

2026



# Employee Benefits Guide

Effective July 1, 2026 - June 30, 2027



# Table of Contents

<a href="#">Welcome</a>	3	<a href="#">Dental (PPO)</a>	19
<a href="#">Eligibility</a>	4	<a href="#">Vision</a>	20
<a href="#">Your Coverage</a>	5	<a href="#">Cost of Coverage</a>	21
<a href="#">Enrollment</a>	6	<a href="#">Years of Employment &amp; Category of Providers</a>	22
<a href="#">How A Health Plan Works</a>	7	<a href="#">Flexible Spending Accounts (FSA)</a>	23
<a href="#">Medical Overview</a>	8	<a href="#">Life and AD&amp;D Insurance</a>	24
<a href="#">Medical Plans: Understanding the Difference</a>	9	<a href="#">Voluntary Life Insurance</a>	25
<a href="#">Medical Plans</a>	10	<a href="#">Disability</a>	26
<a href="#">Prescription Drugs / Preventive Care</a>	11	<a href="#">Disability Cost of Coverage</a>	27
<a href="#">Prescription Drugs Coverage</a>	12	<a href="#">Supplemental Health Benefits</a>	28
<a href="#">Medical Benefits Comparison</a>	13	<a href="#">Critical Illness &amp; Accident Cost of Coverage</a>	29
<a href="#">Health Savings Tips</a>	14	<a href="#">401(k) Retirement Savings Plan</a>	30
<a href="#">Health Savings Account (HSA)</a>	15	<a href="#">Employee Assistance Program (EAP)</a>	31
<a href="#">Using your Health Savings Account (HSA)</a>	16	<a href="#">Other Benefits</a>	32
<a href="#">Cost of Coverage</a>	17	<a href="#">Contact Information</a>	34
<a href="#">Cost of Coverage (Cont'd)</a>	18	<a href="#">Disclaimer</a>	35

**These buttons are interactive!  
Click to jump to more information.**

# Welcome to Your Benefits Program!

Hello, and welcome to Premere Rehab, LLC dba Infinity Rehab.

We are pleased to provide you with a comprehensive benefits program designed to support your health, well-being, and financial security. At Premere Rehab, LLC dba Infinity Rehab we recognize that our employees are our most valuable asset, and we are committed to offering a competitive and meaningful benefits package to support you and your family.

This Benefits Guide is designed to give you an overview of the plans and programs available to you. Inside, you'll find important information about your medical, dental, and vision coverage, as well as additional benefits that help protect your income and support your overall wellness.

We encourage you to review this guide carefully and consider your individual needs when making benefit elections. Whether you're enrolling for the first time or reevaluating your current coverage, this is your opportunity to choose the benefits that best fit your lifestyle.

If you have questions or need assistance, please don't hesitate to reach out to the HR/Benefits Team. We're here to help you make informed decisions and get the most out of your benefits.

Thank you for being a valued member of the Premere Rehab, LLC dba Infinity Rehab team.



# Eligibility

## Who is Eligible?

All fulltime and part time employees are offered, Medical, Dental, Flexible Spending Accounts, Voluntary Life and AD&D, Voluntary Vision, Voluntary Accident and Critical Illness, an Employee Assistance Program, Paid Time Off (PTO) and Continuing Educations benefits, and are eligible to participate in the 401(k) plan on the first of the month following date of hire. \*Full-time employees are also offered employer-paid Basic Life and AD&D insurance..

Medical, prescriptions, and dental coverage is offered to employees, their legal spouses, same-sex domestic partners and their dependents children. Adult children are eligible for coverage up to age 26, regardless of marital status, student status, or financial decency.

*All full-time employees (working at least 30 hours per week) a part-time employees (working at least 20 hours on a continuing basis).*

## Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through the end of the plan year. If you have a "qualifying life event," you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within 31 days of the event. Proof of life events are subject to approval. Please reach out to your employer for specific documentation to be submitted for a qualified life event during the benefit year. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption

## Qualifying Life Event

### Change in Marital Status

- Marriage
- Divorce
- Death of your spouse

### Change in Dependents

- Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event)
- Death of your covered dependent
- Gain or loss of Medicare or Medicaid during the year

### Change in Employment

- Change in you or your spouse's work status that affects benefits eligibility
- Your spouse's Open Enrollment differs from yours
- Relocation if the move impacts eligibility for the plan

# Your Coverage

## When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on the first of the month following date of employment.

If you do not enroll during your eligibility period, you may enroll at the next open enrollment period.

## Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your benefits will end.

You are responsible for informing Human Resources within 31 days if any of your dependents become ineligible for benefits.

### Benefits can be canceled due to:

- Open Enrollment
- Termination (voluntary or involuntary)
- Retirement
- Qualified Life Event
- Change in employment status to a non-eligible employee

## A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Infinity Rehab's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy. Additional information is available at [www.healthcare.gov](http://www.healthcare.gov).

## Domestic Partners

Domestic partners are not generally eligible for continuation of coverage upon termination of employment. See your plan documents or contact Human Resources for more information upon termination of employment.

Contribution toward the cost of coverage for your domestic partner and his or her dependents is considered taxable income to you.

Domestic partner premiums will either be deducted on a post-tax basis or imputed as income based on the value of coverage. You may wish to consult with a tax adviser for more information.

# Enrollment

## When Can I Enroll in Benefits?

### You can enroll in benefits:

- Within 31 days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

## How Do I Enroll?

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.

## Annual Open Enrollment

This is a once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family. Changes will go into effect July 1st.

## Online Enrollment

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





Scan to view  
[Glossary of Health Coverage and Medical Terms](#)

# How a Health Plan Works

## Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

## Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

## Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)

## Evidence of Insurability (EOI)

EOI is an application process through which you provide information on the condition of your health or your dependent's health in order to be considered for certain types of insurance coverage. EOI may be required for life and/or disability insurance elections.

## Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, In-Network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

# Medical Overview

## We offer three medical plans through Regence Group Administrators with the following features:

- Deductibles and out-of-pocket maximums accumulate calendar year, January 1<sup>st</sup> through December 31<sup>st</sup>
- Includes prescription drug coverage
- If you enroll in the HDHP Medical plan, you can contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs (refer to HSA section for more information)
- Please refer to the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) as well as the carrier contracts for information regarding specific benefit levels, exclusions and limitations for all policies



## Medical Provider Finder

To search for In-Network medical providers:

Log onto <https://or.accessrga.com>

Or call RGA Customer Service at:  
1-866-738-3924

Network: Base / Buy Up / PPO

Access care from your home through  
Telehealth Services.

Log onto <https://or.accessrga.com>

Download the Mobile App Today!



# 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. Below is a comparison on the two types of plans.

	HDHP	PPO Plan
<b>Annual Deductible</b>	Applied 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
<b>Annual Out-of-Pocket Maximum (OOP)</b>	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 copay expenses; once OOP reached, the plan pays all medical expenses at 100%, as long as you stay In-Network
<b>Set Copayment Amount</b>	No Copays	Copays apply for doctor's office visits and prescription drugs
<b>PPO Network</b>	Preferred Network	Preferred Network
<b>Out-of-Network Coverage</b>	✓	✓
<b>Preventive Care Coverage</b>	Covered in full at In-Network providers	Covered in full at In-Network providers
<b>Health Savings Account (HSA)</b>	You can contribute to an account pre-tax	Not eligible per IRS guidelines
<b>Premium Amount</b>	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



In-Network and Out-of-Network benefits are shown as a summary of your medical plan benefits offered to you. For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations, coverage limits, and Out-of-Network costs.

	HDHP/HSA: Base Plan	HDHP/HSA: Buy Up Plan	PPO
Deductible	In-Network (Individual / Family)	In-Network (Individual / Family)	In-Network (Individual / Family)
<b>Individual</b>	\$3,500	\$2,000	\$2,000
<b>Individual + 1 dependent</b>	\$5,500	\$3,400	N/A
<b>Family</b>	\$7,000	\$6,000	\$6,000
<b>Out-of-Pocket Maximums*</b>			
<b>Individual</b>	\$7,500	\$6,000	\$6,000
<b>Family</b> (includes deductible & copays)	\$15,000	\$15,000	\$18,000
Coinsurance/Copays			
<b>Preventive Care: Immunizations, well baby checks, annual women's exams</b>	No Charge**	No Charge**	No Charge**
<b>Primary Care</b>	30%	20%	\$20 copay**
<b>Telemedicine</b>	30%	20%	\$40 copay**
<b>Specialist Care</b>	30%	20%	20% Deductible waived for first \$500 of services
<b>Urgent Care</b>	30%	20%	20%
<b>Emergency Room Care</b>	30% after 400 copay (Copay waived if admitted)	20% after 400 copay (Copay waived if admitted)	20% after 400 copay (Copay waived if admitted)
<b>Outpatient Surgery</b>	30%	20%	20%
<b>Inpatient Hospitalization</b>	30%	20%	20%
<b>Ambulance</b>	30%	20%	20%
<b>Maternity Care</b>	30%	20%	20%
<b>Massage, Acupuncture, Chiro &amp; Naturopath (35 visit annual max)</b>	30%	20%	\$20 copay**

\*Per Calendar Year  
\*\*Deductible waived

# Prescription Drugs

Get the most from your prescription coverage.

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through Express Scripts. For a list of approved drugs, log onto [www.express-scripts.com](http://www.express-scripts.com).

- If you take a maintenance medication, you can save money by enrolling in mail order RX
- Not all medications can be filled via mail order
- Specialty medications must be filled at the approved Express Scripts specialty pharmacy
- Ask your doctor if it is appropriate to use a generic drug rather than a brand name
- Compare pharmacies for the best price
- Prescription Management may apply; such as prior authorization, step therapy, and quantity limits



# Preventive Care

Preventive services help you stay healthy, detect health problems early, determine the most effective treatments, and prevent certain diseases.

- Preventive services include exams, shots, lab tests, and screenings
- Routine visits will only be covered under preventive care when using an In-Network provider
- Full list: [healthcare.gov/what-are-my-preventive-care-benefits](http://healthcare.gov/what-are-my-preventive-care-benefits)

# PHARMACY RESOURCES

## SAVE ON PRESCRIPTION COSTS

Many pharmacies now offer discount prescriptions - maybe even lower than your copay.

Pharmacies nationwide sell select generic drugs at a discounted rate. Generic drugs are distributed as the equivalent to the brand name; however, you should talk to your doctor if you have questions about your prescription. You can find the best deals on your medications by identifying the pharmacies that offer these programs. Here are just a few available:

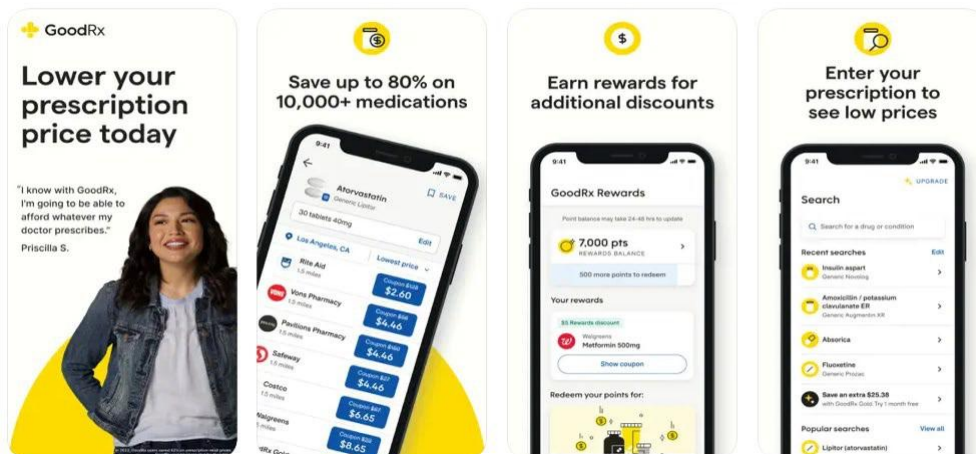
<b>Sam's Club</b>	Plus members can receive hundreds of generic medications for \$10 or less.
<b>Walmart</b>	\$4 for a 30-day supply and \$10 for a 90-day supply of some generic medications.
<b>Walgreens</b>	Prescriptions Savings Club offers over 8,000 brand and generic drugs at discounted prices, starting as low as \$5.
<b>Costco</b>	Member Prescription Program offers savings on brand and generic medications.
<b>Meijer</b>	Offers a variety of oral antibiotics for free.
<b>Target/CVS</b>	Offers low cost generic options on some common medications for 30-day (\$4) and 90 day (\$10).
<b>Mark Cuban Cost Plus</b>	Low-cost online pharmacy that sells commonly prescribed generic medications at cost plus a small fixed margin.
<b>Amazon</b>	Online prescription service that combines home delivery, price comparison, and multiple savings options (including a \$5 subscription for generics) to make getting medications more convenient and sometimes cheaper.

**GoodRx** may be an option for less expensive prescriptions [www.GoodRx.com](http://www.GoodRx.com)

"GoodRx" is the #1 prescription app - find the lowest prescription drug prices on-the-go with coupons built into the app and just show your smartphone to the pharmacist to save.

Free, easy-to-use mobile app features:

- Instant access to the lowest prices for prescriptions at more than 75,000 pharmacies
- Coupons and saving tips that can cut your prescription costs by 50% or more
- Side effects, pharmacy hours and locations, pill images, and much more
- Save up to 80% on pet medications
- Available on the App Store or Google play



[TABLE OF CONTENTS](#)

[CARRIER CONTACTS](#)

[ENROLL NOW](#)

# 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	Participating Pharmacies Only Member Responsibility
<b>Pharmacy (30-day supply)</b> <b>Generic</b> <b>Preferred Brand</b> <b>Non-Preferred Brand</b> <b>Specialty Drugs</b>	<p style="text-align: right;">\$15 \$30 \$75</p> <p style="text-align: center;">\$150 for first fill, then applicable copay</p>
<b>Pharmacy (90-day supply)</b> <b>Generic</b> <b>Preferred Brand</b> <b>Non-Preferred Brand</b> <b>Specialty Drugs</b>	<p style="text-align: right;">\$45 \$90 \$225</p> <p style="text-align: center;">\$150 deductible for first fill, then applicable copay</p>
Prescription Benefit - HDHP/HSA	Participating Pharmacies Only Member Responsibility
<b>Pharmacy (30-day supply)</b> <b>Generic</b> <b>Preferred Brand</b> <b>Non-Preferred Brand</b> <b>Specialty Drugs</b>	<p style="text-align: center;">20% coinsurance after HDHP medical deductible 20% coinsurance after HDHP medical deductible 20% coinsurance after HDHP medical deductible</p> <p style="text-align: center;">After meeting HDHP/HSA medical deductible, pay \$150 + 20% coinsurance for first fill, then 20% coinsurance thereafter</p>
<b>Pharmacy (90-day supply)</b> <b>Generic</b> <b>Preferred Brand</b> <b>Non-Preferred Brand</b>	<p style="text-align: center;">20% coinsurance after HDHP medical deductible 20% coinsurance after HDHP medical deductible 20% coinsurance after HDHP medical deductible</p>

**Questions? Call Express Scripts  
 Customer Service at 1-800-334-8134  
 or visit [Express-scripts.com](http://Express-scripts.com).**

# Pay less for select specialty medications

By completing the copay assistance enrollment process and consenting to account monitoring



Specialty medications can cost a lot of money. That's why your plan offers a copay assistance benefit administered by SaveOnSP, which can help you lower your out-of-pocket costs.

## Let SaveOnSP help you save money.

Nearly 400 specialty medications are eligible for this plan benefit.<sup>1</sup> If you're filling an eligible medication, a representative from SaveOnSP will contact you to complete your copay assistance program's enrollment process and arrange for the monitoring of your account.

You'll pay a reduced cost for your medication after enrolling and consenting to SaveOnSP monitoring your pharmacy account. If you choose not to participate in the plan benefit, you'll pay a higher coinsurance when you fill your medication.

Conditions covered by manufacturer copay assistance programs include, but are not limited to:

- + Hepatitis C
- + Multiple sclerosis
- + Psoriasis
- + Inflammatory bowel disease
- + Rheumatoid arthritis
- + Cancer

## Here's an example of how it works:<sup>2</sup>



John's taking a specialty medication that's eligible for the copay assistance benefit. His copay is currently \$70. His new coinsurance will be \$1,150.



When John participates in the plan benefit, he may pay a reduced cost out of pocket.



He will work with SaveOnSP to enroll in the manufacturer copay assistance program, and he'll consent to SaveOnSP monitoring his account.



If John decides not to participate in the plan benefit, he'll pay his full coinsurance of \$1,150 out of pocket.

In both of these examples, John's cost share wouldn't count toward his deductible or out-of-pocket maximum.

1. The drug classes and medications included are subject to change. Check your plan materials to see which medications SaveOnSP supports.
2. For illustrative purposes only. Plans may vary



# How to access your medication with ease

RxManage helps you get brand-name medications delivered right to your home, safely dispensed by our network of international doctors and pharmacists in Tier I countries. We also offer automatic refills, so you'll never run out.



## GET IN TOUCH

 1-800-883-8841

 [www.rxmanage.com](http://www.rxmanage.com)

### STEP ONE

Check the **RxManage formulary** if you have a copy or call us at 1-800-883-8841 to confirm if your medication is listed.

### STEP TWO

If you see your medication, scan the QR code (on the left) or call the call center at **1-800-883-8841** to create an account and get your order started.

### STEP THREE

Email, upload, or fax your prescription to 1-800-883-1814. If you prefer, we can request one from your doctor. Just include your doctor's name and phone/fax number in your order comment with the note "Please contact my doctor."

**Quick Tip:** Take a photo of your prescription and email it to us or upload it to your account.

### STEP FOUR

If you're ordering refrigerated medication, we'll need ID documents. Please provide an image of your passport or ID (driver's license or state-issued ID card). Send these to us as you would your prescription.

### STEP FIVE

Our team will notify you once we have everything needed to get your order underway.

### STEP SIX

Shipping takes **10-15 working days** for all medications other than those needing refrigeration, which **take 3-5 days**.

# 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 packet 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)
<b>Total Medical Expense</b>	\$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)
<b>Total Medical Expense</b>	\$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
<b>Total Medical Expense</b>	\$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.

# Health Savings Account (HSA)

If you elect the Base or Buy UP HDHP (a qualified high-deductible plan) and you are not enrolled in disqualifying coverage elsewhere, you are eligible to contribute to a Health Savings Account through HealthEquity. You can set aside tax-free money from each paycheck now and save funds to cover qualified healthcare expenses that come up later.

## How does an HSA work?

Confirm amount to be deducted from each paycheck. Activate your account through HealthEquity. Use your HSA debit card to pay for qualifying expenses.

To view eligible purchases with your HSA account, please visit [hsastore.com](https://hsastore.com).

### Advantages

- Balance rolls over each year
- Contributions are tax-free
- Account belongs to you; any money in the account is yours - no vesting

† Tax treatment of HSAs for state tax purposes may vary by state

## Limitations

- Cannot be enrolled in Medicare or Tricare
- Cannot be claimed as a dependent on someone's tax return
- Can not be receiving Veterans Affairs (VA) benefits, or within the past 3 months
- Cannot be contributing towards a Healthcare FSA, nor can you be covered under a spouse's FSA

### Distributions

- Money must be in the account to spend
- Funds can be used for you and your tax dependents' eligible expenses
- 20% tax penalty applied if you are under age 65 and use the funds for non-eligible expenses
- At age 65, monies can be used for non-eligible health expenses with no penalty; normal income tax will apply
  - You can also pay for Medicare Part B premiums with your HSA funds

### Infinity Rehab Employee Contributions

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).

Enrollment Tiers	2026 Maximum Contribution Allowed
<b>Employee Only</b>	\$4,400
<b>Employee + Dependent(s)</b>	\$8,750
<b>Employee 55+ Over</b>	Additional \$1,000 per year as catch-up

# 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 HAS.

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

# Cost of Coverage

Contributions are made Monthly/Per Pay Period from each paycheck toward the benefits below. These are automatically deducted from your gross pay before Federal Income and Social Security taxes are calculated. Since contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay, and you end up paying lower taxes on the same salary.

## Medical Contributions

	HDHP/HSA Base		HDHP/HSA Buy Up		PPO	
<b>Full-Time / Part time More than 5 years (&gt;10,400 hours)</b>	Employee Monthly Cost	Employee Per Pay Period	Employee Monthly Cost	Employee Per Pay Period	Employee Monthly Cost	Employee Per Pay Period
<b>Employee Only</b>	\$54.00	\$27.00	\$101.00	\$50.50	\$277.00	\$138.50
<b>Employee + Spouse</b>	\$449.00	\$224.50	\$546.00	\$273.00	\$916.00	\$458.00
<b>Employee + Child(ren)</b>	\$330.00	\$165.00	\$413.00	\$206.50	\$729.00	\$364.50
<b>Employee + Family</b>	\$753.00	\$376.50	\$884.00	\$442.00	\$1,378.00	\$689.00

	HDHP/HSA Base		HDHP/HSA Buy Up		PPO	
<b>Full-Time 40 Less than 5 years (&lt;10,400 hours)</b>	Employee Monthly Cost	Employee Per Pay Period	Employee Monthly Cost	Employee Per Pay Period	Employee Monthly Cost	Employee Per Pay Period
<b>Employee Only</b>	\$146.00	\$73.00	\$193.00	\$96.50	\$369.00	\$184.50
<b>Employee + Spouse</b>	\$593.00	\$296.50	\$690.00	\$345.00	\$1,060.00	\$530.00
<b>Employee + Child(ren)</b>	\$468.00	\$234.00	\$551.00	\$275.50	\$867.00	\$433.50
<b>Employee + Family</b>	\$882.00	\$441.00	\$1,013.00	\$506.50	\$1,507.00	\$753.50

# Cost of Coverage (Continued)

## Medical Contributions

	HDHP/HSA Base		HDHP/HSA Buy Up		PPO	
	Employee Monthly Cost	Employee Per Pay Period	Employee Monthly Cost	Employee Per Pay Period	Employee Monthly Cost	Employee Per Pay Period
<b>Full-Time 30 Less than 5 years (&lt;10,400 hours)</b>						
<b>Employee Only</b>	\$184.00	\$92.00	\$231.00	\$115.50	\$407.00	\$203.50
<b>Employee + Spouse</b>	\$642.00	\$321.00	\$739.00	\$369.50	\$1,109.00	\$554.50
<b>Employee + Child(ren)</b>	\$509.00	\$254.50	\$592.00	\$296.00	\$908.00	\$454.00
<b>Employee + Family</b>	\$925.00	\$462.50	\$1,056.00	\$528.00	\$1,550.00	\$775.00

	HDHP/HSA Base		HDHP/HSA Buy Up		PPO	
	Employee Monthly Cost	Employee Per Pay Period	Employee Monthly Cost	Employee Per Pay Period	Employee Monthly Cost	Employee Per Pay Period
<b>Part-Time 20 Less than 5 years (&lt;10,400)</b>						
<b>Employee Only</b>	\$768.00	\$384.00	\$815.00	\$407.50	\$991.00	\$495.50
<b>Employee + Spouse</b>	\$1,604.00	\$802.00	\$1,701.00	\$850.50	\$2,071.00	\$1,035.50
<b>Employee + Child(ren)</b>	\$1,376.00	\$688.00	\$1,459.00	\$729.50	\$1,775.00	\$887.50
<b>Employee + Family</b>	\$2,151.00	\$1,075.50	\$2,282.00	\$1,141.00	\$2,776.00	\$1,388.00

# Dental

Dental insurance is offered through Lincoln Financial. Your choice of dentists can determine the cost savings you receive.

You will pay less for In-Network services. For Out-of-Network providers, Lincoln Financial will pay claims based on reasonable and customary (R&C) charges. You are responsible for paying the balance of the bill.

Please refer to plan summary for Out-of-Network benefits, subject to balance billing, and limitations.



Questions? Call Lincoln Financial at 1-800-423-2765 or visit [LincolnFinancial.com](http://LincolnFinancial.com)

Dental Plan Benefit	In-Network Providers	Out-of-Network Providers
Benefit Maximum Per Person		
<b>Calendar Year Annual Max</b>		\$2,250
<b>Orthodontia Lifetime Max</b>		\$2,000
Deductible (applies only to Basic & Major Services)		
<b>Individual</b>		\$50
<b>Family</b>		\$150
Benefit		You Pay
<b>Preventive Services</b>	0% (deductible waived)	20% (deductible waived)
<b>Basic Services</b>	50%	80%
<b>Major Services</b>	50%	50%
<b>Orthodontia</b> (to age 19)	50%	50%

**Note:** All services except orthodontia apply toward the annual benefit maximum

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The VSP vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-Network coverage is provided when you use VSP Signature providers. Refer to plan summary for Out-of-Network benefits and limitations.



## Here is what you'll pay In-Network:

VSP Signature	Voluntary Vision Benefit Plan
Based on Last Date of Service Every 12 Months	In-Network
<b>Eye Exam</b> <i>Once every 12 months</i>	\$20 Copay
<b>Lenses</b> <b>Single, Lined Bifocal, Lined Trifocal, Lenticular</b> <i>Once every 12 months</i>	\$20 Copay
<b>Lens Enhancements</b> <i>Progressive Lenses</i>	Standard Progressive - \$0 Premium Progressive Lenses - \$80 - \$90 Custom Progressive Lenses - \$120 - \$160
<b>Frame</b> <i>Once every 12 months</i>	Allowance up to \$225; then 20% off balance
<b>Contacts</b> <i>Elective, instead of glasses, Once every 12 months</i>	Allowance up to \$60

In addition to discounts on contacts, and frames, additional discounts through participating VSP providers may include:

- Non-Covered Glasses - 20% discount on usual and customary fees
- Contact Lenses - 15% discount on participating services
- LASIK Surgery - Discounts averaging 15% off full price and 5% off promotional pricing

Questions? Call VSP Customer Service at 800-877-7195 or visit [www.vsp.com](http://www.vsp.com)

# Cost of Coverage

## Dental Contributions

Full-Time / Part Time More than 5 years (>10,400 hours)	Employee Monthly	Employee Per Pay Period
<b>Employee Only</b>	\$7.13	\$3.57
<b>Employee + Spouse</b>	\$39.79	\$19.90
<b>Employee + Child(ren)</b>	\$58.78	\$29.39
<b>Employee + Family</b>	\$87.50	\$43.75
Full-Time 40 Less than 5 years (<10,400 hours)	Employee Monthly	Employee Per Pay Period
<b>Employee Only</b>	\$33.88	\$16.94
<b>Employee + Spouse</b>	\$68.48	\$34.24
<b>Employee + Child(ren)</b>	\$87.71	\$43.85
<b>Employee + Family</b>	\$121.36	\$60.68
Full-Time 30 Less than 5 years (<10,400 hours)	Employee Monthly	Employee Per Pay Period
<b>Employee Only</b>	\$35.67	\$17.83
<b>Employee + Spouse</b>	\$71.25	\$35.63
<b>Employee + Child(ren)</b>	\$91.44	\$45.72
<b>Employee + Family</b>	\$127.01	\$63.50
Part-Time 20 Less than 5 years (<10,400 hours)	Employee Monthly	Employee Per Pay Period
<b>Employee Only</b>	\$36.69	\$18.35
<b>Employee + Spouse</b>	\$73.80	\$36.90
<b>Employee + Child(ren)</b>	\$94.76	\$47.38
<b>Employee + Family</b>	\$131.98	\$65.99

## Vision Contributions

Rates for all Employment Types	Employee Monthly	Employee Per Pay Period
<b>Employee Only</b>	\$11.59	\$5.80
<b>Employee + Spouse</b>	\$23.20	\$11.60
<b>Employee + 1 Child</b>	\$23.20	\$11.60
<b>Employee + Child(ren)</b>	\$24.81	\$12.41
<b>Employee + Family</b>	\$39.65	\$19.83

# Years of Employment and Category Providers

## 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.

### 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.

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

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

#### **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.

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

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

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

# Flexible Spending Accounts (FSA)

An FSA (or flexible spending account) allows you to set aside money annually to cover the cost of qualified medical expenses. It's a lot like a savings account but used for qualified health-related costs. FSAs work on an annual plan year basis and are funded through regular payroll deductions on a pre-tax basis. Contribution toward the cost of coverage for your Domestic Partner's expenses under the FSA are generally not considered qualifying medical expenses.

## IRS Contribution Limits

### Healthcare FSA

\$3,400/year maximum  
\$120/year minimum

### Dependent Care FSA†

\$7,500/year maximum  
(\$3,750 if married and filing separately)  
\$120/year minimum

#### Healthcare FSA

- Use for medical, dental and vision expenses
- Healthcare FSA funds are available in full on day one
- You have the option to roll over up to \$660 of unused FSA dollars to the following plan year
  - These roll over funds will not count against your future FSA election / contribution limit
  - Any unused balances more than \$660 at the end of the plan year will be forfeited

**Healthcare FSA is not available to HSA plan participants**

#### Dependent Care FSA†

- Use to pay for costs of dependent care for:
  - Children under age 13
  - Older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and that live with you more than ½ of the year
- Dependent Care FSA funds are contributed to your account as they are taken from your paycheck
- Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare
- Kindergarten or higher education expenses do not qualify

**Dependent Care FSA is available to HSA plan participants**

Questions?  
Call 800-982-7715 or visit  
[chard-snyder.com](http://chard-snyder.com)

# Life and AD&D Insurance

## Basic Life/AD&D

A \$50,000 Basic Life insurance policy is provided to full-time employees at no cost to you through Lincoln Financial. You are automatically enrolled in this benefit. This coverage includes an Accidental Death and Dismemberment (AD&D) provision, at the same coverage amount, in the event of accidental death and other conditions. Please refer to the benefit summary for details.

According to federal law, only the first \$50,000 of employer-paid life insurance is not taxable. Premium paid by Premere Rehab, LLC dba Infinity Rehab for coverage levels over \$50,000 will be taxable to you and will be included on your year-end W-2 statement.

## What is Life Insurance?

- A lump sum payment distributed to beneficiaries upon death of the insured or insureds
- Reassurance that your loved ones would be financially secure if you passed away unexpectedly
- Ability to assist with funeral costs - the average funeral cost is \$10,000



## Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

# Voluntary Life Insurance



## Voluntary Life and AD&D

You can purchase Voluntary Life insurance through Lincoln Financial for you, your legal spouse and dependent children. Please refer to the benefit summary for details.

Voluntary Life and AD&D	
Employee	\$10,000 increments up to the lesser of 5 times your annual earnings or \$500,000 Guaranteed issue†: \$150,000
Spouse	\$5,000 increments to a maximum of \$500,000 Guaranteed issue†: \$30,000
Child (up to age 26)	\$2,000 increments to a maximum of \$10,000 Guaranteed issue†: \$10,000

Medical review (often referred to as evidence of insurability or EOI) is completed via the enrollment site.

† Guaranteed issue is the amount of coverage you or your dependents can elect up to without medical questions. Guaranteed issue is only available to newly benefit eligible employees.

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			
70+	\$55.30	70+	\$27.65			

Lincoln Financial administers our Disability insurance benefit plans for any full-time employee that chooses to enroll. You will pay the full cost of this benefit with post-tax payroll deductions, therefore your benefit while out on Disability will not be taxed.

## Short-Term Disability

Short-Term Disability (STD) benefits are payable when you are unable to work due to an injury or illness unrelated to work.

### **When do the benefits start?**

15th day of accident or illness

(Benefit duration is reduced by the initial disability waiting period (before benefits begin))

### **How much would the benefit pay?**

60% of your weekly earnings up to \$1,000 per week

### **Are there any pre-existing exclusions?**

3 prior / 12 exclusion

### **How long will the benefit pay?**

Up to 11 weeks

## Long-Term Disability

Long-Term Disability (LTD) benefits are provided as income protection in the event you become disabled for an extended period. Proof of disability is required.

### **When do the benefits start?**

After 90 days of qualified disability

(This plan will begin to pay after the Short-Term Disability benefits end, if elected.)

### **How much would the benefit pay?**

60% of basic monthly earnings up to \$7,000 per month

### **How long will the benefit pay?**

Social Security Normal Retirement Age (SSNRA)

\*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.

A pre-existing condition is any accident or illness for which you have received advice or treatment in the months prior to your coverage effective date and will be excluded from this benefit for the month exclusion period listed.

# Disability Cost of Coverage

Short Term Disability cost per \$10 of coverage	
Age	
<25	\$0.371
25-25	\$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+	\$0.458

Long-Term Disability cost per \$100 of coverage	
Age	
<25	\$0.266
25-25	\$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

# Supplemental Health Benefits

Premere Rehab, LLC dba Infinity Rehab offers additional voluntary benefit plans through Lincoln Financial. These plans are not medical insurance and do not replace your medical coverage but rather pay cash directly to you in addition to any benefits you receive from your health plan.

## Accident Insurance

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.

## 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.

## What Can I Do with the Money I Receive?

- Cover cost of copays, deductibles, and coinsurance
- Reimburse yourself for transportation and lodging costs
- Help with childcare and other domestic expenses
- Assist with home health care cost
- Make up for lost wages
- Pay everyday expenses, such as rent, utilities, and groceries

## 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 and Accident Cost of Coverage



## 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

	Monthly
<b>Employee Only</b>	\$13.20
<b>Employee + Spouse</b>	\$21.77
<b>Employee + Child(ren)</b>	\$23.92
<b>Employee + Family</b>	\$32.33

# 401(k) Retirement Savings 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 according to the following schedule. Please refer to the Summary Plan Description for complete details.

Years of Service	Vesting %
Less than 2	0%
2	25%
3	50%
4	75%
5	100%

IRS Elective Deferral Limit	2026
Maximum Deferral Limit	\$24,500
Catch Up Contributions (Ages 50+)	\$8,000
Catch Up Contributions (Ages 60-63)	\$11,250



# 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.

## Counselors can talk to you about anything going on in your life, including:

- Family & Relationships
- Child and Eldercare Referral Services
- Money/Financial Services
- Grief
- Legal Services (legal services include a free, half-hour consultation, by phone or in person, followed with a 25% discount in legal fees)
- Identity Theft Recovery
- Anxiety, Depression
- Will Preparation
- Everyday Life



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](http://my.canopy.com).

## Up to 5 Face to Face Counseling Sessions FREE of charge

# Other Benefits

## Paid Time Off Benefits (PTO)

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.

Employees begin accruing PTO on their first day of employment, and it is available for use as it is earned. 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.

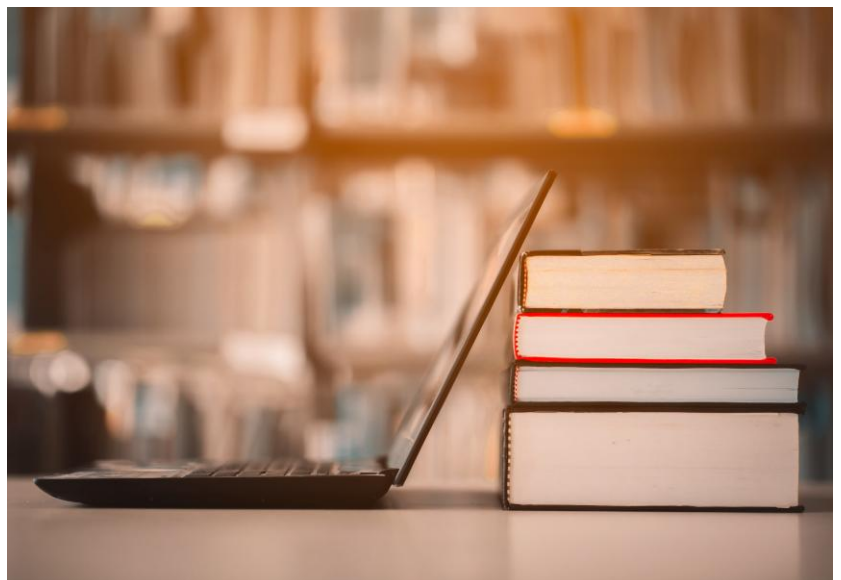
It is the responsibility of each clinician to meet their professional development needs and goals, including any state licensure mandated requirements. Infinity Rehab designed its Life-Long Learning policy to provide opportunities for each clinician to gain skills and knowledge specifically applicable 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
  - \* 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
- **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.



# Contact 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.

Benefit	Partner	Website / Phone
<b>Medical/Alt Core</b> Group #: 020298	Regence Group Administrators	<a href="https://or.accessrga.com/">https://or.accessrga.com/</a> 866-738-3924
<b>Pharmacy Benefit Manager</b> RX BIN# 610014 RX Group: RXBINFR	Express Scripts through RxBenefits	<a href="http://www.express-scripts.com">www.express-scripts.com</a> 800-334-8134
<b>Dental</b> Group #: 00001D044358	Lincoln Financial	<a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a> 800-423-2765
<b>Voluntary Vision</b>	VSP	<a href="http://www.vsp.com">www.vsp.com</a> 800-877-7195
<b>Employee Assistance Program (EAP)</b>	Canopy	<a href="http://www.my.canopywell.com">www.my.canopywell.com</a> 800-433-2320
<b>Flexible Spending Account</b>	Chard Snyder	<a href="http://www.chard-snyder.com">www.chard-snyder.com</a> 800-982-7715
<b>401 (k) Retirement Plan</b> <b>Financial Advisor for 401(k) Plan</b>	Fidelity Investments Phillips & Company	<a href="http://www.401k.com">www.401k.com</a> or email - <a href="mailto:khughes@phillipsandco.com">khughes@phillipsandco.com</a> 800-835-5097 844-339-4656
<b>Life</b> Group #: 000010289904	Lincoln Financial	<a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a> 800-423-2765
<b>Supplemental Term Life/AD&amp;D</b> Vol Life Policy#: 000400001000-29862 Vol AD&D Policy#: 000403009131	Lincoln Financial	<a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a> 800-423-2765
<b>Voluntary Short and Long-term Disability</b> STD Policy#: 000010289906 LTD Policy#: 000010289905	Lincoln Financial	<a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a> 800-423-2765
<b>Voluntary Critical Illness, and Accident</b> Critical Illness Policy 0001631062 Accident Policy 0001631063	Lincoln Financial	<a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a> 800-423-2465



## Benefits Effective July 1, 2026 - June 30, 2027

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[TABLE OF CONTENTS](#)[CARRIER CONTACTS](#)[ENROLL NOW](#)