patient.
- This is paid weekly upon submittal of a timesheet and clock in.
- This is paid to you in the form of a check or direct deposit.

² SUPPLEMENTAL WAGE

The difference between your Total Compensation (\$20.22/hr or \$21.09/hr) and your Base Wage is known as the Supplemental Wage.

KEEP IN MIND: If you receive a greater Base Wage (because the coordinator offered you more pay for a specific shift), you will receive fewer dollars allocated as Supplemental Wages, and the amount of money allocated to Wage Parity benefits will be less. If Base Wage equals the Total Compensation you will automatically be opted out of Wage Parity benefits.

WAGE PARITY BENEFITS

SUPPLEMENTAL WAGES ALLOCATED TO WAGE PARITY BENEFITS WILL BE DIVIDED AMONG 3 TYPES OF BENEFITS:

PAID SICK TIME For the first 1,700 hours worked in a calendar year, \$0.57 per hour worked will be allotted to 'Paid Sick Time.'

PAID TIME OFF For ALL hours worked, \$0.57 per hour worked will be allotted to 'Paid Time Off.'

BENEFIT DEBIT CARD Any remaining Supplemental Wages (after Administrative and Mobile Health fees are deducted) will be contributed to a 'Benefit Card,' which can be used for six distinct benefits.

Minimal amount of dollars will also be taken out of your Supplemental Wages to pay administrative fees at 9% and Mobile Health at \$17.

Note: No Supplemental Wages will be allocated for over-time hours works (e.g. hours worked beyond 40 hours per work week).

More information on benefits and how to use it, can be found on the next 2 pages of this pamphlet.



PAID TIME OFF

VACATION / PERSONAL DAYS

- » For every 30 hours worked at a case in Westchester, Nassau, Suffolk County or NYC, you will accrue 1 hour of *PTO.
- » There is no limit of how many hours of PTO you can accrue each calendar year.
- » On December 31 each year, you can carry over up to 10 unused accrued PTO hours to the next calendar year.

USING PTO:

You may use PTO, at a minimum, in 4-hour increments.

You must submit a Time Off Request form which is signed by yourself and by your patient indicating the PTO used.

No more than 40 hours of PTO can be taken in each calendar month.

You will be paid for your PTO time at your hourly rate.

You will be paid for the requested PTO during the next regular payroll period beginning after the PTO was used.

You must give a minimum of 2 weeks (14 days) notice for use of PTO.

You will receive in the mail a
WAGE PARITY BENEFIT DEBIT CARD
If eligible, your wage parity will start approximately 2 months
after you start your first case

Excepted Benefits Health Reimbursement Arrangement (EBHRA) funds used to pay for eligible medical expenses such as copays, prescriptions, dental care, contacts & eyeglasses, laser eye surgery, hearing aids, orthodontia and chiropractic care up to \$1,950 per plan year. You also get exclusive discounts and free shipping from the FSA Online Store for eligible products at www.fsastore.com/leadingedge or 1-888-372-1450.

Health Reimbursement Arrangement (HRA) funds used to pay for various dental and vision related services, no spending limitation.

Transit (TRN) funds used to purchase Metro Cards, LIRR, Metro North, NJ Transit, Vanpool, and other various mass-transit passes up to \$300 per month and \$3,600 per plan year.

Cell Phone (EPR) funds used to pay for work related cell phone bills and services up to \$150 per month and \$1,800 per plan year.

Parking (PKG) funds used to pay for qualified parking expenses up to \$300 per month and \$3,600 per plan year.

Dependent Care Account (DCA) funds used to pay for the costs of eligible dependent care while you are at work. Covered expenses include before or after school care (other than tuition), qualifying custodial care for dependent adults, licensed day care centers, nursery schools or pre-schools, placement fees for a dependent care provider such as an au pair, childcare at a day camp, nursery school, summer or holiday day camps, and private sitter up to \$5,000 per plan year. To obtain a reimbursement for a private nanny/sitter you will need to submit a claim showing nanny's name, address, and SSN.

Detailed information regarding these benefits are contained in **summary plan descriptions**, and the Company's official plan documents. The Company has sole discretion to interpret the benefit plan documents, including questions of eligibility, availability or amount

of benefits, terms, conditions and limitations. The official plan documents and not this policy, and other documents or verbal representations will govern the Company's determination of all questions regarding these plan benefits.

Upon termination of employment, voluntary or involuntary, you will keep any amount of funds still left on your Benefit Card.

