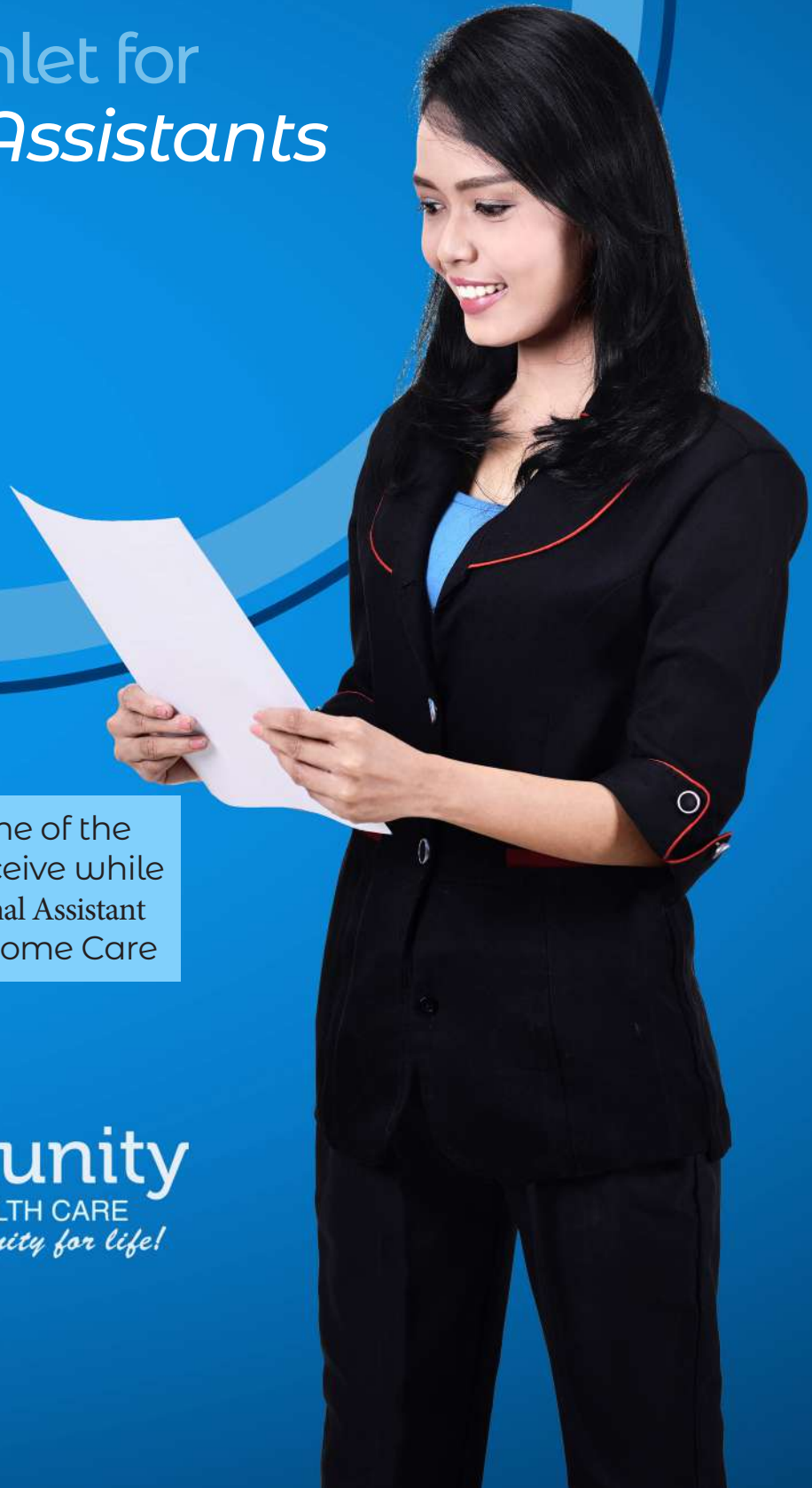


Benefit

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





Community Home Care now offers **Medical Insurance**

to all Full time* employees

Choice of 3 plans:



MEC BASIC - This plan covers ONLY preventative services as outlined in the Affordable Care Act (ACA). Please note, MEC does NOT cover any additional medical services. MEC includes telemedicine through 1800MD and prescription discounts are available through Rx Valet.

Cost - only \$14.08/week



Medical Benefits	Basic MEC
Preventative / Wellness	Covered at 100%
Primary Care	Preventative Only Otherwise Not Covered
RX Discount Program	Included
Freshbenies Membership	Basic MEC
Telehealth	Included
BenieWALLET	Included
Specialist Visit	Not Covered
Urgent Care	Not Covered
Diagnostic Services including Labs, X-Rays, and other Imaging	Not Covered
Emergency Services (excludes ambulance)	Not Covered
Outpatient Hospital Services	Not Covered

MEC PLUS - Covers all preventative services outlined in MEC and provides additional medical services such as Primary Care, Specialist and Urgent Care visits; Labs, X-Rays and Generic Rx offered at various copays. Note: MEC Plus does not cover hospitalization, surgical procedures, emergency or out-of-network services. MEC Plus includes telemedicine through 1800MD

Cost - only \$43.15/week



Medical Benefits	MEC Plus
Annual Deductible	\$0
Out-of-Pocket Max	\$1,850 Individual / \$3,700 Family
Preventative / Wellness	Covered at 100%
Primary Care / Specialist Visit	\$15 Copay
Generic Prescription Drugs	\$15 Copay
Urgent Care	\$50 Copay
Diagnostic Services including Labs, X-Rays, and other Imaging	\$50 Copay
Telehealth	Included
Emergency Services (excludes ambulance)	Not Covered
Outpatient Hospital Services	Not Covered

MV 8150 - This plan has an \$8,150 individual deductible and covers services outlined in MEC Plus and additional services such as emergency room care, hospitalization, and inpatient services.

Cost - only \$109.85/week



Medical Benefits	MV8150
Annual Deductible	\$8,150 Individual / \$16,300 Family
Out-of-Pocket Max	\$8,150 Individual / \$16,300 Family
Preventative / Wellness	Covered at 100%
Primary Care Visits	\$50 Copay
Specialist Visit	\$75 Copay
Generic Prescription Drugs	Covered 100% after deductible is met
Urgent Care	Covered 100% after deductible is met
Diagnostic Services including Labs, X-Rays, and other Imaging	Covered 100% after deductible is met
Emergency Services (excludes ambulance)	Reference-Based Pricing after deductible is met
Outpatient Hospital Services	Not Covered

* Full time employees define as employees working 30 or more hours per week, (or 130 hours a month). A full time employee will qualify for insurance after working for a consecutive 12 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.
- dependent coverage available. ask us about it.

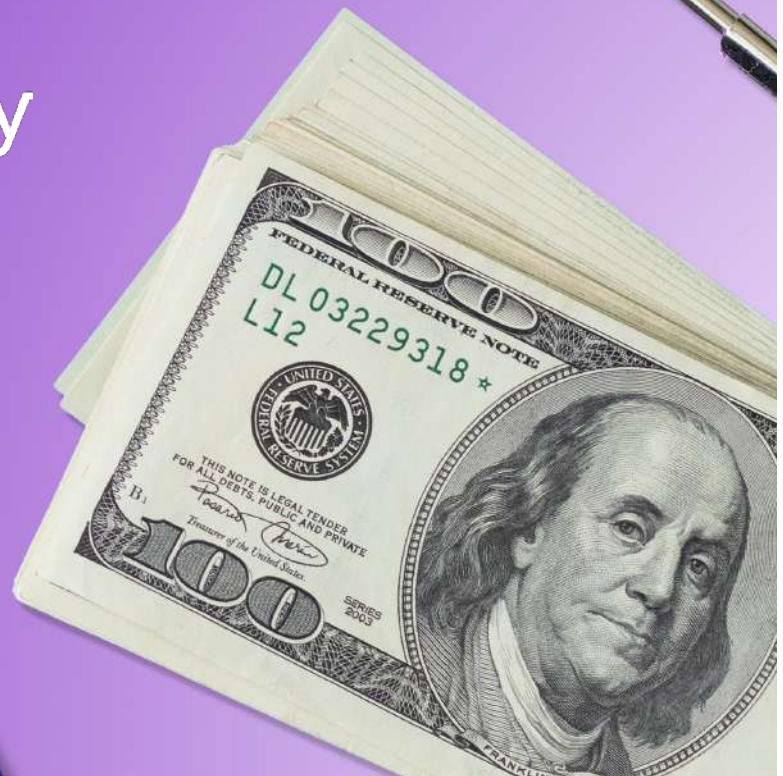
Receive your annual check ups

FREE OF CHARGE

When being employed by
Community Home Care

» Contact your HR rep. anytime
to set up your annual appt. at a
convenient location near you!

*Terms and Conditions may apply



Community Home Care
is pleased to announce our new

PARTNERSHIP *with* TICKETSATWORK

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](http://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





Sick Time Off for Personal Assistants

- 🕒 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 submit a CDPAP Time Off Request form which is signed by yourself and by your consumer indicating the sick time used
- 🕒 You will be paid for your sick time at the rate of min. wage.
- 🕒 You will be paid for the requested sick time during the next regular payroll period beginning after the sick time was used.



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 which lives in Westchester, Nassau or Suffolk County you will receive a "Total Compensation" of \$17.22 per hour. The Total Compensation will be divided between the Base Wage*¹ and Supplemental Wage*², as defined below.
- If you are assigned an eligible patient which lives in New York City you will receive a Total Compensation of \$19.09 per hour. The Total Compensation will be divided between the Base Wage*¹ and Supplemental Wage.*¹

*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 (\$17.22/hr or \$19.09/hr) and your Base Wage is known as the Supplemental Wage. This amount is allocated on a one-month trailing basis to certain Wage Parity benefits. **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 the Wage Parity benefits.

Wage Parity Benefits:

Supplemental Wages allocated to Wage Parity benefits will be divided among three (3) types of benefits:

- 1. PAID SICK TIME** - For the first 1700 hours worked in a calendar year, \$0.47 cents (\$0.50 cents in NYC) per hour worked will be allotted to 'Paid Sick Time.'
- 2. PAID TIME OFF** - For ALL hours worked, \$0.47 cents (\$0.50 cents in NYC) per hour worked will be allotted for 'Paid Time Off.'
- 3. 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 for administrative fees at 9% and Mobile Health at \$17.00.

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

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





Paid Time Off for Vacation or Personal Day

- » 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 hours 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 CDPAP Time Off Request form which is signed by yourself and by your consumer 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 the rate of minimum wage.
- » You will be paid for the requested PTO during the next regular payroll period beginning after the PTO was used.



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

You will receive a:

Wage Parity Benefit Debit Card

in the mail 1-2 months after you start your first case.

- » **Flexible Spending Account (FSA)** – Maximum of \$1800 per plan year. 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. You also get exclusive discounts and free shipping from the FSA On-line Store for eligible products at www.fsastore.com/leadingedge.
- » **Dental & Vision Health Reimbursement Arrangement (HRA)** – unlimited spend per plan year. Funds can be used to pay for various dental related services such as cleanings, root canals, braces and crowns as well as vision related items and services such as eye exams, eye glasses, contacts, prescription sunglasses and more. If an expense is payable from both the FSA and HRA, the cost will be paid through the HRA first before any FSA funds are utilized.
- » **Dependent Care Account (DCA)** – You may separately elect to have an amount of your Supplemental Wage paid to an account to pay for eligible child care expenses to a maximum of \$2,500 individual and \$5,000 family per plan year. Funds can be used to pay for the costs of eligible dependent care while you are at work. Covered expenses include day care centers, nursery school, before school care, and after school care.
- » **Transit (TRN)** – Maximum of \$265 per month, \$3,180 per plan year. Funds can be used to purchase Metro Cards, LIRR, UBER Pool, Lyft Share, NJ Transit, and other various mass-transit passes.
- » **Cell Phone (EPR)** – Maximum of \$150 per month, \$1,800 per plan year. Funds can be used to pay for work related cell phone bills and services. This will cover any and all bills/services at authorized wireless retailers either in-person or online.
- » **Parking (PKG)** – Maximum of \$265 per month, \$3,180 per plan year. Funds can be used to pay for qualified parking expenses.
- » Detailed information regarding these benefits is 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, any other document or verbal representation will govern the Company's determination of all questions regarding these plan benefits.
- » Upon termination of employment, voluntary or involuntary, you will receive the Benefit Card termination date on your termination letter. If you do not receive your termination letter, or the Benefit Card termination date, please reach out to Human Resources immediately so a date can be provided.