



WHAT CAN I DO FOR MY PATIENT ?

A Caregiver (HHA/PCA) Can:

- Prepare meals , including any modified prescribed diets
- Assist with eating your meals
- Take & record your blood pressure, pulse rate, respirations & bodyweight (HHA Only)
- Help with showering & bathing
- Wash & comb hair
- Provide or assist with mouth care
- Assist with getting dressed
- Provide skin care (on unbroken skin only)
- Clean & file nails
- Give reminder to take medication
- Assist with medical equipment, such as wheelchairs, walkers, crutches, canes & electric chair lifts.
- Transfer patient from bed to a chair
- Assist in using the restroom
- Turn & position patient in bed
- Assist with therapy exercise plan & range of motion
- Change linens
- Tidy up immediate surroundings
- Clean up after Patient ONLY, NOT Patient family members or roommates.
- Perform light housekeeping
- Do dishes & laundry for patient only
- Assist in transporting patient to MD appointments
- Accompany Patient outdoors for errands including laundry & groceries.

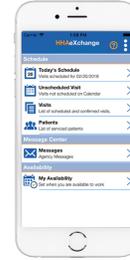
A Caregiver (HHA/PCA) CANNOT:

- Perform nursing duties
- Wound Care
- Perform glucose testing
- Cut fingernails or toenails
- Apply heat or cold of any kind
- Prepare or administer medications
- Interpret medical information
- Do banking or assist with writing checks or paying bills
- Open mail if you are not present
- Perform heavy housework(cleaning windows, curtains, moving heavy furniture, cleaning entire house, cleaning up after family/roommates.)
- Assist in the preparation of or witness any advance Directive or Will
- Stay with you if you are admitted to the hospital
- **ASK YOUR PATIENT FOR THEIR MEDICAL/VACCINATION HISTORY**
- STAY IN YOUR PATIENTS' HOME IF THEY ARE NOT PRESENT

This is ONLY a *GUIDELINE*. **The actual tasks your caregiver may perform will be identified by the Field Nurse Supervisor on your Plan of Care that is kept in your home.** Your Plan of Care will be customized to meet your individual needs. The nurse communicates frequently with the HHA and if necessary, your physician, to update your plan of care. ***The aide may not perform any task not listed on your Plan of Care.***

Visit Confirmation Clock In & Out

There are three methods of clocking in & out to ensure that your patient visit is recorded.



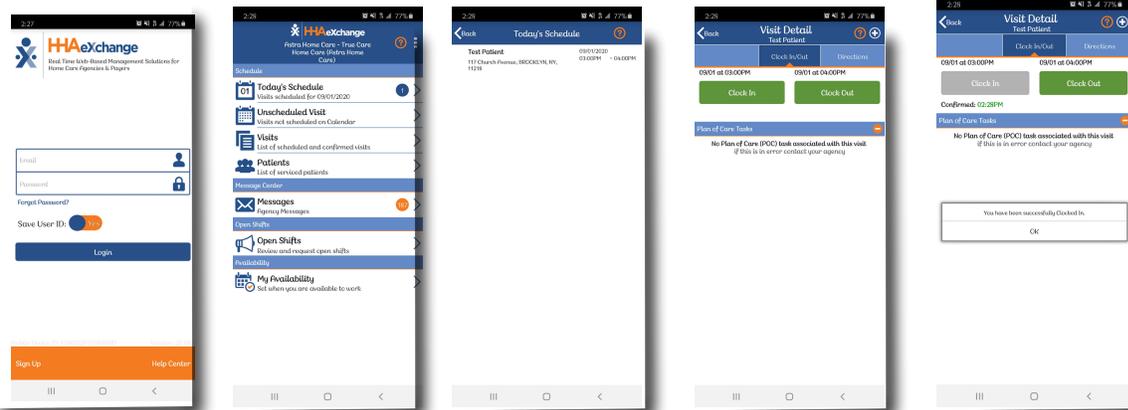
1. Use the HHAExchange Mobile App

The app is free to download on iTunes & Google Play

How to sign up and connect to True Care on the Mobile App:

1. Click on "Sign-Up" on the lower left corner of the screen. Enter all the information required.
2. Once you entered all the information, click "Sign-Up" at the bottom of the screen.
3. You will then receive a Mobile ID number on the screen which will also be emailed to you. Click on "Okay".
4. Keep this number in a safe location.
5. Provide the number to the HR representative at True Care so that they may enter the number in HHAExchange. This will link you to True Care in the program.

For a Demo on how to download the app
& Clock in & out:



Visit Confirmation Clock In & Out

There are three methods of clocking in & out to ensure that your patient visit is recorded.

2. Use the patients' phone to clock in & out



Call the following numbers to reach the Electronic Visit Confirmation Center:

1. English Phone #: 718 705 6189 2. Por Espanol: 718 705 6190

Make sure to punch in your **duty codes** correctly during **clock out**, there must be a total of 6 codes, with a minimum of **2 Personal Care** tasks and **4 additional tasks**.

For a Demo on how to Clock In & Out:



3. Time Sheets

This is the last resort option, if the App or patient's phone is not available.

Steps to submit your time sheet to True Care:

1. Pick up a time sheet from your local office. **It will be valid to use for 10 days**
2. Complete the time sheet & have your patient sign off on it.
3. **Scan & Email your timesheet to tctimesheets@truecareny.com**
 - a. Download a **free Scan App** from iTunes or Google Play store
 - b. Scan a picture, then email to tctimesheets@truecareny.com

Examples of free Scan Apps: Evernote, Scannable. Tiny Scanner or Genius Scan.

Note: to be paid for the same week as the missed clock in/out, you must have your timesheet in to payroll by closing, which is 12 pm Wednesday.

HOW TO CALL IN & OUT USING IVR

CALL IN

1. Call **718-705-6189** for **English**
2. Press **1** for **CALL-IN**
3. Enter your **ASSIGNMENT ID (PIN)**
4. The system will repeat the Assignment ID (PIN) you entered
5. Press **1** to confirm or Press **0** to re-enter

CALL OUT Note: A CALL OUT for a shift without a CALL IN will NOT be accepted

1. Call **718-705-6189** for **English**
2. Press **2** for **CALL OUT**
3. Enter your **ASSIGNMENT ID (PIN)**
4. The system will repeat the Assignment ID (PIN) you entered
5. Press **1** to confirm or **0** to re-enter
6. Enter **all** the **DUTY ID's** of all the duties performed during the shift
Note: Please enter at least 2 Personal Care tasks and 4 additional tasks (For a total of 6 tasks)
7. Press **000** to complete the call
Note: The system will say, "Your call has registered successfully."

VERIFICATION CALL

The system will call the client's home phone number during the shift. Press **1** to confirm that the aide is present or Press **0** if the aide is not present.

OTHER LANGUAGES

ENGLISH: 718-705-6189
CHINESE: 718-663-0256
FRENCH: 718-705-6191

SPANISH: 718-705-6190
RUSSIAN: 718-705-6192

LIVE-IN

The aide should call in regularly. If the call out should be made within 30 minutes of the scheduled start time for the next shift, the aide will automatically be clocked in for the next shift. (Ex: if scheduled start time is 8:00 a.m. and the aide clocks out for the previous shift at 7:45 a.m. then call in for the following shift is not required) This is **ONLY VALID** when the second shift starts at the end time of the first shift and the service is provided by the same aide.

MUTUAL CASES

Mutual cases are case where the same aide is working 2 consecutive shifts for different clients at the same location (**Ex: husband and wife**). The aide needs to call for the **CALL-IN** at the beginning of the first shift and **CALL-OUT** at the end of the second shift. During the call-out the system will require the tasks for both shifts.

VERIFICATION CALLS

Verification is not performed between 8PM and 7:30AM. If the shifts start after 8PM the Verification will happen the next day at 7:30 AM.

SABBATH OBSERVANT

Notify the agency if the client is Sabbath observant. In such case, no verification call will be done from Friday 5PM to Saturday night.

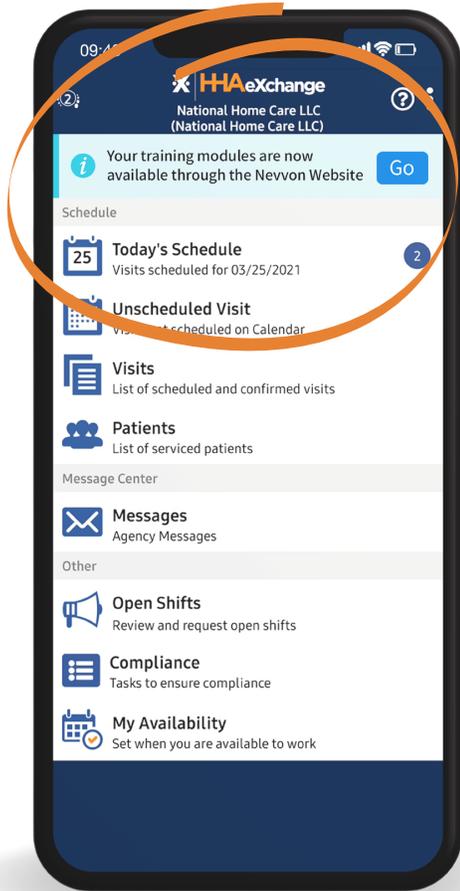
NO DIRECT PHONE NUMBERS

Clients in facilities might not always have a direct phone number. In such case, notify the agency of the situation so that they will turn off the verification call. The verification will have to be done manually by your agency.

ROTARY PHONE

The time and attendance system will not work with a rotary phone. In such case, the call in/out and duties will have to be done manually entered. Notify the agency of the situation so that they turn off the time/attendance for the client.

In Service Training Now on HHAeXchange!



Click here to access your In-service Training.

You are automatically signed in to view your trainings when you open your HHAeXchange App!

Follow the prompts to nevvon, our new training platform!

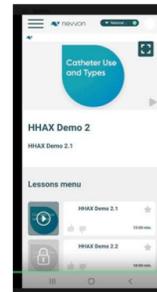
Step 1

Select one of your assigned modules



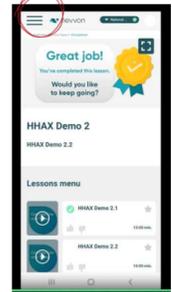
Step 2

Click play and follow the prompts



Step 3

Select the menu to return to the home screen and continue the next module.



What you'll see:



HHAx App Setup

IVR/EVW compliance is not an option and should be the main mode of verification for all caregivers. All caregivers should not leave orientation without an installed and activated HHAx app. Our goal is to increase IVR usage for all offices.

1. Download HHA app  using Google Play  or Apple Store .
2. Once downloaded, complete the setup using your unique email address. The app will prompt you to create a password.
 - Passwords should be at least 8 characters long and include one capital letter and one special character.
 - Upon successful setup the user will receive an email (from info@hhaexchange) providing further instructions on how to link your agency. Follow the 3 step process to complete sign-up. The user will be prompted to enter their first and last name, last 4 of their social security number and date of birth. Entries should be double checked for errors
 - Once completed a second email will be sent that will include their **MOBILE ID NUMBER**. This **must** be provided to us in order to link the user to TrueCare.

Note: Even if demographics (ssn, phone number, DOB) are incorrectly entered by the caregiver they will still be able to complete the setup process. We are able to edit and correct demographics in “Mobile User Management” located in the admin section. As long as the user is not associated with multiple agencies.

Account Locked/Password Reset

In the case the user does not remember their password and makes three (3) attempts to log in their account will be locked. Follow the steps below to regain access:

1. In the app select the forgot password function. The original email address used when initially setting up the account will be required. Enter the email address and then click “reset password”
 - If the email address is correct, the user will receive an email with a temporary password. Copy the temporary password received **without** the quotation marks.
 - Paste the copied temporary password into the HHAX app and follow prompts for creating a new password.
 - If the initial email is unknown, we are able to retrieve it from HHAX in the “Mobile User Management” function located in the admin section. Search the caregiver by the Mobile ID and one additional filter required in HHAX.
-

Get a \$50 or a \$100 referral bonus

Did you know....

If you refer a friend or caregiver for employment with True Care, you can earn \$50 or \$100 if they are hired and work for 90 days. Fill out the form below and refer your friend now!

Caregiver Referral Form

True Care Employee Name

HHA/PCA ID #

Phone Number

Email

Terms and Conditions

- I understand that if my referral is hired, I am eligible for the referral payment of \$50 if they work for 90 days
- I understand I am only eligible for \$100 if my referral works 160 hours during 90 days
- I understand overtime is not included
- I understand my referral and myself have to be employed by True Care at the time of eligibility and in good standing
- I understand I am only eligible for one of the referral bonuses
- I understand payment of the referral bonus will occur after my referral has completed their 90-day probationary period or completed 160 hours during 90 days

I understand I have to meet all of these requirements to qualify. I have referred the candidate below for employment at True Care Home Health Care. Speak with a representative for more details

Signature

Month

Day

Year

Referral Candidate

Name of Candidate

Phone Number of Candidate

Email of Candidate



CAREGIVER (HHA/PCA) PTO REQUEST FORM

PTO form must be given to someone in the office or emailed to HHAPTORquests@Truecareny.com

Name - _____ Phone Number - _____

Today's Date- _____

Requested Dates:

From: ____/____/____ To: ____/____/____
Month Day Year Month Date Year

If available would you like to use your accumulated paid time off?

Yes No

Date Returning to Work: ____/____/____
Month Date Year

Comments:

I understand that I am not guaranteed to get the day(s) off that I have requested. I also understand that the approval or disapproval of my request will be based on the needs of True Care and is subjected to management approval of company policies.

Employee Name [Print]: _____ Date: _____

Employee Name [Signature]: _____

----- **OFFICE USE ONLY [DO NOT WRITE BELOW]** -----

Step ① Coordination

Caregiver Code: _____ **Approved:**
Yes No

I confirm that I have selected the status of this aide's request and will call and text this aide to inform them of the approval or disapproval of their request

Supervisor/ Manager Approval [Print]: _____

Supervisor/ Manager Approval [Sign]: _____

Date: _____

⇒ Only If the request is approved you should email the form to Payroll, if not approved please email the form to the compliance department to upload

Step ② Payroll

Aide has PTO time which will be used
Yes No

I confirm that I have selected the status of this aide's PTO request and will call and text this aide to inform them of the approval or disapproval of their PTO request

Payroll Employee[Print]: _____

Payroll Employee[Sign]: _____

Date: _____

⇒ Once accepted please forward to the compliance department to upload

Documentation should ONLY be sent via email to the Coordination Department, Payroll and then Compliance to document and enter on the aide's profile and place an absence on the aide's profile



True Care Complaints and Grievances

As an employee of True Care I am informed of the procedures for submitting patient complaints, voice complaints, and recommend changes in the policies and services to the Director of Coordination by calling the following telephone number: **718-854-8783 x129** or the Chief Compliance Officer at **646-668-5899**. You may report an issue to the hotline without fear or concern of any adverse action taken against you by True Care

If dissatisfied with the outcome, you may also submit the complaint to the New York State Department of Health or any outside representative of your choice. The expression of such complaints by the patient or patient designee shall be free from interference, coercion, discrimination, or reprisal.

NYS Department of Health
Metropolitan Regional Office
90 Church Street
New York, NY 10007
[212-417-5888](tel:212-417-5888)

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
patientsafetyreport@jointcommission.org
Fax: [630-792-5636](tel:630-792-5636)

EMPLOYER INFORMATION

Company Name

EMPLOYEE INFORMATION

Employee Last Name	First Name	Social Security Number	
Street Address	City	State	Zip
Daytime Phone Number	Email		

2018 MASS TRANSIT AND PARKING EXPENSE LIMITS: \$260 FOR MASS-TRANSIT ♦ \$260 FOR PARKING (YOU MAY HAVE BOTH)

Type of Transportation Expense (Commuter Bus, Train, Van Pool, Parking, etc.)	Month/Year Expense Begins (mmm / yyyy)	Transit Agency or Parking Provider (and parking location)	Cost (whole dollar amounts only)
TOTAL:			\$

TERMS AND CONDITIONS

I understand that I cannot change or revoke this Agreement as of any date prior to the next month, except that my election will be revoked upon my termination of employment or cessation of eligibility for other reasons. However, I understand that I can revoke my election and make a new election by submitting a new Express Form prior to the first day of the next monthly period.

I hereby represent that I have consistent expenses month-to-month. I further represent that I do not receive a receipt in the normal course of business. If I do begin to receive receipts in the normal course of business, I realize that I am required to submit them, even when having begun the Program using this Express Form.

AFFIDAVIT

I am submitting this rewards request for parking and/or mass transit transportation expenses, which are eligible for favorable income tax treatment in accordance with federal guidelines under Internal Revenue Code Section 132(f). I understand and confirm that (1) I am solely responsible for submitting proper documentation of my eligible expenses, (2) that these expenses are indeed qualified transportation expenses which qualify for reimbursement and are eligible to be excluded from my federal taxable wages, (3) they have not been reimbursed from any other source or previously submitted for reimbursement, and (4) for each expense listed above, for which I have not attached a receipt or verifying document, such receipt or verifying document was not provided in the ordinary course of business.

I request reimbursement from my account(s) and certify that the information provided is true and correct.

Employee Signature	Date
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Send completed form and documentation to TotalBen.

FAX: (718) 535-7071

Mail: TotalBen LLC
P.O. Box 100496
Brooklyn, NY 11210

Commuter Benefits Participation Form

Under NYC's Commuter Benefits Law, certain employers must offer commuter benefits to existing full-time employees beginning January 1, 2016 or four weeks after an employee begins full-time work, whichever is later. For more information, please call 311 or visit nyc.gov/commuterbenefits to read Frequently Asked Questions about the Commuter Benefits Law.

Note to Employees:

Your employer is required by law to offer you a commuter benefits program; however, your participation is voluntary. You may decline to enroll in the program, or you may cancel your participation at any time. You may also choose to enroll in the program at a later date.

EMPLOYER INFORMATION	
Employer Name	
Address	
City/State/ZIP Code	
Phone Number	
EMPLOYEE INFORMATION	
Name (First/Middle/Last)	
Address	
City/State/ZIP Code	
Phone Number	
Email Address	
Date of Hire	

I, _____, (*Employee's printed name*) Accept Decline my employer's offer to use pre-tax income to pay for qualified transportation benefits to the extent permitted under federal law.

Employee's Signature

Date

If you have questions about your employer's obligations under NYC's Commuter Benefits Law or to report non-compliance, please contact the Department of Consumer Affairs (DCA) at nyc.gov/commuterbenefits, email commuterbenefits@dca.nyc.gov, or contact 311 (212-NEW-YORK outside NYC).

NYC's Commuter Benefits Law

Information for Employers and Employees

NYC's Commuter Benefits Law takes effect on January 1, 2016. Under the law, covered employers must offer commuter benefits to eligible full-time employees beginning January 1, 2016.

WHAT ARE THE ADVANTAGES OF A COMMUTER BENEFITS PROGRAM?

Advantages for Employers

- Employers save by reducing their payroll taxes. The more employees who sign up for transportation benefits, the more the employer can save.
- Employers can attract and retain employees by offering transportation benefits.

Advantages for Employees

- Employees can lower monthly expenses by using pre-tax income to pay for their commute.

WHO IS COVERED BY THE LAW?

Employers

Covered

- For-profit and nonprofit employers with 20 or more full-time* non-union employees in New York City, including temporary help firms.

*Under the Commuter Benefits Law, a full-time employee is an employee who works an average of 30 hours or more per week in the most recent four weeks, any portion of which was in New York City.

Not Covered

- United States, New York State, and New York City governments, including any office, department, independent agency, authority, institution, association, society, or other body of the state, including the legislature and the judiciary.
- Employers not required to pay federal, state, and City payroll taxes.

Employees

Covered

- Full-time* employees of covered employers.

Not Covered

- Employees who work less than an average of 30 hours per week in a four-week period.
- Full-time employees who are New York City residents but work outside of New York City.
- Full-time employees who are covered by a collective bargaining agreement.
- Independent contractors.
- Former employees.



Bill de Blasio
Mayor

Consumer
Affairs

Lorelei Salas
Commissioner

WHICH TRANSIT IS COVERED BY THE LAW?

Covered

- New York City regional mass transit services, including Metropolitan Transportation Authority (MTA) subway and bus; Long Island Rail Road; Amtrak; New Jersey Transit; and Metro-North.
- Eligible ferry and water taxi services.
- Eligible vanpool services.
- Eligible commuter bus services.
- Access-A-Ride and other area paratransit providers.

Not Covered

- Parking expenses.
- Bicycling expenses, including CitiBikes.**

**Under federal tax law, employees cannot use pre-tax income for the qualified bicycle commuting reimbursement benefit, and bicycle rental fees are not qualified transportation fringe benefits.

WHAT INFORMATION AND RESOURCES ARE AVAILABLE?

For Employers

Contact **311** or visit nyc.gov/commuterbenefits for information about:

- NYC's Commuter Benefits Law
- Setting up a commuter benefits program

For Employees

Contact **311** or visit nyc.gov/commuterbenefits for information about NYC's Commuter Benefits Law.

For employees eligible for refundable tax credits like the Earned Income Tax Credit (EITC), the pre-tax transit benefit could reduce the amount of a tax credit. Employees should consult a tax professional.

Contact **311** or visit nyc.gov/consumers for information about:

- NYC Financial Empowerment Centers, where New Yorkers can get free one-on-one professional financial counseling
- Free tax preparation assistance for eligible New Yorkers (during tax season)

**THERE'S A BETTER
WAY TO WORK.**

**NYC's Commuter
Benefits Law**



True Care

2024 BENEFITS

Effective 3/1/2024

*Plan Eligibility is 1st of the Month Following 30 Days from date of hire
January 2024 Hours will dictate coverage for March 2024*

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1.

As an employee of **True Care**, you are automatically enrolled in certain benefits based upon your hours worked each month!

(Only employees providing non-skilled services to patients reimbursable by Medicaid are subject to receive benefits offered as part of the New York State Living Wage Parity Law. Therefore, this benefit package is available **ONLY** to HHA/PCA employees providing services to patients insured by Medicaid and only for those hours worked on Medicaid cases.)

TRUE CARE

FREE BENEFIT OPTION #1

You pay nothing for:

- ✓ MEC (Minimum Essential Coverage); Preventive and Wellness Coverage (1 or more hours worked each month)
- ✓ Enhanced Supplemental Medical Benefits – Low Plan (60 to 119 hours worked each month)
- ✓ Enhanced Supplemental Medical Benefits – High Plan (120+ hours worked each month)
- ✓ Life Insurance (1 or more hours worked each month)
- ✓ Wage Parity Debit Card: \$0.50 added to card for every hour worked
- ✓ Mobile Benefits App for the whole family (1 or more hours worked each month)
- ✓ Medical Services & Outreach – Including Mandated Physicals (1 or more hours worked each month)

OR

OPTIONS #2 and #3*

Option #2

Employee only Bronze Coverage
YOU MAY QUALIFY FOR MAJOR MEDICAL COVERAGE AS WELL, DEPENDING ON YOUR HOURS WORKED EACH MONTH**

- ✓ If you do qualify you pay 8.39% of your hourly rate times 130 a month

Option #3

Employee + child(ren) Bronze Coverage

*\$1,203.00 (please confirm with HR) a month for employee plus child(ren) High Deductible Coverage

You must enroll within 4 weeks of your first day worked.

**By selecting a Major-Medical Option (option #2 or #3), you will not qualify for any additional benefits.*

***You must work 130 or more hours per month to qualify for Major Medical.*

Note: Any pay rate increases, work done in Nassau, Suffolk and West Chester Counties and deductions like Spread of Hours will reduce benefits.

2.

Option 1: Minimum Essential Coverage (MEC)*

*Must work one or more hours per month

As an employee of TRUE CARE, you will be enrolled in MEC.

The healthcare network associated with this plan is **MAGNACARE**. Members must go to providers within **the MAGNACARE** Health network to receive all of the mandated preventive services AT NO COST.



There is no coverage for out-of-network providers.

What is Covered under the Minimum Essential Coverage (MEC)?

TYPE OF SERVICE	COVERAGE
Calendar Year Deductible for Preventive Services.....	\$0 (Does not apply)
Office Visit Co-Pay for Preventive Services	\$0
Plan Pays	100% of Preventive Expenses (In-network coverage only)
Plan Annual Maximum	Unlimited
Lifetime Limit	Unlimited
Preventive Mandated Generic Prescriptions*	\$0 Copay

Prescription Coverage with MEC:

This plan covers prescription medications as mandated by the Affordable Care Act at no cost. Coverage is for generic drugs only and that are related to preventive service. A listing of the covered generic preventive prescriptions is available.



MEC Plan Monthly Rates

COVERAGE	PREMIUM
Employee	100% EMPLOYER PAID

Option 1: Minimum Essential Coverage (MEC)*

*Must work one or more hours per month

WHAT SERVICES ARE COVERED UNDER YOUR MEC PLAN?

2.

TRUE CARE

16 COVERED PREVENTIVE SERVICES FOR ADULTS

1. Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
2. Alcohol Misuse screening and counseling
3. Aspirin use to prevent cardiovascular disease for men and women of certain ages
4. Blood Pressure screening for all adults
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal Cancer screening for adults over 50
7. Diabetes (Type 2) screening for adults with high blood pressure
8. Diet counseling for adults at higher risk for chronic disease
9. Hepatitis C screening for adults at increased risk, and one time for everyone born 1945 – 1965
10. HIV screening for everyone ages 15 to 65, and other ages at increased risk
11. Immunization vaccines for adults — doses, recommended ages, and recommended populations vary
12. Lung cancer screening for adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
13. Obesity screening and counseling for all adults
14. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
15. Syphilis screening for all adults at higher risk
16. Tobacco Use screening for all adults and cessation interventions for tobacco users

22 COVERED PREVENTIVE SERVICES FOR WOMEN, INCLUDING PREGNANT WOMEN

1. Anemia screening on a routine basis for pregnant women
2. Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer
3. Breast Cancer Mammography screenings every 1 to 2 years for women over 40
4. Breast Cancer Chemoprevention counseling for women at higher risk
5. Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
6. Pap Test (also called pap smear) every three years for women 21 to 65
7. Chlamydia Infection screening for younger women and other women at higher risk
8. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
9. Domestic and interpersonal violence screening and counseling for all women
10. Folic Acid supplements for women who may become pregnant
11. Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
12. Gonorrhea screening for all women at higher risk
13. Hepatitis B screening for pregnant women at their first prenatal visit
14. HIV screening and counseling for sexually active women
15. Human Papillomavirus (HPV) DNA Test every 3 years for women with normal cytology results who are 30 or older
16. Osteoporosis screening for women over age 60 depending on risk factors
17. Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
18. Sexually Transmitted Infections counseling for sexually active women
19. Syphilis screening for all pregnant women or other women at increased risk
20. Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users
21. Urinary tract or other infection screening for pregnant women
22. Well-woman visits to get recommended services for women under 65

3.

Additional Benefits Available To You

Additional Benefits may be offered to employees enrolled in the Minimum Essential Coverage (MEC) which varies by hours worked each month.

TRUE CARE

MEDICAL PLAN	1 to 59 HOURS PER MONTH*		60 to 119 HOURS PER MONTH*		120+ HOURS PER MONTH*	
	COPAY	MAX VISITS PER YEAR	COPAY	MAX VISITS PER YEAR	COPAY	MAX VISITS PER YEAR
Preventive Coverage	No Copay	Unlimited	No Copay	Unlimited	No Copay	Unlimited
Primary Care	\$25.00	4	\$25.00	4	\$10.00	4
Specialist Care	\$40.00	4	\$40.00	4	\$20.00	4
Diagnostic Tests	N/A	N/A	\$100.00	4	\$25.00	4
Imaging Tests	N/A	N/A	\$150.00	4	\$50.00	4
Emergency Room	N/A	N/A	\$300.00	\$5,000.00 Maximum	\$200.00	\$5,000.00 Maximum
Urgent Care	N/A	N/A	\$50.00	3	\$20.00	3
Home Health Care	N/A	N/A	\$100.00	10	\$25.00	10
Skilled Nursing	N/A	N/A	\$100.00	10	\$25.00	10
Chiropractic	N/A	N/A	\$20.00	5	\$20.00	5
Massage Therapy	N/A	N/A	\$20.00	5	\$20.00	5
Acupuncture	N/A	N/A	\$20.00	5	\$20.00	5
Herbal Remedies	N/A	N/A	\$10.00	4	\$10.00	4
Meditation Training	N/A	N/A	\$20.00	2	\$20.00	2
Homeopathic Therapy	N/A	N/A	\$30.00	10	\$30.00	10

*Note: Any pay rate increases, work done in Nassau, Suffolk and West Chester Counties and deductions like Spread of hours will reduce benefits.

3.

WHAT OTHER ADDITIONAL SERVICES AM I COVERED FOR?

Additional Services are offered to all employees enrolled in the Minimum Essential Coverage (MEC) who work 60 or more hours per month:

EXAMPLES INCLUDE:

IMAGING

- Advanced radiological imaging
- CT scans
- EKGs
- MRI scans
- Nuclear medicine scans
- Pre-admission testing
- Ultrasound
- X-rays
- And other non-surgical services performed to diagnose medical disorders

DIAGNOSTIC

- Basic metabolic Panel (BMP)
- Complete Blood Count (CBC)
- Comprehensive metabolic Panel (CMP)
- Electrolytes (electrolyte Panel)
- Flu Tests
- Glucose
- Laboratory
- Liver Panel
- Lyme Disease
- Mono
- Prostate Specific antigen (PSA)
- Semen analysis
- Stool Culture
- Thyroid Stimulating Hormone (TSH)
- Uric Acid
- Urinalysis
- Urine Culture

EMERGENCY ROOM & URGENT CARE

- Medical Treatment for an emergency
- Fractures and broken bones
- Lacerations
- Hemorrhage
- Shock
- Poisoning
- Headaches and Migraines
- Afterhours care

ADDITIONAL BENEFITS AVAILABLE TO YOU

HOME HEALTH

- Home visits by a staff member of a home health care or private duty nursing agency, or a licensed therapist.

Examples of services provided include:

- Part-time or temporary nursing care performed by an R.N. or a licensed practical nurse (L.P.N.)
- Part-time or temporary care by a home health aide
- Physical, occupational, speech, or respiratory therapy
- Oxygen service

SKILLED NURSING

- Services requiring the skills of a nurse, licensed practical nurse, physical therapist (PT), occupational therapist (OT) and speech language pathologists (SLP) or audiologist

Questions on what may be covered under your plan
Call UHP at (877)290-1112

ADDITIONAL BENEFITS AVAILABLE TO YOU

3.

Additional Benefits being offered to all employees enrolled in the Minimum Essential Coverage (MEC) who work 60 or more hours per month:

DID YOU KNOW THE FOLLOWING TYPES OF DOCTOR AND SPECIALIST VISITS ARE COVERED UNDER YOUR PLAN?

- Colds, sore throats, flu, and infections
- Pregnancy-related conditions
- Prenatal visits and routine pre- and post-partum care
- Injury
- Sickness
- Skin disorders, including cysts, acne, and dermatitis
- Joint disorders, including osteoarthritis
- Back problems
- Cholesterol problems
- Upper respiratory conditions
- Chronic neurologic disorders
- High blood pressure
- Headaches and migraines
- Diabetes
- And much more!

Questions on what may be covered under your plan
Call UHP at (877)290-1112

TRUE CARE

4.

Option 1: Life Insurance Through SunLife

*Must work one or more hours per month

Employer-paid Life and Accidental Death & Dismemberment (AD&D) Insurance with Sun Life Financial is offered to all employees enrolled in the Minimum Essential Coverage (MEC) that work one or more hours per month.



TRUE CARE

BENEFIT AMOUNT (for employees who work more than 1 hours per month)	BENEFIT REDUCTION
For you:	
\$10,000 with no medical questions asked	Benefits are reduced to 65% at age 65, to 50% at age 70, and to 25% at age 75. Coverage ends at termination of employment or retirement.
Accidental Injury	The Plan Pays:
Accidental death	100%
Quadriplegia	100%
Loss of sight of one eye	50%
Loss of speech only or hearing only	50%
Loss of limb (arm or leg)	50%
Loss of thumb and index finger on the same hand	25%

Option 1: Wage Parity Debit Card



- \$0.50 per hour loaded each month for a pay rate of \$18.55 (with no deductions) per hour. Increased hourly rates reduce the benefit loaded to the card.

Start Saving Money by Participating in Flexible Benefit Accounts

Are your out-of-pocket transportation costs rising? Tax-advantaged benefit accounts are a great way for you to use your wage parity funds.

Eligible expenses include:

- Grocery, Convenience Stores and Wholesale clubs \$500 per month*
- Medical and Rx up to \$2,100 per year
- Dental & Vision unlimited
- Dependent Care up to \$5,000 per year
- Transit up to \$315 per month
- Parking up to \$315 per month
- Cell Phone up to \$125 per month

Your benefits debit card is as easy as 1-2-3

1) CHECK YOUR ACCOUNT BALANCE

You can view your transaction history, current balance, claim status, and more by logging in online, calling the phone number on the back of your card or via mobile application.

2) SWIPE YOUR BENEFITS DEBIT CARD

Swipe the card at the point-of-sale for eligible products and services. Most major retail chains utilize a system that will auto-substantiate the purchase, meaning it will approve eligible expenses without requiring submission of receipts. If a purchase is greater than your account balance, you can split the cost at the register, or you may submit a manual claim.

3) KEEP ALL YOUR RECEIPTS

Though the need for documentation is greatly reduced, it is a good practice to save your receipts in the rare instance documentation is requested by your administrator or in case of an IRS audit.

How long is my card valid?

As long as you do not have a break in participation, you can use your card for multiple years, until the expiration date printed on it. If you are still a participant when your card expires, a new card will be automatically mailed to you.

*Funds for groceries are provided for you under Section 139 of the IRS code which allows employers to offer tax free funds to their employees for qualified disaster relief payments. Funds must be used for reasonable and necessary personal, family or living expenses incurred as a result of the COVID-19 disaster.

Note: Any pay rate increases, work done in Nassau, Suffolk and West Chester Counties and deductions like SOH will reduce benefits.

6.

Option 1: Your Mobile Benefits App

Everything you need on our APP. Download it today and see how easy managing your health benefits can be!

Understanding Healthcare Benefits Starts with... *Hello! Hola! Bonjour! Здравствуйте!*

When your benefits begin:

Expect a phone call from our Multi-Lingual Customer Service team to welcome you and review your benefits. Our phone number, 877-290-1112, is all you need to get your questions answered. You can also connect with us through the *Patient Interactive App*.

We're here to help when you need to see a doctor, go to the pharmacy, or use your dental, vision or other benefits.

PATIENT INTERACTIVE APP: YOUR MOBILE BENEFITS HUB

Customer Service

Our Multi-Lingual team is just a click away to answer your questions.

My ID Card

An electronic version of your ID card and your benefit overview are with you at all times.

Appointments

We will remind you of your anniversary date and make your appointments for you.

Click to Call

Easy access to all of your benefits through push to call on this App.



TRUE CARE



DOWNLOAD THE APP. ITS EASY TO GET STARTED.

Visit your app store and search for "Patient Interactive" or scan the QR code. To register a new account.

- Click on "forgot password" on the login screen.
- Enter your email
- You will receive an email with a temporary password.
- Login with the temporary password.
- Once logged in you are able to set a permanent password.

Need Help?
Call Customer service at 877-290-1112
We can help download the app, confirm your Member ID, give you a tour of the app and review your benefits.



Apple iPhone



Android phones



Customer Service

(877)290-1112
Service@uhpadministrators.com
Monday-Thursday 8:30am-8pm
Friday 8:30am-8pm

7.

Option 1: Employer Mandated Physicals & Outreach Must work 1 or more hours per month

TRUE CARE

Employer Mandated Physicals – Annual Exams and outreach are all Part Of Your MEC Benefits plan.



Here are some of the following medical services provided (*Must work 1 or more hour per month)

- ✓ Physical Examination
- ✓ Drug Screening
- ✓ Chest X-ray (as necessary)
- ✓ Quantiferon-TB Gold – tuberculosis screening
- ✓ TBS test for tuberculosis
- ✓ Flu Shots

You must call your UHP Administrators Benefits Customer Service Team at 877-290-1112 to make your appointment.

Option 2 or 3: Bronze Major Medical Plan

Employee pays 8.39% per month



Summary of Benefits Emblem Health HMO Plus

EmblemHealth®

Major Cost Sharing Provisions	Participating Provider
• Plan Year Out-of-Pocket Limit	\$7,150 Individual / \$14,300 Family
• Medical Deductible	\$3,000 Individual / \$6,000 Family
• Prescription Drug Deductible	\$100 Individual / \$200 Family
• PCP Office visits	\$30 Copayment, not subject to deductible
• Specialist Office visits	\$60 Copayment, after deductible
• Hospital admission	\$500 Copayment, per admission, after deductible
• Emergency Room copay (waived if Hospital admission)	\$150 Copayment, after deductible
• Prescription drugs – 30-day supply	\$25 Tier 1 / \$50 Tier 2 / \$100 Tier 3, after deductible
• Prescription drugs – 90-day supply	\$62.50 Tier 1 / \$125 Tier 2 / \$250 Tier 3, after deductible

Inpatient Hospital Services	Participating Provider
• Hospital and physician services	Included in Hospital Admission Copay
• Semi-private room and board	Included in Hospital Admission Copay
• Operating and recovery room, intensive and special care units, general nursing care, prescribed drugs, anesthesia, X-rays, lab tests, mastectomy care, cardiac and pulmonary rehabilitation and end of life care	Included in Hospital Admission Copay
• Inpatient Habilitation Services (Physical, Speech and Occupational Therapy)	Included in Hospital Admission Copay. Limit of 30 days per plan year combined therapies
• Inpatient Rehabilitation Services (Physical, Speech and Occupational Therapy)	Included in Hospital Admission Copay. Limit of 30 days per plan year combined therapies
• Radiation therapy and chemotherapy	Included in Hospital Admission Copay
• Human organ transplants	Included in Hospital Admission Copay

Maternity And Newborn Care	Participating Provider
• Prenatal care	Covered in full
• Inpatient Hospital Services and Birthing Center	\$1,000 copayment, not subject to deductible
• Physician and Midwife Services for Delivery	Covered in full
• Breast Pump	Covered in full
• Postnatal care	Covered in full

8.

TRUE CARE



Summary of Benefits Emblem Health HMO Plus

Outpatient Medical Care	Participating Provider
<ul style="list-style-type: none"> PCP office visits 	Subject to PCP office visit copay, not subject to deductible
<ul style="list-style-type: none"> Specialist office visits 	Subject to Specialist office visit copay, after deductible
<ul style="list-style-type: none"> Preventive care, including well-child visits and immunizations, adult annual physical examinations, adult immunizations, routine gynecological services/well woman exams, mammograms, screening, and diagnostic imaging for the detection of breast cancer, sterilization procedures for women, and bone density testing. 	Covered in full
<ul style="list-style-type: none"> Laboratory Procedures, Diagnostic Testing and Radiology Services (including X-ray, X-ray therapy, lab tests, EKG's, EEG's, fluoroscopy, therapeutic radiology services) <ul style="list-style-type: none"> Performed in a PCP Office Performed in Specialist Office or as Outpatient Hospital Services 	\$30 Copayment, not subject to deductible \$60 Copayment, after deductible
<ul style="list-style-type: none"> Advanced Imaging Services (PET scans, MRI, nuclear medicine, CAT scans) 	\$60 Copayment, after deductible
<ul style="list-style-type: none"> Ambulatory surgery center facility 	\$200 Copayment, after deductible
<ul style="list-style-type: none"> Outpatient hospital surgery facility 	\$500 Copayment, after deductible
<ul style="list-style-type: none"> Preadmission testing 	No Copay, not subject to deductible
<ul style="list-style-type: none"> Second opinions on the diagnosis of cancer, surgery and other 	No Copay, not subject to deductible
<ul style="list-style-type: none"> Routine foot care 	Not covered
<ul style="list-style-type: none"> Outpatient Habilitation Services (physical therapy, occupational therapy, speech therapy) 	Subject to Specialist office visit copay, Limit of 90 visits per plan year. Combined therapies
<ul style="list-style-type: none"> Outpatient Rehabilitation Services (physical therapy, occupational therapy, speech therapy, pulmonary rehabilitation) 	Subject to Specialist office visit copay, Limit of 90 visits per plan year. Combined therapies
<ul style="list-style-type: none"> Acupuncture (up to 20 visits per plan year) 	\$20 Copayment
<ul style="list-style-type: none"> Telemedicine Program <ul style="list-style-type: none"> Provided by a Telemedicine Physician Provided by a Dietitian/Nutritionist 	Subject to PCP office visit copay, not subject to deductible

8.

TRUE CARE



Summary of Benefits Emblem Health HMO Plus

Special Kinds Of Care	Participating Provider
Urgent Care (in-network Physician or Center only)	\$75 Copayment, after deductible
Ambulance service to hospital	\$150 Copayment, after deductible
Home health care	\$60 Copayment, after deductible. Limit of 40 visits per plan year.
Hospice care	No copay, after deductible. Limit of 210 days of plan year.
Skilled Nursing Facility (including cardiac and pulmonary rehabilitation)	No copay, after deductible. Limit of 90 days of plan year.
Dialysis treatment <ul style="list-style-type: none"> Performed in PCP Office 	Subject to PCP office visit copay, not subject to deductible
<ul style="list-style-type: none"> Performed in Specialist Office, Free standing Center, or as Outpatient Hospital Services 	\$60 Copayment, after deductible
Diabetes equipment, supplies, Insulin, and education	Subject to PCP office visit copay, not subject to deductible
Chiropractic Services	Subject to Specialist office visit copay
Family Planning Services	Covered
Infertility Diagnosis and Treatment	Subject to applicable copays, 3 Cycle IVF limit
Infertility Diagnosis and Treatment	Subject to applicable copays
Dental Care	
<ul style="list-style-type: none"> General Dental Care 	Not covered
<ul style="list-style-type: none"> Preventive Dental 	Not covered
Durable Medical Equipment	Covered in full
Hearing Aids	Not covered, Cochlear implants covered
Optical Care	
<ul style="list-style-type: none"> Refractive Eye Exams 	Subject to Specialist office visit copay, after deductible
<ul style="list-style-type: none"> Eyeglasses 	Not covered

Mental Health And Alcohol And Substance Use Services	Participating Provider
Mental Health Care	
<ul style="list-style-type: none"> Inpatient 	Subject to Hospital Admission copay and deductible
<ul style="list-style-type: none"> Outpatient 	\$30 Copayment, not subject to deductible
Substance Use Services	
<ul style="list-style-type: none"> Inpatient 	Subject to Hospital Admission copay and deductible
<ul style="list-style-type: none"> Outpatient 	\$30 Copayment, not subject to deductible

¹ *Drugs are dispensed in accordance with Emblem Health's Drug Formulary. Please refer to your Prescription Drug Rider for details. Except for emergency care, the above benefits and services are covered only when provided or referred by an Emblem Health Primary Care Physician and/or approved in advance by the Emblem Health Care Management Program. Emblem Health Participating Physicians and Providers have contracted with HIP to provide care to our members; they are not employees, agents, servants, or representatives of Emblem Health. This summary is provided for information only; it does not contain complete details of the Plan which are available only in the Contract or Certificate of Coverage and Schedule of Benefits, and it does not constitute an Agreement.*

9.

MEMBER SUPPORT AND BENEFIT QUESTIONS:

UHP ADMINISTRATORS

1662 61st Street
Brooklyn, NY, 11204
(877) 290-1112



MEDICAL CLAIMS MAILING ADDRESS

MagnaCare
P.O. Box 1001
Garden City, NY 11530



FIND MAGNACARE PROVIDERS

(800) 235-7267

PRESCRIPTION BENEFITS

MagellanRx Management
(800) 424-0472



DEBIT CARD BENEFITS

FLEX FACTS Customer Service
(877) 94-FACTS (32287)



LIFE INSURANCE

Sun Life Financial Customer Service
(800)247-6875
8:00 a.m. to 8:00 p.m. ET, Monday through Friday



Your Benefits Guide and enrollment Form can be found at documents.wageparity.com or by using this QR code



STOP SEXUAL HARASSMENT ACT NOTICE

All employers are required to provide written notice of employees' rights under the Human Rights Law both in the form of a displayed poster **and** as an information sheet distributed to individual employees at the time of hire. This document satisfies the poster requirement.

The NYC Human Rights Law

The NYC Human Rights Law, one of the strongest anti-discrimination laws in the nation, protects all individuals against discrimination based on gender, which includes sexual harassment in the workplace, in housing, and in public accommodations like stores and restaurants. Violators can be held accountable with civil penalties of up to \$250,000 in the case of a willful violation. The Commission can also assess emotional distress damages and other remedies to the victim, require the violator to undergo training, and mandate other remedies such as community service.

Sexual Harassment Under the Law

Sexual harassment, a form of gender-based discrimination, is unwelcome verbal or physical behavior based on a person's gender.

Some Examples of Sexual Harassment

- unwelcome or inappropriate touching of employees or customers
- threatening or engaging in adverse action after someone refuses a sexual advance
- making lewd or sexual comments about an individual's appearance, body, or style of dress
- conditioning promotions or other opportunities on sexual favors
- displaying pornographic images, cartoons, or graffiti on computers, emails, cell phones, bulletin boards, etc.
- making sexist remarks or derogatory comments based on gender

Retaliation Is Prohibited Under the Law

It is a violation of the law for an employer to take action against you because you oppose or speak

out against sexual harassment in the workplace. The NYC Human Rights Law prohibits employers from retaliating or discriminating "in any manner against any person" because that person opposed an unlawful discriminatory practice. Retaliation can manifest through direct actions, such as demotions or terminations, or more subtle behavior, such as an increased work load or being transferred to a less desirable location. The NYC Human Rights Law protects individuals against retaliation who have a good faith belief that their employer's conduct is illegal, even if it turns out that they were mistaken.

Report Sexual Harassment

If you have witnessed or experienced sexual harassment inform a manager, the equal employment opportunity officer at your workplace, or human resources as soon as possible.

Report sexual harassment to the NYC Commission on Human Rights. Call 212-416-0197 or visit NYC.gov/HumanRights to learn how to file a complaint or report discrimination. You can file a complaint anonymously.

State and Federal Government Resources

Sexual harassment is also unlawful under state and federal law, where statutes of limitations vary.

To file a complaint with the New York State Division of Human Rights, please visit the Division's website at www.dhr.ny.gov.

To file a charge with the U.S. Equal Employment Opportunity Commission (EEOC), please visit the EEOC's website at www.eeoc.gov.

AVISO SOBRE LA LEY PARA DETENER EL ACOSO SEXUAL

Todos los empleadores deben proporcionar un aviso por escrito sobre los derechos de los empleados de conformidad con la Ley de Derechos Humanos de la Ciudad de Nueva York mediante un afiche exhibido y una hoja de información distribuida a cada empleado en el momento de la contratación. Este documento cumple con el requisito del afiche.

La Ley de Derechos Humanos de la Ciudad de Nueva York

La Ley de Derechos Humanos de la Ciudad de Nueva York, una de las leyes más rigurosas contra la discriminación del país, protege a todas las personas contra la discriminación debido al género, lo que incluye el acoso sexual en el lugar de trabajo, la vivienda y espacios públicos, como tiendas y restaurantes. Quienes infrinjan esta ley pueden ser responsables de sanciones civiles de hasta \$250,000 en el caso de una infracción intencionada. La Comisión también puede evaluar concederle a la víctima una indemnización por daños y perjuicios debido a angustia emocional y otros recursos, exigirle al infractor asistir a una capacitación y ordenar otras medidas, como servicio comunitario.

El Acoso Sexual Según la Ley

El acoso sexual, una forma de discriminación en función del género, es el comportamiento físico o verbal no deseado en relación con el género de una persona.

Algunos Ejemplos de Acoso Sexual

- Tocar a los empleados o clientes de manera inapropiada.
- Amenazar o actuar de manera adversa luego de que una persona rechaza una insinuación sexual.
- Hacer comentarios lascivos o sexuales sobre el aspecto, cuerpo o la forma de vestir de una persona.
- Condicionar ascensos u otras oportunidades en función de favores sexuales.
- Mostrar imágenes, dibujos o grafitis pornográficos en computadoras, correos electrónicos, teléfonos celulares, tableros de anuncios, etc.
- Hacer comentarios sexistas o despectivos en función del género.

La Ley Prohíbe Represalias

Es contrario a la ley que un empleador tome medidas en su contra por oponerse o expresarse en contra del acoso sexual en el lugar de trabajo. La Ley de Derechos Humanos de la Ciudad de Nueva York prohíbe a los empleadores tomar represalias o discriminar “de cualquier forma a una persona” por oponerse a una práctica discriminatoria ilegal. Las represalias pueden manifestarse a través de acciones directas, como descensos o despidos, o a través de comportamientos más sutiles, como un aumento en la carga de trabajo o la transferencia a un lugar menos deseable. La Ley de Derechos Humanos de la Ciudad de Nueva York protege contra las represalias a las personas que creen de buena fe que el comportamiento de su empleador es ilegal, incluso si resultan estar equivocadas.

Denuncie el Acoso Sexual

Si cree que es víctima de acoso sexual, infórmele lo antes posible a un gerente, al representante de igualdad de oportunidades laborales de su lugar de trabajo o al Departamento de Recursos Humanos.

Denuncie el acoso sexual ante la Comisión de Derechos Humanos de la Ciudad de Nueva York. Llame al 212-416-0197 o visite NYC.gov/HumanRights para saber cómo presentar una queja o denunciar un acto de discriminación. Usted puede presentar una queja de forma anónima.

Recursos del Gobierno Estatal y Federal

El acoso sexual también es ilegal en virtud de la ley estatal y federal.

Para presentar una queja ante la División de Derechos Humanos del Estado de Nueva York, visite el sitio web de la División en **www.dhr.ny.gov**.

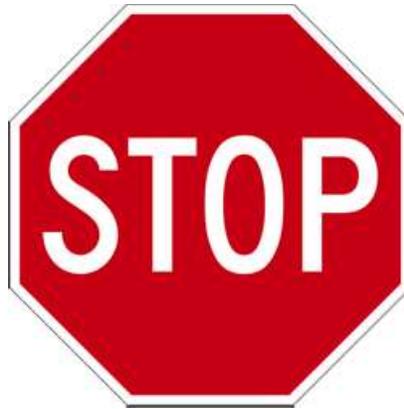
Para presentar cargos ante la Comisión para la Igualdad de Oportunidades en el Empleo (EEOC) de los EE. UU., visite el sitio web de la EEOC en **www.eeoc.gov**.

FOR AIDES PERFORMING LIVE-IN SHIFTS

As noted in the Work Schedule Form you executed during **[ONBOARDING/IN-SERVICE/OTHER TRAINING]**, all Home Health/Personal Care Aides performing a “Live-in Shift” (defined as a work schedule where the Aide is required to be on a client’s premises for twenty-four (24) hours, but only required to work for thirteen (13) hours of those twenty-four (24)), are entitled to:

- Three (3) hours for meal breaks per Live-in Shift;
- Eight (8) hours for sleep breaks per Live-in Shift, at least five (5) hours of which must be interrupted.

Thus prior to clocking out and leaving a Live-in Shift, please



And assess! **Did you receive 3 hours of meal breaks? Did you receive 8 hours of sleep breaks, with 5 hours uninterrupted?**

If you did not, please immediately contact **[COORDINATOR/PAYROLL/HR]**, so that True Care can ensure you are accurately paid for all hours worked during your shift.

If you do **not** inform **[COORDINATOR/PAYROLL/HR]**, then True Care will conclude you received all breaks and compensation to which you are entitled.

Please also note, it is True Care’s expectation you will be able to perform all duties required of you within the thirteen (13) hours you are expected to work. Thus, repeated work beyond these thirteen (13) hours without first receiving prior approval from authorized managerial personnel will be reviewed by True Care for further action.

By signing below, you acknowledge receipt of this memorandum and further acknowledge that you understand your obligations as set forth above.

UNDERSTOOD, ACKNOWLEDGED AND RECEIVED

Print Name: _____

Date: _____