



Infinity Rehab Benefit Plans

April 1, 2026—June 30, 2026



TABLE OF CONTENTS

Information	3
Who is Eligible?	3
When Does Coverage Begin?	3
Online Enrollment	3
How Do I Enroll or Make Changes?	3
How Do I Waive Coverage?	3
Medical	4
Medical Plans: Understanding the Difference.....	4
Medical Plans.....	5
Prescription Drug Plans	6
Medical Comparisons	7
Health Savings Tips.....	8
Health Savings Account (HSA)	9
Using your HSA.....	10
Dental	11
Dental Plan	11
Vision	12
Vision Benefit Plan	12
Years of Employment and Category Providers	13
Years of Service Definition	13
Category Providers	13
Contributions	14
Employee Medical Contributions.....	14
Employee Dental and Vision Contributions.....	15
Flexible Spending Accounts (FSA)	16
FSA Medical.....	16
FSA Dependent	16
Other Benefits	17
Retirement - 401(k) Plan	17
Employee Assistance Program (EAP)	17
Time Off Benefits	18
Continuing Education	19
Basic Life & Supplemental Life	20
Term Life and AD&D.....	20
Supplemental Term Life Insurance and AD&D	20
Voluntary	21
Short-term Disability.....	21
Long-term Disability	22
Critical Illness and Accident.....	23
Contacts	24
Important Notices	25

INFORMATION

Important Information

Who is Eligible?

All full-time employees (working at least 30 hours per week) are offered Medical, Prescription, Dental, Flexible Spending Accounts, Basic Employer-Paid and Voluntary Life and Accidental Death and Dismemberment, Voluntary Vision, Voluntary Short- and Long-term Disability, Voluntary Accident and Critical Illness, an Employee Assistance Program, Paid Time Off and Continuing Education benefits.

We offer part-time employees (working at least 20 hours on a continuing basis) Medical, Prescription, Dental, Voluntary Life and Accidental Death and Dismemberment, Voluntary Accident and Critical Illness, Voluntary Vision, Voluntary Short- and Long-term Disability, an Employee Assistance Program, Paid Time Off and Continuing Education benefits.

All employees are eligible to participate in the 401 (k) plan on the first of the month following date of hire.

Medical, Prescription, and Dental coverage is offered to employees, their legal spouse, same-sex domestic partners and their dependent children. Adult children are eligible for coverage up to age 26, regardless of marital status, student status, or financial dependency.

When Does Coverage Begin?

Coverage for most Infinity Rehab benefit plans begins on the first of the month following date of hire. Variable hour employees are evaluated using a 6-month look back period to determine benefit eligibility. Contact the benefits team for more information. The voluntary life insurance plans become effective on the date of approval.

Online enrollment

We offer a web-based enrollment via our Payroll/HRIS, Paycom.

How Do I Enroll or Make Changes?

To initially enroll, you must complete the online enrollment process to activate most coverage. Your online enrollment must be completed within 31 days of your hire date or a qualifying event*.

*Qualifying Event = marriage, divorce, death of a spouse or child, birth or adoption of a child, change in your employment status or that of your spouse, etc.

How Do I Waive Coverage?

If you wish to waive Medical or Dental benefits at time of initial eligibility, you still must complete the online enrollment process for your declination of a benefit. If you wish to waive Medical or Dental benefits during annual Open Enrollment, you must make this election online.



Medical Plans: Understanding the Difference

High Deductible Health Plan (HDHP) VS. PPO

Having different types of health plans to choose from can create confusion when it comes time to decide which plan is best for you and your family. Here is a comparison of the two types of plans.

	HDHP	PPO Plan
Annual Deductible	Applies to all expenses (medical and prescriptions)	Applies to hospital services, radiology and lab services performed outside of a doctor's office; does not include copays
Annual Out-of-Pocket Maximum (OOP)	Includes all deductible expenses; once OOP reached, the plan pays all eligible expenses at 100% (medical and prescriptions), as long as you stay in network	Includes all medical deductible and co-pay expenses; once OOP reached, the plan pays all medical expenses at 100%, as long as you stay in network
Set Copayment Amount	No Copays	Copays apply for doctor's office visits and prescription drugs
PPO Network	Preferred Network	Preferred Network
Out-of-Network Coverage	√	√
Preventive Care Coverage	Covered in full at In-Network providers	Covered in full at In-Network providers
Health Savings Account(HSA)	You can contribute to an account pre-tax	Not eligible per IRS guidelines
Premium Amount	Lower paycheck cost; higher Out-of-Pocket at the time of service	Higher paycheck cost; lower Out-of-Pocket cost at the time of service

MEDICAL PLANS

Medical Plan Benefits—Regence Group Administrators

	HDHP/HSA: Base Plan		HDHP/HSA: Buy-Up Plan		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Individual	\$3,500		\$2,000		\$2,000	
Individual + 1 dependent	\$5,500		\$3,400		N/A	
Family	\$7,000		\$6,000		\$6,000	
Out of Pocket Maximums*						
Individual	\$7,500		\$6,000		\$6,000	\$12,000
Family <i>(includes deductible & copays)</i>	\$15,000		\$15,000		\$18,000	\$36,000
Preventive Care Office Visits	No charge**	60%	No charge**	60%	No charge**	40%
Immunizations	No charge**	60%	No charge**	60%	No charge**	40%
Well Baby Care	No charge**	60%	No charge**	60%	No charge**	40%
Annual Women's Exam	No charge**	60%	No charge**	60%	No charge**	40%
Office Visits (illness or injury) Primary Care & Urgent Care	30%	60%	20%	60%	\$20 copay**	40%
Office Visits (illness or injury) – Specialist	30%	60%	20%	60%	\$40 copay**	40%
MDLive—Telehealth (phone/ video visits)	30%	Not covered	20%	Not covered	\$20 copay	Not covered
Diagnostic Test (X-Ray, Blood Work)	30%	60%	20%	60%	20% DW for first \$500 of services	40%
Outpatient Surgery	30%	60%	20%	60%	20%	40%
Inpatient Hospital Stay	30%	60%	20%	60%	20%	40%
Emergency Room	30% after \$400 copay (copay waived if admitted)		20% after \$400 copay (copay waived if admitted)		20% after \$400 copay (copay waived if admitted)	
Ambulance	30%	60%	20%	60%	30%	30%
Maternity Care	30%	60%	20%	60%	20%	40%
Massage, Acupuncture, Chiropractic & Naturopath (35 visit annual max)	30%	30%	20%	20%	\$20 copay**	

*Per calendar year
**Deductible waived

Questions? Call RGA Customer Service at
1-866-738-3924 or visit <https://or.accessrga.com/>



PRESCRIPTION PLANS

The prescription drug plans are managed by Express Scripts and utilize a large network of participating pharmacies and convenient home delivery services.



Prescription Benefit—PPO	Express Scripts Prescription Plan - PPO
	Participating Pharmacies Only
	Member Responsibility
Pharmacy (30-day supply) Generic \$15 Preferred Brand \$30 Non-Preferred Brand \$75 Specialty Drugs \$150 for first fill, then applicable copay.	
Mail Order (90-day supply) Generic \$45 Preferred Brand \$90 Non-Preferred Brand \$225 Specialty Drugs \$150 deductible for first fill, then applicable copay.	
Self-Administered Chemotherapy Medications (including oral chemotherapy medications) Generic \$10 Preferred Brand \$50 Non-Preferred brand medications \$100	
Prescription Benefit: HDHP/HSA	Express Scripts Prescription Plan - HDHP/HSA
	Participating Pharmacies Only
	Member Responsibility
Pharmacy (30-day supply) Generic 20% coinsurance after HDHP/HSA medical deductible Preferred Brand 20% coinsurance after HDHP/HSA medical deductible Non-Preferred Brand 20% coinsurance after HDHP/HSA medical deductible Specialty Drugs After meeting HDHP/HSA medical deductible, pay \$150 deductible + 20% coinsurance for first fill, then 20% coinsurance thereafter	
Mail Order (90-day supply) Generic 20% coinsurance after HDHP/HSA medical deductible Preferred Brand 20% coinsurance after HDHP/HSA medical deductible Non-Preferred Brand 20% coinsurance after HDHP/HSA medical deductible	
Self-Administered Chemotherapy Medications (including oral chemotherapy medications) Generic 20% coinsurance after HDHP/HSA medical deductible Preferred Brand 20% coinsurance after HDHP/HSA medical deductible Non-Preferred brand medications 20% coinsurance after HDHP/HSA medical deductible	



Questions? Call Express Scripts
 Customer Service at 1-800-334-8134
 or visit Express-scripts.com.

Medical Benefits Comparison

WHICH PLAN IS BEST FOR YOU?

The answer depends on how you prefer to pay for your health care, as well as how many health care services you expect you might need in a given plan year.

- Would you rather pay more up front in contributions in order to have a lower deductible and a lower Out-of-Pocket maximum?
Choose the HDHP— Buy Up plan
- Would you rather pay less up front in contributions in order to have a higher deductible and a higher Out-of-Pocket maximum?
Choose the HDHP—Base plan
- Would you rather pay more up front in contributions in order to have copays for office visits and prescriptions?
Choose the PPO Plan

How Does the Medical Plan Work?

Sue has employee only coverage and had shoulder surgery. Here is her total out of pocket expense for her surgery for each medical plan. If Sue has a health savings account where she contributes tax free dollars, she could use that money to pay for her medical expenses.

	HDHP — Base Plan Employee Only
Hospital and surgery charges totaling \$6,000	\$3,500 deductible + \$750 (30% coinsurance of remaining \$2,500 in charges). \$4,250 will apply toward your Out-of-Pocket (OOP) maximum
Prescription Cost (2 Generic & 3 Preferred Brand Name)	\$350 (30% coinsurance after deductible is met)
Total Medical Expense	\$4,250 for surgery and \$350 for Rx=\$4,600

	HDHP—Buy Up Plan Employee Only
Hospital and surgery charges totaling \$6,000	\$2,000 deductible + \$800 (20% coinsurance of remaining \$4,000 in charges). \$2,800 will apply toward your OOP maximum
Prescription Cost (2 Generic & 3 Preferred Brand Name)	\$233 (20% coinsurance after deductible is met)
Total Medical Expense	\$2,800 for surgery and \$233 for Rx = \$3,033.

	PPO Plan Employee Only
Hospital and surgery charges totaling \$6,000	\$2,000 deductible plus 20% (\$800). \$2,800 will apply towards your OOP maximum.
Prescription Cost (2 Generic & 3 Preferred Brand Name)	\$120 in copays
Total Medical Expense	\$2,800 for surgery and \$120 for Rx = \$2,920.

Using your High Deductible Health Plans

As long as you stay in the Preferred Network with your medical care providers, facilities, and pharmacies,* you will receive network discounts on your services or prescriptions.

For example: you go to your primary care provider outside of an annual wellness checkup. You pay nothing at the time of your visit and when you receive your Explanation of Benefits from RGA it will outline the cost of your visit minus any RGA discounts and the amount you owe which is also the amount that will be applied to your deductible.

Example:

Office Visit: \$100

Minus RGA Discount: \$30

Your amount owed is \$70 and will be applied to your deductible

*Prescriptions-pharmacies already know what the discounts will be when you pick up your prescription.

Health Savings Tips

Stretching your Healthcare Dollar

As healthcare costs continue to rise, it is increasingly important that you take an active role in decisions about your health, the care you receive and your benefits. Here are some tips to help get you the most for your money.

CHOOSE A PRIMARY CARE PHYSICIAN

Selecting a primary care physician is one of the best things you can do for your health. This person knows your health history and schedules routine screening tests that frequently help prevent and detect diseases, such as heart disease, cancer, and diabetes. Your PCP can provide necessary medical advice and identify health concerns before they become a major issue.

DON'T SKIP PREVENTIVE CARE

Be sure you and your dependents gets routine checkups and vaccines as needed, both of which can prevent medical problems (and bills) down the road. Preventive screenings recommended help detect health conditions early.

LIVE A HEALTHY LIFESTYLE

Focus on eating nutritiously, cutting down on fast food and getting more physical exercise. Take advantage of tobacco cessation programs. Take a walk at lunch to manage stress. Striving toward a healthier lifestyle and maintaining a healthy weight can drastically reduce future medical conditions and diseases.

STAY IN-NETWORK

In-network providers have a contract with the health insurance company to provide services at reduced rates. In most cases, if you visit a physician or other provider within the network, the amount you will be responsible for paying will be less than if you go to an out-of-network provider.

PRICE COMPARE PRESCRIPTIONS

Ask your provider for the generic version of a prescription. If you order your maintenance medications in bulk (90-day supply) through mail order, search for the least expensive pharmacy option near you, or check to ensure prescribed medications are on the plan's formulary list.

USE THE PLAN'S TOOLS & RESOURCES

Many health plans provide access to free disease management programs for chronic conditions like asthma, diabetes and heart disease. These programs can help you stay healthy and manage your condition and can possibly save you money in the long run. Look for other available resources or programs that are designed to prevent illness and lower health costs over the long run.

HSAs—AN EASY WIN!

How an HSA Works

If you enroll in the HDHP Medical Plan, you also have the option to contribute to a Health Savings Account (HSA). The HSA allows you to save for current and future qualified health care expenses. If you enroll in the HDHP Medical Plan, a Health Savings Account (HSA) will be opened for you through HealthEquity. You can contribute pre-tax dollars to help save for current and future qualified health care expenses.

Advantages of an HSA Plan

The biggest advantage to this type of plan is having a Health Savings Account (HSA). An HSA is a tax-advantaged money-saving account that you can use to save for current and future qualified health care expenses.

An HSA is known as the “triple crown” of tax shelters. The tax benefits include:

- 1) Providing an upfront tax deduction on your contribution
- 2) No taxes on any earnings
- 3) Tax-free withdrawal when you use it to pay for qualified Out-of-Pocket expenses (medical, dental and vision expenses, including deductibles and coinsurance)

Other benefits of contributing to an HSA include:

- No “use it or lose it” policy: Your remaining balance rolls over from year to year
- Use it now: You can use your HSA funds at any time to cover qualified expenses not covered by the medical plan, including medical, dental, vision and prescription drug expenses.
- Save for later: You can let the funds in your account grow, which means you can save the money for future qualified health care expenses, including those incurred in retirement
- Account growth: Once your account reaches a certain balance, you have the option to invest in a variety of mutual funds.



HSA Funds

Funds can be deposited into an HSA by you and your employer. **INFINITY REHAB will contribute up to \$1,500 per year into your HSA if you are enrolled in the HDHP Base Plan (\$125/month). If you are enrolled in the HDHP Buy Up plan, you will receive \$600 per year towards the HSA plan (\$50 per month).**

You may also contribute to your HSA via pre-tax payroll contributions that are deducted from your paycheck. Total contributions cannot exceed the annual plan limits of \$4,400 for an individual and \$8,750 for a family in 2026.

Note: Due to IRS regulations, you cannot have both a Traditional Medical Flexible Spending Account and a Health Savings Account at the same time. If you have Medical Flexible Spending Account (FSA) funds available through your spouse or domestic partner, you are not eligible to contribute to or accept funds for an HSA account.

Questions? Call HealthEquity at
1-866-346-5800 or visit [healthequity.com](https://www.healthequity.com)

Using your Health Savings Account (HSA)

How to use your HSA money

You decide when to spend money from your HSA. If you pay Out-of-Pocket for an eligible medical expense, you can choose to not reimburse yourself and let the money in your HSA build up, or you can reimburse yourself for the expense from your HSA.

If you use your HSA to spend money for expenses that are not eligible, you will pay 20% penalty plus income tax on the amount you spent. Once you turn 65, you may use your HSA money for any expense, medical or not, but you will pay income taxes on those non-medical expenses, but there is no penalty. To view the full list of eligible expenses, visit www.irs.gov/publications and refer to Publication 969.

Note: It is your responsibility to familiarize yourself with IRS regulations on HSAs and maintain records of all transactions pertaining to your HSA for audit purpose.

Eligible Expenses

The money in your HSA must be used for eligible medical, dental, vision, and prescription drug expenses. In general, eligible expenses are those that qualify toward the deductibles, copays, and coinsurance with your health plan. If you use money for a dental, vision, or medical expense that is not covered by that medical plan it is important you understand your medical plan deductible still needs to be met if an expense is incurred.

HSA Maximum 2026 Contribution Limits	
Employee Only	\$4,400
Employee + Dependent(s)	\$8,750
55+ Catch-up	\$1,000



PORTABILITY	FLEXIBILITY	TAX SAVINGS	PREMIUM SAVINGS
<ul style="list-style-type: none"> You own 100% of the deposited funds, meaning if you change employers or retire, you do not lose the money in the account. 	<ul style="list-style-type: none"> You can choose to spend the money on current medical expenses, or you can save your money for future use. Any unused funds will automatically roll over to the following year as there is no "use it or lose it" provision. 	<ul style="list-style-type: none"> Contributions are tax free (pre-tax through payroll deductions or tax deductible). Earnings are tax free. Funds withdrawn for eligible medical expenses are tax free. 	<ul style="list-style-type: none"> By choosing the HDHP available, your payroll premium cost is lower than the traditional PPO plan.

DENTAL PLAN

The dental plan is now administered by Lincoln Financial and allows you to see any dental provider. However, if you choose a dentist who does not participate in the Lincoln Financial network, your Out-of-Pocket expenses may be more.



Dental Plan Benefit	Lincoln Financial Dental Plan	
	In-Network Providers	Out-of-Network Providers
Calendar Year Maximum per Person	\$2,250	
Orthodontia Lifetime Maximum	\$2,000	
Individual Deductible (Per Calendar Year)	\$50	
Family Deductible (Per Calendar Year)	\$150	
	Plan Pays	
Preventive Services	100% (deductible waived)	80% (deductible waived)
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia*	50%	50%
Claims Reimbursement	Reimbursements are based on a negotiated fee schedule. No balance billing from the provider.	Reimbursements are based on the 90th percentile of what providers in that area charge. Potential for balance billing from the provider for amounts above that level.

Note: All services except orthodontia apply toward annual benefit maximum.



* Ortho applies up to dependent age limit of 19

** Non-Participating providers are not required to discount for their services and could result in higher overall costs.

Note: All services except orthodontia apply toward annual benefit maximum.

Questions? Call Lincoln Financial at
1-800-423-2765 or visit LincolnFinancial.com

VISION PLAN

Infinity Rehab employees have the opportunity to enroll in voluntary vision coverage through VSP.

Voluntary Vision Benefit Plan		VSP Signature Network	
Benefit	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness.	\$20	Every 12 Months
Prescription Glasses		\$20	See Frame and Lenses
Frame	<ul style="list-style-type: none"> \$225 frame allowance 20% savings on the amount over your allowance 	Included in Prescription Glasses Copay	Every 12 Months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses Copay	Every 12 Months
Lens Enhancements	<ul style="list-style-type: none"> Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses 	\$0 \$80 - \$90 \$120 - \$160	Every 12 Months
Contacts (In Lieu of Glasses)	<ul style="list-style-type: none"> \$225 allowance for contacts; copay does not apply. Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 Months
Primary Eyecare	Additional screenings, exams, diagnoses, treatment, and services.	\$20 per Exam	As Needed
Extra Savings			
Routine Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.		
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.		



You can use your VSP vision benefits to purchase contacts, glasses, and sunglasses online with Eyeconic and save an additional 20% just for being a VSP member.

Questions? Call VSP Customer Service at 800-877-7195 or visit www.vsp.com

YEARS OF EMPLOYMENT AND CATEGORY PROVIDERS

Definition of Years of Employment

Regular employees are eligible for a number of benefits, many of which are based on the length of service with Infinity Rehab. Due to the increasing complexity of employment relationships, we are clarifying our length of service standard.

Infinity Rehab values and honors the contributions of all former employees. Under our principle of "once Infinity, always Infinity," all previously worked time will be combined to determine benefit tier, PTO accrual rates, and eligibility for tenure-based perks. This includes recognition toward the five-year premium benefits.

All prior service is calculated based on total hours worked. To qualify for the five-year benefit tier, employees must reach a cumulative 10,400 hours worked (including PTO, holiday, and overtime) with Infinity Rehab and be of Full-Time status.

Category Providers

You select your provider and control your out-of-pocket expenses:

Preferred Providers

By choosing to see a Preferred Provider, you will have the least out-of-pocket expenses. This category provider means you will not be billed for balances beyond any deductible, copayment and/or coinsurance for covered services.

Using Preferred Providers will result in the largest discounts and lowest overall costs for services.

Example:	
Billed Amount:	\$100.00
Provider Write-Off:	\$20.00
Remaining:	\$80.00
Coinsurance (80%):	(\$64.00)
Patient Responsibility:	\$16.00

Non-Participating Providers:

By choosing to see an Out-of-Network Provider, you will have the most out-of-pocket expenses. Choosing this category means you may be billed for balances beyond any deductible, copayment and/or coinsurance.

Non-Participating providers are not required to discount for their services and will result in higher overall costs.

Example:	
Billed Amount:	\$100.00
Provider Write-Off:	\$0.00
Remaining:	\$100.00
Coinsurance (80%):	(\$60.00)
Patient Responsibility:	\$40.00

Find Providers at
1-866-738-3924 or visit
<https://memportal.accessrga.com>

2026 CONTRIBUTIONS (4/1/26—6/30/26)

Medical Rates

	HDHP/HSA Medical Plan Base Plan		HDHP/HSA Medical Plan Buy Up Plan		PPO Medical Plan	
	Regence Group Administrators					
Full-Time More than 5 years (>10,400 hours)	Employee Monthly Cost	Employee Per Pay Period	Employee Monthly Cost	Employee Per Pay Period	Employee Monthly Cost	Employee Per Pay Period
EE Only	\$54.00	\$27.00	\$101.00	\$50.50	\$277.00	\$138.50
EE + Spouse	\$449.00	\$224.50	\$546.00	\$273.00	\$916.00	\$458.00
EE + Children	\$330.00	\$165.00	\$413.00	\$206.50	\$729.00	\$364.50
EE + Family	\$753.00	\$376.50	\$884.00	\$442.00	\$1,378.00	\$689.00
Full-Time 40 Less than 5 years (<10,400)	Employee Monthly Cost	Employee Per Pay Period	Employee Monthly Cost	Employee Per Pay Period	Employee Monthly Cost	Employee Per Pay Period
EE Only	\$146.00	\$73.00	\$193.00	\$96.50	\$369.00	\$184.50
EE + Spouse	\$593.00	\$296.50	\$690.00	\$345.00	\$1,060.00	\$530.00
EE + Children	\$468.00	\$234.00	\$551.00	\$275.50	\$867.00	\$433.50
EE + Family	\$882.00	\$441.00	\$1,013.00	\$506.50	\$1,507.00	\$753.50
Full-Time 30	Employee Monthly Cost	Employee Per Pay Period	Employee Monthly Cost	Employee Per Pay Period	Employee Monthly Cost	Employee Per Pay Period
EE Only	\$184.00	\$92.00	\$231.00	\$115.50	\$407.00	\$203.50
EE + Spouse	\$642.00	\$321.00	\$739.00	\$369.50	\$1,109.00	\$554.50
EE + Children	\$509.00	\$254.50	\$592.00	\$296.00	\$908.00	\$454.00
EE + Family	\$925.00	\$462.50	\$1,056.00	\$528.00	\$1,550.00	\$775.00
Part-Time	Employee Monthly Cost	Employee Per Pay Period	Employee Monthly Cost	Employee Per Pay Period	Employee Monthly Cost	Employee Per Pay Period
EE Only	\$768.00	\$384.00	\$815.00	\$407.50	\$991.00	\$495.50
EE + Spouse	\$1,604.00	\$802.00	\$1,701.00	\$850.50	\$2,071.00	\$1,035.50
EE + Children	\$1,376.00	\$688.00	\$1,459.00	\$729.50	\$1,775.00	\$887.50
EE + Family	\$2,151.00	\$1,075.50	\$2,282.00	\$1,141.00	\$2,776.00	\$1,388.00

2026 (4/1/26—6/30/26) CONTRIBUTIONS CONT'D

Dental Rates

	Dental Plan	
	Lincoln Financial	
Full-Time More than 5 years (>10,400 hours)	Employee Monthly	Employee Per Pay Period
EE Only	\$7.13	\$3.57
EE + Spouse	\$39.79	\$19.90
EE + Child(ren)	\$58.78	\$29.39
EE + Family	\$87.50	\$43.75
Full-Time 40 Less than 5 years (<10,400 hours)	Lincoln Financial	
	Employee Monthly	Employee Per Pay Period
EE Only	\$33.88	\$16.94
EE + Spouse	\$68.48	\$34.24
EE + Child(ren)	\$87.71	\$43.85
EE + Family	\$121.36	\$60.68
Full-Time 30	Lincoln Financial	
	Employee Monthly	Employee Per Pay Period
EE Only	\$35.67	\$17.83
EE + Spouse	\$71.25	\$35.63
EE + Child(ren)	\$91.44	\$45.72
EE + Family	\$127.01	\$63.50
Part-Time	Lincoln Financial	
	Employee Monthly	Employee Per Pay Period
EE	\$36.69	\$18.35
EE + Spouse	\$73.80	\$36.90
EE + Child(ren)	\$94.76	\$47.38
EE + Family	\$131.98	\$65.99

Vision Rates

	Voluntary Vision Plan	
	VSP	
Rates for all Employment Types	Employee Monthly	Employee Per Pay Period
EE	\$11.59	\$5.80
EE + Spouse	\$23.20	\$11.60
EE + 1 Child	\$23.20	\$11.60
EE + Child(ren)	\$24.81	\$12.41
EE + Family	\$39.65	\$19.83

FLEXIBLE SPENDING ACCOUNTS

Your premium contributions for the Medical and Dental plans are made on a pre-tax basis. This means that your premiums are taken out of your salary before taxes, which reduces the taxable portion of your salary and the amount of tax you have to pay.



Medical Flexible Spending Account (FSA)

Through Flexible Spending Accounts, you may set aside a portion of your wages on a pre-tax basis to cover qualified health care expenses. The Flexible Spending Accounts are subject to annual maximums that are set by the IRS and run on a calendar- year (January - December) basis. These plans are administered by Chard Snyder and are available to full-time employees working 30 hours or more per week.

It is important to plan carefully to avoid losing any money you set aside for the year. Up to **\$660 of unused Medical FSA dollars left in your account at the end of the plan year will be rolled over into the next plan year.** **Anything over \$660 remaining in your account will be forfeited.**

Dependent Care Flexible Spending Account

Employees can elect funds to the Dependent Care Flexible Spending Account to cover qualified dependent expenses on a pre-tax basis. **Any remaining balance in your Dependent Care FSA will be forfeited.**

NOTE: You must enroll in Flexible Spending Accounts each year.

You have 90 days after the end of the plan year to submit prior year receipts for reimbursement. Receipts must be received, not just post-marked, by the 90th day to be eligible for reimbursement.

REMEMBER: If you enroll in the HSA medical plan, you cannot enroll in the healthcare FSA.

Medical Flexible Spending	2025 Contribution Maximum/ Minimum
<p>Examples of Eligible Expenses: Co-payments, coinsurance, and deductibles • Orthodontia and dental expenses • Medical supplies and equipment • Eyeglasses, lenses, contact lenses and supplies • Mental health and substance abuse treatments</p> <p>Eligible health FSA expenses include those defined by IRS Code, Section 213(d). Please refer to IRS Publication 502 titled, "Medical and Dental Expenses."</p>	<p>\$3,300/year maximum</p> <p>\$120/year minimum</p>
Dependent Care Flexible Spending	2025 Contribution Maximum/ Minimum
<p>Examples of Eligible Expenses: Child and adult care services so you can go to work. For more detailed information, please refer to IRS Publication 503 titled, "Child and Dental Care Expenses."</p>	<p>\$5,000 or \$2,500/year maximum</p> <p>\$120/year minimum</p> <p>for married filing separate tax returns</p>



Chard Snyder has a mobile application and you can:

- View account history
- Submit claims
- Receive text alerts
- Upload receipts

Search for "Chard Snyder " in your app store

Questions?
Call 800-982-7715 or visit
chard-snyder.com

OTHER BENEFITS

401(k) Plan



The 401(k) plan is through Fidelity Investments and provides a vehicle for employees to invest in their future. This benefit is available to all employees. Employees can elect to make pre-tax contributions to their 401(k) and/or Roth (after-tax) plans starting on the first of the month following their date of hire. Payroll deferrals will begin on the first payroll date after enrollment.

Infinity Rehab provides a company match of 50% up to the first 3% of part-time, full-time, and PRN employee contributions. This is a discretionary contribution, which is deposited after plan testing is completed (typically July—August of the following year). PRN employees who work a minimum of 1,000 hours and are actively employed on December 31 will receive the same company match as part-time and full-time employees.

Employer Match Vesting: 100% vested after 5 years of employment. Please refer to the Summary Plan Description for complete details.

Did you know?

If you earn \$50,000 annually, but place \$5,000 into your 401(k) account, you will be taxed (federal and state) as if you had earned only \$45,000

Employee Assistance Program (EAP)



This benefit is available to both full- and part-time employees. Infinity Rehab provides an EAP to assist employees and their families with work or personal life concerns. The EAP provides 24-hour consultation, referrals and educational materials. You are provided 5 face-to-face counseling sessions for each new issue, including family, relationships, stress, anxiety and other common challenges. The EAP also provides Life Balance services including the following:

- Childcare Referral Services
- Eldercare Referral Services
- Financial Services
- Home Ownership Program
- Legal and Mediation Services (legal services include a free, half-hour consultation, by phone or in person, followed with a 25% discount in legal fees.
- Will Preparation

The EAP is a confidential service. To access the EAP 24 hours a day, 7 days a week call 1-800-433-2320, or go online to my.canopy.com.



OTHER BENEFITS

Paid Time Off (PTO) Benefits

This benefit is available to both full- and part-time employees. Paid Time Off can be used for purposes of vacation, holidays, and/or sickness. This time is designated to provide time away from work and will be based on the number of hours you agreed upon to work each week. PTO hours can also be used to ensure you are meeting your agreed upon hours if the facility census or caseload drops. (non-exempt only)

You cannot use PTO for a day you aren't normally scheduled to work. If your offer letter states that you are scheduled to work Monday, Wednesday and Friday and a holiday falls on Tuesday, you would not be eligible for PTO for Tuesday.

PTO days accrue immediately from employee's start date. Eligibility to use PTO begins after 90 days of consistent employment. Available PTO hours are displayed on the most recent earnings statement, or by accessing Paycom online. PTO balances cannot go into the negative, other than for new employees in their first 90 days of employment, for Thanksgiving and Christmas Days only. Employees are allowed a maximum accumulation of 200 hours. Once the available hours reach 200, PTO accrual will stop until PTO is taken.

Please review Infinity Rehab's PTO policy for additional information PTO eligibility.

Maximum Accumulation	Regular Benefited Employees (working at least 20 hours per week)	
	Number of years worked	Rate per hour paid includes Reg, OT, Holiday and PTO
200 hours	Initial employment through 36 months (3 years)	.0769 hr (approx. 20 days)
Once the available hours reach 200, PTO accrual will stop until PTO is taken.	37 months through 60 months (5 years)	.0961 hr (approx. 25 days)
	61 months through 84 months (7 years)	.1000 hr (approx. 26 days)
	85 months through 108 months (9 years)	.1076 hr (approx. 28 days)
	108 months and up	.1153 hr (30 days)

Maximum Accumulation	Salaried/Exempt Benefited Employees	
	Number of years worked	Full Time (86.67 Hours) Per Pay Period
200 hours	Initial employment through 36 months (3 years)	6.67 hours/pay period (20 days)
Once the available hours reach 200, PTO accrual will stop until PTO is taken.	37 months through 60 months (5 years)	8.33 hours/pay period (25 days)
	61 months through 84 months (7 years)	8.66 hours/pay period (26 days)
	85 months through 108 months (9 years)	9.33 hours/pay period (28 days)
	108 months and up	10.0 hours/pay period (30 days)

OTHER BENEFITS

Continuing Education

This benefit is available to both full- and part-time employees. On-call employees are not eligible.

It is the responsibility of each clinician to meet their professional development needs and goals, including any state licensure mandated requirements. Infinity Rehab designed its Life-Long Learning policy to provide opportunities for each clinician to gain skills and knowledge specifically applicable to their position with Infinity Rehab. This will assist clinicians to meet their professional development objectives; however, it is not intended to be the sole source of ongoing continuing education. This benefit does not cover the costs of State license fees.

Infinity Rehab encourages all to participate in life-long learning. Our support for professional life-long learning includes:

- **CEU 360 - an online learning management system offering:**
 - * A full gallery of over 1,000 hours of accredited CE courses, with a minimum of 200 hours of new courses developed annually
 - * World-renowned course presenters who are leaders in their field of study
 - * Professional development courses
 - * Engaging presentations and clinical demonstrations via a media-rich content delivery system
 - * Live, continuing education webinars providing interaction with the course presenter
- **Certifications/Specializations Support**
 - * Available on a case-by-case basis to qualified individuals
- **Professional association dues support (once you have qualified for “over 5 years of employment”)**
- **Compliance training**

Clinicians will be required to use accrued PTO for courses taken during regularly scheduled workdays. Please ascertain approval for PTO prior to registering for a course or using regular work hours to complete any online training.

Non-clinical employees who are interested in career development opportunities can discuss options with their manager.



BASIC LIFE & SUPPLEMENTAL LIFE

Term Life Insurance and Accidental Death & Dismemberment

To help employees protect their family's standard of living in the event of a death, Infinity Rehab offers employer paid life and accident insurance coverage as part of the Benefit Program for Full-time Employees only.



Basic Life	\$50,000
Basic Accidental Death and Dismemberment (AD&D)	\$50,000

Supplemental Term Life Insurance and Accidental Death & Dismemberment

This benefit is available to both full- and part-time employees. You may purchase additional Term Life and Accidental Death & Dismemberment (AD&D) Insurance for yourself, your spouse, and/or eligible dependents. You may purchase coverage up to the Guarantee Issue maximum, without medical underwriting within 30 days of hire date. The amount of Term Life Insurance and AD&D Insurance for a dependent cannot be more than 100% of the employee elected amount. The employee must be enrolled in the Supplemental Term Life and AD&D plan in order to insure dependents.



Employee Optional Life/AD&D	Purchased in increments of \$10,000. Overall Maximum is up to 5x annual salary not to exceed \$500,000. Guarantee Issue up to \$150,000.
Spouse Optional Life/AD&D	Purchased in increments of \$5,000. Overall Maximum is the lesser of 100% of Employee Life amount or \$500,000. Guarantee Issue up to \$30,000.
Dependent Optional Life/AD&D	Purchased in increments of \$2,000. Overall maximum is the lesser of 100% of Employee Life amount or \$10,000 for children aged 6 months to 19 years (26 years if full-time student). Max benefit prior to 6 months of age is \$1,000. Guarantee Issue up to \$10,000.

*After the initial eligibility period you will need to complete a medical history statement to enroll.

Employee Life Cost per \$10,000 of coverage per month		Spouse Life Cost per \$5,000 of coverage per month		Child(ren) Life Cost per \$2,000 of coverage per month		AD&D Cost
Age		Age		All eligible children		
Under 24	\$0.60	Under 24	\$0.30	Premium for one child no matter the number of children are covered	\$0.340	Employee Cost per \$10,000 of coverage
25 - 29	\$0.60	25 - 29	\$0.30			\$0.300
30 - 34	\$0.70	30 - 34	\$0.35			Spouse AD&D Cost per \$5,000 of coverage
35 - 39	\$1.10	35 - 39	\$0.55			\$0.300
40 - 44	\$1.18	40 - 44	\$0.59			Child(ren) Cost per \$2,000 of coverage
45 - 49	\$2.90	45 - 49	\$1.45			\$0.390
50 - 54	\$4.40	50 - 54	\$2.20			
55 - 59	\$7.80	55 - 59	\$3.90			
60 - 64	\$12.80	60 - 64	\$6.40			
65 - 69	\$20.50	65 - 69	\$10.25			
70 - 74	\$32.20	70 - 74	\$16.10			
75 +	\$55.30	75+	\$27.65			

SHORT-TERM DISABILITY

Voluntary Short-term Disability

Full-time employees residing in a state without paid leave may purchase voluntary short term disability insurance for yourself to cover your income in the event of a disability and you cannot work.



Voluntary Short-term Disability	<p>Coverage amount: 60% of weekly earnings with a minimum weekly benefit amount of \$25 to a maximum weekly benefit amount of \$1,000.</p> <p>Elimination Period: 15 days injury and 15 days sickness</p> <p>Benefit Duration: 11 weeks</p> <p>Additional Benefits Included:</p> <ul style="list-style-type: none"> • C-Section benefit of 8 weeks duration • Survivor Income Benefit - If an employee passes away after having been disabled and eligible to receive a benefit, Lincoln will pay a benefit to the survivor. • Rehabilitation Assistance Benefit
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*After the initial new hire eligibility period you will need to complete a medical history statement to enroll.
 **Short term disability (STD) benefits are not offered by Infinity Rehab to employees working in states that provide similar benefits through state-mandated programs. These states include: CA, CO, CT, DC, HI, MA, MD, ME, MN, NJ, NY, OR, RI, WA. Employees in these states may be eligible for coverage under state-provided disability insurance or Paid Family and Medical Leave (PFML) programs.
 ***Additional income could impact the payment of STD. Examples are receiving Social Security, Retirement Benefits, Earnings from another employer, etc.
 ****Subject to a 3/12 pre-existing condition limitation.

Disability cost per \$10 of coverage	
Age	
<25	\$0.371
25 - 29	\$0.371
30 - 34	\$0.371
35 - 39	\$0.371
40 - 44	\$0.387
45 - 49	\$0.398
50 - 54	\$0.405
55 - 59	\$0.415
60 - 64	\$0.450
65 - 69	\$0.466
70 +	\$0.485



Here's an example of how to calculate the estimated cost of coverage:

Estimated Weekly Earnings		% Benefit Choice (40%, 50%, or 60%)		Weekly Benefit	÷ 10 (Rate is per \$10 of weekly benefit)		Rate (see age bracket above; 30-34 for example)		Your Estimated Monthly Cost for STD Coverage	
\$1,000	x	60%	=	\$600	=	\$60	x	\$0.371	=	\$22.26

LONG-TERM DISABILITY

Voluntary Long-term Disability

Full-time employees may purchase voluntary long-term disability insurance for yourself to cover your income in the event of a disability and you cannot work. This long-term disability plan runs consecutive to the short-term disability offering so, in the case of a disability that progresses, you will have no gap in benefits.



Voluntary Long-term Disability	Covers 60% of your monthly salary up to a maximum benefit of \$7,000 per month. Elimination Period: 90 days Benefit Duration: To age 65 or Social Security Normal Retirement Age
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Note: If you apply after the initial new hire eligibility period you will need to complete a medical history statement to enroll.

Disability cost per \$100 of coverage	
Age	
<25	\$0.266
25 - 29	\$0.266
30 - 34	\$0.513
35 - 39	\$0.770
40 - 44	\$1.210
45 - 49	\$1.540
50 - 54	\$1.870
55 - 59	\$2.138
60 - 64	\$2.030
65 - 69	\$1.340
70 +	\$1.300



Here's an example of how to calculate the estimated cost of coverage:

Estimated MONTHLY Earnings				Monthly Benefit	÷ 100 (Rate is per \$100 of coverage)			Rate (see age bracket above; 30-34 for example)		Your Estimated Monthly Cost for LTD Coverage
\$3,000	x	60%	=	\$1,800	=	\$18	x	\$0.513	=	\$9.23

ADDITIONAL VOLUNTARY BENEFITS

Voluntary Critical Illness and Accident

The voluntary benefits are available to both full-time and part-time employees. You have the opportunity to apply for these only during Open Enrollment. Because these policies are paid by you, through payroll deductions, you have the option to keep your policy regardless of job changes by continuing to pay the premiums. You may cancel these policies at any time.



Critical Illness	Critical Illness Insurance is a supplemental health product that may provide benefits if you or your covered dependent suffers a covered illness. Unexpected expenses can add up! This coverage provides a cash lump sum to pay health insurance deductibles, transportation, childcare, and anything else you and your family need while you receive treatment and recover.
Accident	Accident Insurance is designed to help you meet those out-of-pocket expenses and extra bills that can follow even ordinary accidents. It covers a wide range of injuries and accident-related expenses. This coverage provides you a lump sum cash benefit to help manage unexpected expenses. How you spend it is completely up to you—from everyday bills or childcare to other expenses.

Health assessment/Wellness Benefit

Both the Critical Illness and Accident plans include a Health Assessment/Wellness Benefit. Each year, you and any covered family members can earn a \$50 cash reward just for completing a health exam. It's a simple way to take care of your health *and* your wallet!

Critical Illness			
Employee Cost per \$1,000 of coverage per month		Spouse Cost per \$1,000 of coverage per month	
Age		Age	
Under 24	\$0.424	Under 24	\$0.290
25 - 29	\$0.537	25 - 29	\$0.406
30 - 34	\$0.683	30 - 34	\$0.552
35 - 39	\$0.946	35 - 39	\$0.815
40 - 44	\$1.353	40 - 44	\$1.220
45 - 49	\$1.922	45 - 49	\$1.790
50 - 54	\$2.687	50 - 54	\$2.554
55 - 59	\$3.534	55 - 59	\$3.401
60 - 64	\$4.955	60 - 64	\$4.821
65 - 69	\$6.956	65 - 69	\$6.824
70 - 74	\$11.885	70 - 74	\$11.752

Accident	
Coverage	Monthly cost
Employee Only	\$13.20
Employee + spouse	\$21.77
Employee + child(ren)	\$23.92
Employee + family	\$32.33

CONTACTS

Resources for More Information

The Online Employee Benefits & Resource Center provides access to carrier claim forms, benefit summaries, summary plan descriptions and certificates. You have access to benefit information 24/7 via the web at <http://infinityrehab.touchpointsonline.com> (Username: infinity Password: benefits) and through our springboard benefits site.

Plan Type	Carrier	Member Services Line	Web Address
Medical/Alt Care Group 020298	Regence Group Administrators	866-738-3924	https://or.accessrga.com/
Pharmacy Benefit Manager RX BIN# 610014 RX Group: RXBINFR	Express Scripts through RxBenefits	800-334-8134	www.express-scripts.com
Dental Policy 00001D044358	Lincoln Financial	800-423-2765	www.LincolnFinancial.com
Voluntary Vision	VSP	800-877-7195	www.vsp.com
Employee Assistance Program (EAP)	Canopy	800-433-2320	www.my.canopywell.com
Flexible Spending Account	Chard Snyder	800-982-7715	www.chard-snyder.com
Health Savings Account	HealthEquity	866-346-5800	www.healthequity.com
401(k) Retirement Plan Financial Advisor for 401(k) Plan	Fidelity Investments Phillips & Company	800-835-5097 844-339-4656	www.401k.com or email - khughes@phillipsandco.com
Basic Term Life/AD&D Policy 000010289904	Lincoln Financial	800-423-2765	www.LincolnFinancial.com
Supplemental Term Life/AD&D Vol Life Policy 000400001000-29862 Vol AD&D Policy 000403009131	Lincoln Financial	800-423-2765	www.LincolnFinancial.com
Voluntary Short and Long-term Disability, STD Policy 000010289906 LTD Policy 000010289905	Lincoln Financial	800-423-2765	www.LincolnFinancial.com
Voluntary Critical Illness, and Accident Critical Illness Policy 0001631062 Accident Policy 0001631063	Lincoln Financial	800-423-2465	www.LincolnFinancial.com

Questions? You can contact the HR team at hr@infinityrehab.com.

NOTES AND DISCLAIMERS

This Benefit Booklet highlights the main features of your benefit programs. It is intended to help you choose the benefits that are best for you. This booklet does not include all plan rules, details, limitations or exclusions. The terms of your benefit plans are in the legal plan documents, the plan documents are the final authority on plan benefits.

INFINITY REHAB reserves the sole and exclusive right to alter, reduce, or eliminate any pay practice, policy, or benefit at any time and without advance notice, except for those provisions required by law. Terminating employees will be entitled to only those benefits in place at the time of termination of employment, although those benefits are subject to change. Health and welfare benefits are not vested benefits, and are subject to change at the sole discretion of INFINITY REHAB.

Every effort has been made to assure that the information provided herein is accurate. In all cases, however, the benefit plans will be administered in accordance with the governing plan documents, insurance contracts, or company policies. These documents are available to participants upon request.

The choice of physician, or provider of services and/or supplies, is always the participant's choice. Although the benefit plans have been designed to encourage use of cost-effective network providers who have contractually agreed to discounted fees (in some cases benefits may be limited or excluded for use with non-network providers), ultimately, the choice of who will provide treatment is at the sole discretion of the participant. Network providers practice independently of the plan.

ANNUAL BENEFITS NOTICES

Visit this link: <https://infinityrehab.touchpointsonline.com/annual-notices.aspx>

Login: infinity

Password: benefits