

SALUS REHABILITATION BENEFITS 2008

Benefits	Eligibility	Enrollment	Effective Date	Contact
OPEN ACCESS Medical Plans				
<p>Open Access Plus In-Network –Value Plan</p> <ul style="list-style-type: none"> • Deductible: \$600 and./ \$1,800 family, family; max out of pocket \$3,500 and ./ \$10,5000 family. • Physician Visit: \$30 co-pay, no charge if only x-ray and/or lab services. Specialist Visit: \$45 co-pay, no charge if only x-ray and/or lab services. • Pediatric Immunizations: no charge. • Maternity: If doctor is listed as a PCP in the provider directory, you will pay \$30 copay. If listed as a specialist, you will pay \$45 for the initial visit. Subsequent visits included in the total maternity fee are no charge. Delivery is \$300 copay per day up to 5 days, plus 20% and deductible. • Hospital Inpatient: \$300 copay per day up to 5 days, plus 20% of charges and deductible. • Outpatient: \$250 copay, plus 20%. • Rx Retail (30-day supply): Subject to a \$50.00 calendar year deductible then Generic-\$12 co-pay, Brand Name (with no generic equivalent for 30-day supply). -35% with \$75 max. copay per script/refill. Brand Name (with generic equivalent for a 30-day supply)- 55% with \$100 max. copay per script/refill. Mail order (up to 90-day supply): Generic-\$25 copay, Brand Name (with no generic equivalent for 90-day supply) 35% with max. copay \$150, Brand Name (with generic equivalent for 90-day supply)-55% with \$200 max copay. 	<p>Full Time Employees Only (After initial enrollment, benefit year is January through December)</p>	<p>New Hire, Annual Enrollment and Qualifying Event</p>	<p>1st of the month after 30 days of employment</p>	<p>Cigna Healthcare 1-800-244-6224 www.cigna.com</p>
<p>Open Access Plus- Basic Plan</p> <ul style="list-style-type: none"> • Deductible: In-network \$750 and./ \$2,250. family, Out-of-network \$1,000 and./ \$3,000 family; max out of pocket In-network(excluding deductible) \$4,000 and./ \$12,000.family, Out-of-Network (excluding plan deductible \$6,000 and./ \$18,000 family. • Physician Visit In-Network: \$30 co-pay, Out-of-Network: 50% and subject to the deductible and reasonable & customary charges.In-Network: \$45 co-pay, Out-of-Network 50%and subject to the deductible and reasonable and customary charges. • Pediatric Immunizations: In-Network: no charge, not covered Out-of-network: covered in-network only. • Maternity: In-network if doctor is listed as a PCP in the provider directory, \$30 copay. If doctor is listed as a specialist, then \$45 copay . Delivery is \$300 copay up to 5 days, plus 20% and deductible. Out-of-network \$500 copayment per day up to 5 days per admission plus 50% of charges and subject to the deductible.--. • Hospital Inpatient: In-network-\$300 copay plus 20%plus deductible. Out-of-network-\$500 co-payment plus 50% of charges and subject to the deductible... • Outpatient: In-network- \$250 copay plus 20% of charges. Out-network-\$500 co-payment plus 50% of charges subject to reasonable and customary .. • Rx retail (30day supply): All payments after pharmacy deductible of \$50 per individual/none per family. In-network- Generic \$12 copay, Brand name (no generic) 35% with \$75 max. copay. Brand name (with generic)-55% with \$100 max copay. Out-network-50% of charges. Out-Network- 50% of charges for all drugs. Mail order is In-Network only (90-day supply)- Generic-\$25 copay, Brand (with no generic equal) 35% with \$150 max. copay. Brand (with generic equal)-55% with \$200 max. copay. 	<p>Full Time Employees Only (After initial enrollment, benefit year is January through December)</p>	<p>New Hire, Annual Enrollment and Qualifying Event</p>	<p>1st of the month after 30 days of employment</p>	<p>Cigna Healthcare 1-800-244-6224 www.cigna.com</p>
Vision and Dental				
<p>VSP Vision Plan</p> <ul style="list-style-type: none"> • One free exam every 12 months. • Prescription glasses-lenses covered in full every 12 months. Frames up to \$120 every 24 months. Plus, 20% off any out-of-pocket costs. OR, when choosing contacts instead of glasses, \$120 applies to contact cost and exam fitting. <p>Out of Network</p> <ul style="list-style-type: none"> • Full payment required at time of visit with partial reimbursement. The reimbursement schedule is: Exam-up to \$40. Lenses: Single vision-up to \$31, lined bifocal-up to \$47, lined trifocal, up to \$61, frame-up to \$45 and contacts-up to \$105. 	<p>Full-time and Part-Time Employees Only (After initial enrollment, benefit year is January through December)</p>	<p>New Hire, Annual Enrollment and Qualifying Event</p>	<p>1st of month after 30 days of employment</p>	<p>VSP 800-877-7195</p>

<p>Cigna Dental</p> <ul style="list-style-type: none"> • Calendar Year maximum (Class I, II & III expenses)- \$1,000. Same of In and Out-Network. • Annual Deductible (Class II & III)- \$35 Indiv./&70 per Family. Same for In and Out-Network (Out of Network is subject to reasonable and customary charges) • In-Network- Reimbursement Levels- Based on reduced contracted fees. Out-Network- 80th percentile of reasonable and customary allowances. • In and Out-Network Class I-Preventative & Diagnostic Care includes 100% coverage for: two oral exams per year, two routine cleanings per year, two bitewing x-ray per year, one panoramic x-ray every three years, one fluoride application per year (under age 19), Sealants (posterior teeth only and one treatment per tooth every three years), space maintainers (non-orthodontic treatment). • In and Out-Network Class II-Basic Restorative Care includes 80% coverage for: Fillings, Root Canal Therapy, Osseous Surgery, Periodontal Scaling and Root Planing, Denture Adjustments and repairs, Oral Surgery (simple extractions), Anesthetics, Surgical extractions of impacted teeth, Repairs to bridges, crowns and Inlays. • In and Out-Network Class III Major Restorative Care includes 50% coverage for: Crowns, Dentures, Bridges • In and Out-Network Class IV Orthodontia for employees and dependents is 50% coverage with lifetime max. of \$1000. 	<p>Full-time and Part-Time Employees Only</p> <p>(After initial enrollment, benefit year is January through December)</p>	<p>New Hire, Annual Enrollment, Qualifying Event</p>	<p>1st of month after 30 days of employment</p>	<p>Cigna Healthcare 1-800-244-6224 www.cigna.com</p>
Additional Voluntary Plans				
Group Term Life Insurance:	Full-time and Part-Time Employees Only	New Hire, Annual Enrollment, Qualifying Event	1 st of month after 30 days of employment	Colonial Life
AD&D Insurance:	Full-time and Part-Time Employees Only	New Hire, Annual Enrollment, Qualifying Event	1 st of month after 30 days of employment	Colonial Life
Short Term Disability:	Full-time and Part-Time Employees Only	New Hire, Annual Enrollment, Qualifying Event	1 st of month after 30 days of employment	Colonial Life
Long Term Disability:	Full-time and Part-Time Employees Only	New Hire, Annual Enrollment, Qualifying Event	1 st of month after 30 days of employment	UNUM Provident
401(k) Retirement Savings Plan: save 1% to 25% of your eligible earnings up to a maximum annual contribution equal to IRS Regulation of \$15500. Choose from a variety of investment option, online management of your investments, automatic account rebalancing.	All employees eligible	Available following 90-days of employment.	1 st of month after 90 days of employment	Scudder
Additional Services				
Life and AD&D: One-times annual salary for basic life insurance. \$25,000 of AD&D coverage at no cost to employee.	Full-Time Only	No enrollment	1 st of month after 30 days of employment	ING
Flex Spending Accounts: Dependent and Medical spending accounts will be available.	Full-time and Part-Time Employees Only	New Hire, Annual Enrollment, Qualifying Event	1 st of month after 30 days of employment	Cigna Healthcare 1-800-244-6224 www.cigna.com
Continuing Education: \$500 for full-time and part-time employees, \$1000 for managers. \$300 for licensure renewal and affiliation memberships.	Full-Time and Part-Time Employees Only Benefit year is January through December	No Enrollment	Available following 90-days of employment.	
Paid Time Off (PTO): 0-2 years: 23 days per year (.0884 accrual per hour worked) , 3-4 years: 25 days per year (.0961 accrual per hours worked), 5-8 years: 28 days (.1076 accrual per hours worked) 9 or more years: 32 days per year (.1230 accrual per hours worked). Accrual begins first day of employment, employee may begin using the time accrued after 90-days of employment. Can carry-over up to 80-hours per anniversary year. One time per year (first of Nov.), 40 hours of PTO may be cashed out.	Full-Time and Part-Time Employees Only	No Enrollment	After 90 days of employment	

Contact Laura Nobles at 866-400-4557 lnobles@salusrehab.com