



# EMPLOYEE BENEFIT PAMPHLET

## FOR PERSONAL ASSISTANTS

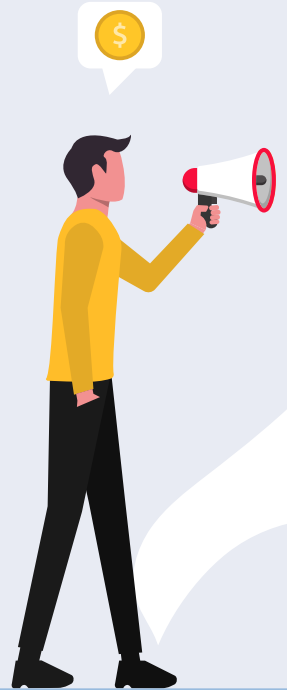
Take a look at some of the benefits you will receive while working as a Personal Assistant with Priority Home Care



# HELP OUR TEAM GROW



A large smartphone screen displaying a referral offer. At the top, a hand holds a stack of green dollar bills. To the right, the text reads "REFER A FRIEND". Below this, it says "TO EARN" in a blue box, followed by a large, red, textured "\$75". Underneath, a yellow box contains the text "PER REFERRAL!". At the bottom of the screen, it states "NEW EMPLOYEES MUST WORK 3 MONTHS TO BE ELIGIBLE" and a dark blue button with the text "OK" is visible. At the base of the phone, there are two wrapped gifts: a large yellow one with a red ribbon and a smaller blue one with a yellow ribbon.



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](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**

**priority** *with*  
HOME CARE

 **TicketsatWork**<sup>®</sup>.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 now offers

# Medical Insurance

to all full time\* employees



## CHOICE OF 4 PLANS:

**MEC Basic** – This plan covers all preventative services 100%. Includes telehealth and prescription discounts. This plan does NOT cover any additional medical services.

**COST - Only \$13.89/WEEK**

COVERED BENEFITS	MEC BASIC
Wellness and Prevention	Covered 100%
Primary Care Visit	Preventative Only, <i>Otherwise Not Covered</i>
Specialist Visits	Not Covered
Urgent Care Visits	Not Covered
Laboratory Services / X-Rays	Preventative Only, <i>Otherwise Not Covered</i>
27/7/365 Telehealth Program	Included
RX Discounted Program	Included
BenieWALLET	Included

**Ultra MEC** – 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. Also includes Virtual Health and prescription drug benefits.

**COST - Only \$38.40/WEEK**

COVERED BENEFITS	ULTRA MEC
Wellness and Prevention	Covered 100%
Primary Care Visit	\$15 Copay
Specialist Visits	Network Discount
Urgent Care Visits	\$50 Copay
Laboratory Services / X-Rays	Network Discount
Generic Rx	Tier 1: \$10 or less; Tier 2: \$25 or less
27/7/365 Telehealth Program	Included
Behavioral Health	\$50 Fee / Max 3 Per Year
BenieWALLET	Included

**Ultimate MEC** – Covers all preventive services 100% and office visits, urgent care, labs, and x-rays offered at various copays. Ultimate MEC includes Virtual Health and prescription drug benefits.

**COST - Only \$55.11/WEEK**

COVERED BENEFITS	ULTIMATE MEC
Wellness and Prevention	Covered 100%
Primary Care Visit	\$15 Copay
Specialist Visits	\$15 Copay
Urgent Care Visits	\$50 Copay
Laboratory Services / X-Rays	\$50 Copay
Generic Rx	Tier 1: \$10 or less; Tier 2: \$25 or less
Brand Rx	Tier 3: \$50 or less; Tier 4: \$75 or less
27/7/365 Telehealth Program	Included
Behavioral Health	\$50 Fee / Max 3 Per Year
BenieWALLET	Included

**MV 8150** – This plan has a \$8,150 individual deductible and covers additional medical services such as emergency room care, hospitalization, and inpatient services at referenced-based pricing, paying 120% of the Medicare allowable fee schedule. Patients will be balanced billed for any costs greater than the Medicare allowable amount. All non-preventive and copay services are subject to the \$8,150 deductible. The deductible must be met before additional coverage takes effect. Minimum Value Plans are subject to affordability.

**COST - Only \$148.94/WEEK**

COVERED BENEFITS	MV 8150
Annual Deductible	\$8,150 Individual / \$16,300 family
Out-of-Pocket Max <i>(for covered services)</i>	\$8,150 Individual / \$16,300 family
Wellness and Prevention	Covered 100%
Primary Care Visit	\$50 Copay
Specialist Visits	\$75 Copay
Urgent Care Visits	Covered 100% after deductible is met
Emergency Services <i>(excludes ambulance)</i>	Reference-Based Pricing <i>after deductible is met</i>
Laboratory Services / X-Rays	Covered 100% <i>after deductible is met</i>
Inpatient Hospital Services <i>incl. Physician Fees</i>	Reference-Based Pricing <i>after deductible is met</i>
Outpatient Hospital Services	Not Covered
Generic Prescription Drugs	Covered 100% after deductible is met

\*Full time employees define as employees working 30+ 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.

DEPENDANT COVERAGE AVAILABLE. ASK US ABOUT IT.

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 \$18.22 per hour. The Total Compensation will be divided between the Base Wage<sup>1</sup> and Supplemental Wage<sup>2</sup>, as defined below.

If you are assigned an eligible patient who 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<sup>1</sup> and Supplemental Wage<sup>2</sup>.

## <sup>1</sup> 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.

## <sup>2</sup> SUPPLEMENTAL WAGE

The difference between your Total Compensation (\$18.22/hr or \$19.09/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, \$0.50 per hour worked will be allotted to 'Paid Sick Time.'

**PAID TIME OFF** For ALL hours worked, \$0.50 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

# 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**  
approximately 2 months after you start your first case

**Health Reimbursement Arrangement (HRA)**

Maximum of \$1,800 per plan year. Funds used to pay for eligible medical expenses such as co-pays, 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](http://www.fsastore.com/leadingedge).

**Dental and 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 for both the FSA an 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 \$5,000 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 \$280 per month, \$3,360 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 \$280 per month, \$3,360 per plan year. Funds can be used to pay for qualified parking expenses.

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.

