



EMPLOYEE BENEFIT PAMPHLET

FOR PERSONAL ASSISTANTS

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





HELP OUR TEAM GROW



**REFER
— A —
FRIEND**

TO
EARN

\$75

PER REFERRAL!

NEW EMPLOYEES MUST WORK
3 MONTHS TO BE ELIGIBLE

OK

Priority 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

priority *with*
HOME CARE

 **TicketsatWork**[®].com
Fun. With benefits.

**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

priority
HOME CARE

Priority
Home Care
now offers

Medical Insurance

to all full time* employees

CHOICE OF 4 PLANS:

MEDICAL ELECTION - CHOOSE 1

WEEKLY RATES	EMPLOYEE ONLY	EMPLOYEE / SPOUSE	EMPLOYEE / CHILD(REN)	FAMILY
WellCare	☐ \$13.89	☐ \$27.53	☐ \$27.96	☐ \$40.93
OptimaCare	☐ \$44.16	☐ \$88.59	☐ \$89.26	☐ \$136.59
EliteCare	☐ \$60.78	☐ \$121.82	☐ \$122.49	☐ \$186.44
MV 6500*	☐ \$148.94	☐ \$302.03	☐ \$262.73	☐ \$420.89
*RATE FOR THE MV PLAN ARE SUBJECT TO CHANGE BASED ON AFFORDABILITY				

WELLCARE – Covers all preventive services 100% and includes telehealth and prescription discounts.

MEDICAL BENEFITS	WELLCARE
Preventive / Wellness	Covered 100%
PureRx Prescription Discount	Included
VIRTUAL HEALTH BENEFITS	FRESHBENIES®
27/7/365 Telehealth Program	Included
BenieWALLET	Included

OPTIMACARE – Covers all preventive services 100%, primary care visits at a \$15 copay, urgent care at a \$50 copay and discounts on additional services such as specialist visits, labs and x-rays. This plan also includes virtual health and prescription drug benefits.

MEDICAL BENEFITS	ULTRA MEC
Preventive / Wellness	Covered 100%
Primary Care Visits	\$15 Copay
Specialist Visits	Network Discount
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	Network Discount
Prescription Drugs	TIER 1: \$15 Copay; TIER 2: \$30; TIER 3: \$50; TIER 4: \$75
VIRTUAL HEALTH BENEFITS	FRESHBENIES®
27 / 7 / 365 Telehealth	Included
Behavioral Health	\$50 Fee for first 3 visits (then \$85)
BenieWALLET	Included

MV 6500 – This plan has a \$6,500 individual deductible and covers additional medical services such as emergency room care, hospitalization and inpatient services at reference-based pricing, paying 125% of the Medicare allowable fee schedule. Patients will be balance billed for any amount greater than the Medicare allowable amount. All non-preventive and copay services are subject to the \$6,500 deductible. Minimum Value Plans are subject to affordability. Employees will not pay more than the annual affordability rate toward employee only coverage.

COVERED BENEFITS	MINIMUM VALUE 6500
Annual Deductible / Out-of-Pocket Max	\$6,500 individual / \$13,000 family
Preventive / Wellness	Covered 100%
Primary Care e/ 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 / Labs	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
PRESCRIPTION DRUG BENEFITS	FRESHBENIES®
Annual Deductible	\$0
Copay by Formulary Tier	\$15 / \$30 / \$50 / \$75
Non-Preferred, Specialty and Self-Injectable Prescription Drugs	Not Covered

ELITECARE – Covers all preventive services 100% and office visits, urgent care, labs and x-rays offered at various copays. This plan also includes virtual health and prescription drug benefits.

COVERED BENEFITS	ULTIMATE MEC
Preventive / Wellness	Covered 100%
Primary Care/ Specialist Visits	\$15 Copay
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	\$50 Copay
Prescription Drugs	TIER 1: \$15 Copay; TIER 2: \$30; TIER 3: \$50; TIER 4: \$75
VIRTUAL HEALTH BENEFITS	FRESHBENIES®
27 / 7 / 365 Telehealth	Included
Behavioral Health	\$50 Fee for first 3 visits (then \$85)
BenieWALLET	Included

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.

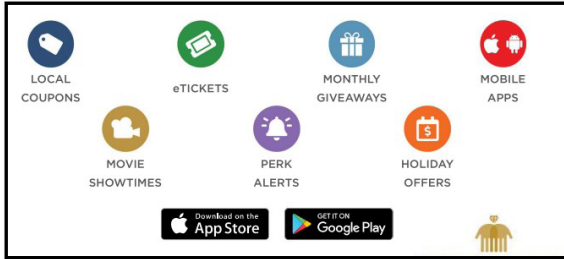
*Upon termination or resignation of employment, accrued sick time will not be paid out and will be lost.

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**

INDIVIDUAL DENTAL PPO WITH OPTIONAL VISION RIDER

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



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, \$0.62 per hour worked will be allotted to 'Paid Sick Time.'

PAID TIME OFF For ALL hours worked, \$0.62 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.



priority
HOME CARE

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.



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.