

## Rehab Associates Benefits at a Glance

We understand the importance of healthcare and recognize the significant costs associated with healthcare and other insurance expenses for you and your family. As part of our continuing effort to provide you with affordable quality health and benefit programs, we are pleased to offer the following comprehensive employee benefits package:

Plan Options/Choices Available to Employee	Coverage Summary	Biweekly Premiums
Medical Benefits (BlueCross Blue Choice PPO Network)	Three PPO plan options ranging from \$1,000 individual/\$2,000 family deductible, 20% coinsurance, and \$30 copay to \$2,500 individual/\$5,000 family deductible, 20% coinsurance, and \$40 copay. One High Deductible Plan with HSA option	Employee Only Premiums range from \$31.98 - \$151.15 Spouse, Children, Family rates upon request
Dental Benefits (Blue Care Dental PPO)	Annual \$75 Individual/\$225 Family deductible Annual Benefit maximum: \$2,000 Preventive 100%; Basic 80%; Major 50% covered	Employee Only Premium: \$15.65 Spouse, Children, Family rates upon request
Vision Benefits (EyeMed)	Comprehensive Exam: \$10 copay in network Standard Lenses/Contacts covered in full Frames up to \$130 every 24 months	Employee Only Premium: \$3.96 Spouse, Children, Family rates upon request
Group Life and Accidental Death and Dismemberment (MetLife)	Benefit equal to one times employee's annual salary.	100% paid by Employer
Optional Life and Accidental Death and Dismemberment (MetLife)	Employee Coverage in increments of \$10,000 up to lesser of \$300,000 or 5 times annual salary. Spouse and Dependent child coverage available too.	Rates available upon request
Voluntary Short-Term Disability (MetLife)	After a 14 day waiting period, 60% of earnings up to \$1,000 per week and covered up to the first 13 weeks of disability	Rates available upon request
Long-Term Disability (MetLife)	After 90 day waiting period, 60% of earnings up to \$10,000 per month.	100% paid by Employer
Flexible Spending Accounts (Health and Dependent Care)	Annual maximum for health care account is \$2,750 Annual maximum for dependent care account is \$5,000	Based on amount elected
401(k) Savings Plan (T. Rowe Price)	Employer makes discretionary matching contributions of 50% of the first 6% of compensation you choose to defer	Deferred amount is deducted pre-tax from paycheck
Paid Time Off (For new hires, allotment is received after 90-day introductory period. Thereafter, allotted on an anniversary basis)	Regular Full Time (40 hours per week): 90 days – 104 hours (13 days) 1 <sup>st</sup> anniversary – 135 hours (17 days) 5 <sup>th</sup> anniversary – 176 hours (22 days) 11 <sup>th</sup> anniversary – 216 hours (27 days) 40 hours of PTO may be carried over from prior year	N/A
Holidays	New Year's Day    Memorial Day 4 <sup>th</sup> of July        Labor Day Thanksgiving Day    Christmas Day ½ days Christmas Eve & New Year's Eve	N/A

Employees are eligible to enroll in benefits following 30 days of employment if full-time or part-time regularly scheduled to work at least 30 hours per week  
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