



EDISON
HOME HEALTH CARE

a Help at Home® company



J.N. SAVASTA CORP.

2024

EMPLOYEE BENEFIT GUIDE

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Benefit Plan

INTRODUCTION

OPTION 1

Major Medical Insurance

Available to all employees that work a minimum of 130 hours per month.

OPTION 2

Supplemental Benefits

Available **ONLY** for hours worked on Medicaid reimbursed cases.

- Limited Medical Benefits
- Dental Benefits
- Vision Benefits





OPTION 1

Major Medical Insurance

PLAN INTRODUCTION

If you work at least 130 hours per month, you can choose Option 1 Major Medical Insurance. If you don't make an active election, or if you don't meet the 130-hour minimum, you will be defaulted into Supplementary Benefits (Option 2).

To change your benefit election, you must wait until the next Open Enrollment period, unless you experience a Qualifying Life Event (QLE), such as: birth of a child, marriage, divorce, loss of previous coverage, etc. For a complete list of QLEs, visit www.HealthCare.gov. You have 30 days to inform JN Savasta or your employer of the QLE from the date it occurs.

New eligible employees can enroll upon satisfying the new hire waiting period and do not have to wait for Open Enrollment. As a newly hired employee, you have 30 days from the date you become eligible to make an election with an effective date of first of the month following your eligibility date.

Major Medical Insurance

Plan	Open Enrollment Period	Effective Date
Major Medical Insurance	Dec. 22, 2023 - Jan. 31, 2024	Jan. 1, 2024 - Dec. 31, 2024

OPTION 1

Major Medical Insurance

Benefits Included

	Out of Pocket Expenses
Single Deductible	\$5,000
Family Deductible	\$10,000
Single Out-of-Pocket Max	\$6,500
Family Out-of-Pocket Max	\$13,000
Coinsurance	20%
Emergency Treatment: Urgent Care	\$75
Primary Care Doctor Co-Pay	\$35
Specialist Co-Pay	\$50
Emergency Room Co-Pay	\$300
Hospital/Inpatient Co-Pay	Deductible/Coinsurance
Hospital/Surgical Outpatient Co-Pay	Deductible/Coinsurance
Prescription Co-Pays	\$10 Generic / \$50 Brand
Prescription Deductible	\$0

Notes

You must complete and return the Required Waiver/Election Form found at the end of this guide to J.N. Savasta Corp. via mail or fax during the open enrollment period. Newly hired employees must mail or fax the form prior to the end of the new hire waiting period and do not have to wait for Open Enrollment.

This plan uses the Magnacare Network for Professional and Ancillary Services. You can find a complete list of providers near you by going to the Magnacare Network website:

<https://www.magnacare.com/who-we-serve/providers/>

This plan reimburses **Facility** claims as per ELAP's methodology.

Prescription Coverage excludes reimbursement for all Specialty Drugs. Specialty Drugs are defined as any drug where the cost to any combination of the plan of benefits and/or the plan participant of any 30 day-equivalent fill exceeds \$950.00, or any drug billed with a HCPCS cost where the cost to any combination of the plan of benefits and/or the plan participant exceeds \$950.00 during any 30 day period, subject to formulary.

ACA mandated preventive medications covered if prescribed for preventive treatment, including those exceeding \$950.00 / 30 days. Assumes PReP coverage effective 1/1/20.

For more details on the prescription benefit, please call the Pharmacy Benefit Manager (PBM), BMR at 866-718-2375.





OPTION 2

Supplemental Benefits

PLAN INTRODUCTION

Supplemental benefits are provided by your agency at no cost to you. These benefits are calculated based on eligible hours worked on Medicaid reimbursed cases two months prior to the current month. For example, hours worked in October determine benefit enrollment for December.

The next few pages will introduce you to all the services and benefits provided to you.

Benefits	40 hrs	60 hrs	80 hrs	100 hrs	120 hrs	140 hrs	160 hrs
Limited Medical Benefits					Plan 7	Plan 8	Plan 9
Dental Benefits		Plan 1000	Plan 2000	Plan 3000	Plan 3000	Plan 3000	Plan 3000
Vision Benefits	✓	✓	✓	✓	✓	✓	✓

Please be advised that enrollment in the above tiers can differ from what is illustrated due to variables in calculating your benefit contribution. For example, rate of pay, case location, and PTO can impact your net contributions.

SUPPLEMENTAL BENEFITS CONTINUED

Using Your Benefits

Medical, Dental, and Vision

As a part of your employer's benefits, you may be eligible for medical, dental, and vision coverage. Your benefits can help you at the doctor's office and at the pharmacy—here's how to use them.

Your eligibility and enrollment in this benefit can change as a result of various factors such as where you work and the amount of hours you work.

See What You're Eligible For

Before you schedule your appointment, call JNSC and we'll let you know what's covered. Your benefits may change from month to month, so always call to check your copays and eligibility!

Seek Care

Your supplemental benefits can cover professional and ancillary services, such as visits to the doctor, dentist, optometrist, and pharmacy. We work with trusted networks to make sure that you can see a provider that works for you. If you need help finding a provider, just call JNSC, or use the links referenced in this guide.

- Magnacare [Professional and ancillary medical services]
- Aetna [Dental services]
- NVA [Vision services]

If you're eligible for facility coverage, you can use any facility you'd like—you don't need to worry about a network.

Go to Your Appointment

Once you've made an appointment, show your provider your card (along with any other insurance cards you may have) so they know who to bill. If you have multiple coverages, your provider will coordinate with your carriers about your bill.

Receive Your EOB & Bill

Once your claim is processed, an Explanation of Benefits (EOB) will be mailed to you, explaining what your benefit plan will and won't pay for. This is not a bill, and you may receive other EOBs from other carriers.

If there are any additional charges that your benefit plan doesn't cover, you may receive a bill from your provider in the mail.

Bills for facility services (such as an inpatient hospital, outpatient surgery, or emergency room) are handled by a company called ELAP. On occasion, a facility may try to bill above what the plan is willing to pay for covered services. If that happens, just let JNSC know, and they'll work with ELAP on your behalf to lower your bill.

You can call JNSC if you have any questions about your EOB or bill.



SUPPLEMENTAL BENEFITS CONTINUED **MAGNACARESM**

Limited Medical Benefits Plan

All these plans include ACA mandated preventative and wellness services at no cost to the member as well as the below benefits.

Service	Copay	Number of Visits Per Plan Per Year		
		120 Hours per Month	140 Hours per Month	160 Hours per Month
		Plan 7	Plan 8	Plan 9
Primary Care Physician	\$15	55	55	55
Specialist Visit	\$25	55	55	55
Diagnostic/X-Rays	\$15	55	55	55
Imaging	\$15	1	5	10
Outpatient Surgery Facility	Subject to Deductible	1	1	10
Emergency Room	Subject to Deductible	1	5	10
Urgent Care	\$50	5	5	10
Home Health Care	Subject to Deductible	10	10	10
Hospice	Subject to Deductible	Covered	Covered	Covered
Skilled Nursing Facility	Subject to Deductible	30	30	30
Ground Ambulance	Subject to Deductible	1	5	10
Durable Medical Equipment	Subject to Deductible	Covered	Covered	Covered
Dialysis	Subject to Deductible	Covered	Covered	Covered
Inpatient Room/Board	Subject to Deductible	365	365	365
Inpatient Surgery Facility	Subject to Deductible	Covered	Covered	Covered
Inpatient Maternity	Subject to Deductible	Covered	Covered	Covered
Inpatient MHSA	Subject to Deductible	Covered	Covered	Covered
PT/OT/ST	Subject to Deductible	14	14	14
Chiropractor	Subject to Deductible	14	14	14
Telemedicine	\$0	Not Covered	Not Covered	Not Covered
Prescriptions	\$0 Copay			

This plan uses the Magnacare Network for Professional and Ancillary Services. You can find a complete list of providers near you by going to the Magnacare Network website: <https://www.magnacare.com/who-we-serve/providers/>

This plan reimburses **Facility** claims as per ELAP's methodology.

Prescription Coverage excludes reimbursement for all high cost drugs. High cost drugs are defined as any drug where the cost to any combination of the plan of benefits and/or the plan participant of any 30 day-equivalent fill exceeds \$950.00, or any drug billed with a HCPCS cost where the cost to any combination of the plan of benefits and/or the plan participant exceeds \$950.00 during any 30 day period, subject to formulary, except for chemotherapy administered by a provider. High cost chemotherapy drugs are excluded from coverage. High cost chemotherapy drugs are defined as any chemotherapy drug self-administered, administered by a provider or billed with a HCPCS code where the cost to any combination of the plan of benefits and/or the plan participant exceeds \$1,250.00 during any 30 day period. Covered chemotherapy drugs are limited to 1 fill.

Prescription Drugs limited to 50, 30-day equivalent scripts per year.

Dental Benefits



Eligible employees will be enrolled in dental benefits. The dental plan will pay for preventative services, basic dental services, as well as major dental procedures.

Covered Services	Plan 1000	Plan 2000	Plan 3000
Calendar Year Deductible	\$100	\$50	\$50
Calendar Year Maximum	\$500	\$5000	\$5000
Preventive & Diagnostic	100%	100%	100%
Basic Services	80%	80%	80%
Specialty Services	50%	50%	60%
Major Services	50%	50%	60%

To find a dental provider visit: www.aetna.com/docfind/custom/aetnadentalaccess - Search by Location – General Search or by Category.

Vision Benefits



Eligible employees will be enrolled in the vision benefits. The vision plan will pay for the following services:

Benefits	Network	Out-of-Network
Eye Examinations Once every calendar year	Covered 100%	Reimbursed Amount Up to \$38
Fit/Follow-Up* Once every calendar year	Covered 100% after \$20/\$30/\$50 copay, depending on the service	Reimbursed Amount based on lens type
- Lenses - Frames Once every calendar year - Contact Lenses Once every calendar year Elective Contact Lenses Medically Necessary**	\$160 Retail Maximum Total accumulated throughout the benefit period for frames, eyeglass lenses, contact lenses, lens options	\$160 Retail Maximum Total accumulated throughout the benefit period for: frames, eyeglass lenses, contact lenses, lens options

Your specific benefits may change depending on if you choose glasses or contacts. Some benefits may require prior approval. Please call JNSC if you have any questions.

To find a vision provider visit: <https://www.e-nva.com/nva/content/tourist/js-fp-entry-tourist-page.xhtml> - first, enter your Group/Sponsor Number from your NVA Card. Then, specify a ZIP Code and a radius or search by state.

J.N. SAVASTA CORP.

J.N. Savasta Corp.
wageparityCSR@jnsCorp.com
Phone: (866) 718-2379

Our team speaks:

English ext. 1
Spanish ext. 2
Chinese ext. 3
Russian ext. 4
Creole ext. 5

Mon.-Thurs. 9:00 AM - 5:30 PM ET
Friday 9:00 AM - 5:00 PM ET



You can contact Adesso
for questions regarding
your benefits card at
(888) 338-6438.





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Required Waiver/Election Form

This is a mandatory form required by your employer
and must be returned regardless of your selection.

Employee Name (please print): _____

Social Security Number (last 4 digits): XXX-XX-____

Phone Number: _____

YOU MUST CHOOSE ONLY ONE OPTION BY PLACING A
CHECK (✓) IN THE BOX OF THE PLAN YOU WISH TO CHOOSE.

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OPTION 1:

Major Medical Insurance

**This option will cost the Employee
8.39% of salary in 2024.*

BRMS Major Medical Plan

If you are not enrolling in this Major Medical
Insurance, please select one of the below
reasons:

- ☐ Enrolled in Spousal Coverage
- ☐ Medicaid/Medicare
- ☐ VA Insurance
- ☐ Other - Please Specify: _____

☐

OPTION 2:

Supplemental Benefits

**This option is offered at NO COST
to the Employee.*

***I choose to enroll in the
employer-offered Supplemental
Benefits Plan that includes:***

- Limited Medical Benefits
- Dental Benefits
- Vision Benefits

**If we do not receive a waiver form from you, you will
automatically be enrolled in supplemental benefits based
on your available contributions.*

OR

Sign & date below:

Sign

Date

Return completed required waiver form to JN Savasta by sending **ONLY** this page:

E-MAIL

wageparitycsr@jnsCorp.com

MAIL

J.N. Savasta Corp.
1350 Broadway, Suit 410
New York, NY 10018

FAX

(929) 481-4812