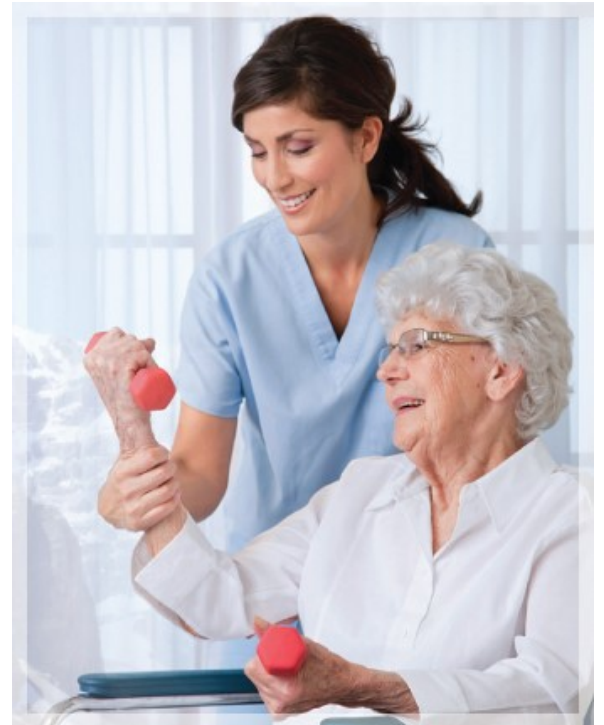




# PROFESSIONAL PHYSICAL THERAPY

& SPORTS MEDICINE



**2021—2022  
Benefits & Policy Guide**

## Employment Categories:

Regular Full Time—associates who are regularly scheduled to work at least 30 hours per week.

Regular Part Time—associates who are regularly scheduled to work less than full time schedule, but at least 24 hours per week.  
PRN—associates who are paid per visit rate based on patient volume and/or associates requested patient load or flexible schedule.

All new and rehired associates will work on an introductory basis for the first 90 calendar days after their date of hire. Benefited associates become eligible to participate in benefits upon successful completion of the 90-day probationary period.

## Short Term Disability

Our company offers a Short-Term Disability plan through Guardian.

Short Term Disability provides you a **weekly** income in the event you are unable to work due to an accident or illness.

Benefit Percentage: 60% of your weekly earnings

Maximum Weekly Benefit: \$1,000 per week

Day Benefit Begins: 15th day of disability due to accidental injury; and 15th day of disability due to sickness.

Benefit Duration: If you meet the definition of disability you may receive a benefit for 11 weeks.

Disability **does not** cover work-related disabilities. Worker's compensation in most instances will cover these claims.

If you have any questions concerning your Short-Term Disability policy, please contact Human Resources.

## Long Term Disability

Our company offers a Long-Term Disability plan through Guardian.

Long Term Disability provides reasonable replacement of **monthly** earnings to any insureds that become disabled for extended periods of time due to accident or sickness.

Benefit Percentage: 60% of monthly earnings

Maximum Monthly Benefit: \$6,000 per month

Day Benefit Begins: 90 days of continuous disability

Definition of Disability: 24-month own occupation

Benefit Duration: Social Security Normal Retirement Age

Guardian also offers two free assistance programs that are available to you: Worldwide Travel Assistance and a Work life Balance program. Each are designed to help you as the associate in various situations.

Please contact Human Resources for more information concerning these services.

## Ancillary Products

Our company also offers you the opportunity to purchase supplemental policies through Guardian. The following plans are offered to you as an associate:

- Hospital Indemnity
- Accident Plan
- Critical Illness
- Cancer Insurance

## Basic Life Insurance

Our company, Inc provides all full time associates a Basic Life and AD&D policy that is 100% employer paid through Guardian.

Employee Benefit: \$25,000

Coverage reduces by 35% at age 65, and 50% at age 70

## Voluntary Life Insurance

Life insurance can play a vital role in protecting your personal assets and family members.

Our company, Inc allows associates to elect optional supplemental Voluntary Life Insurance and AD&D coverage through Guardian.

Supplemental life insurance policies allow an associate to purchase life insurance for themselves, spouse, and children, up to age 19 (age 26, if full-time student).

### Associate Coverage:

- Coverage is available in \$10,000 increments or 5x annual salary
- Guaranteed Issuance \$50,000
- Minimum Coverage \$10,000
- Maximum Coverage 5 x annual salary

### Spouse Coverage:

- Coverage is available in \$5,000 increments, not to exceed 100% of the associate's elected amount
- Guaranteed Issuance \$25,000
- Minimum Coverage \$5,000
- Maximum Coverage \$250,000

### Child Coverage:

- Coverage available to dependent children as follows:
- Birth-six months - \$1,000
- Coverage is available in \$2,000 increments from age six months to age 19 (age 26, if full-time student).
- Maximum Coverage \$10,000

## Paid Time Off

### Vision

Our company offers a Vision insurance policy through Guardian. The network is VSP Choice Network. Eye Exam—\$10 Copay  
Eyeglass Frames have a \$130 retail allowance plus 20% of additional cost.

Employees Only	\$2.85
Employee + Spouse	\$5.83
Employee + Child/ren	\$5.94
Family	\$9.16

### 401K Retirement Savings Plan

Our company offers a valuable 401K Retirement Plan benefit to you as an associate. This is a valuable benefit because it provides a convenient and pre-tax way to save for your retirement.

- Associates can contribute after 250 consecutive hours have been worked in a 3-month period.
- Our company, Inc matches your contributions up to 6% of your pay check at a rate of 50%.
- You can access your account and conduct transactions 24 hours a day, 7 days a week via the on-line services offered through your 401K administrator. The website is: [www.voya.com](http://www.voya.com)
- You may contact Scott Wood, our investment advisor, with any questions regarding investment and rollover options Scott Wood: Office (706) 292-3600  
[Scott.Wood@benjaminfedwards.com](mailto:Scott.Wood@benjaminfedwards.com)
- Enrollment forms and additional information may be requested from the Human Resources Department.

Our company observes the following **Holidays**:

New Year's Day  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving Day  
Christmas Day

Eligible associates will be paid for Holidays after completing 90 days of service.

Our company has chosen **Insurance Office of America (IOA)** to help all associates and family members with any eligibility issues, claims assistance or general insurance needs. Our role is to act as a liaison between you and the insurance carrier. We are your partners in ensuring quality benefits and total satisfaction with your insurance products. We have a strong history of providing quality service to our clients and we believe our team approach allows us to help better serve you and your family.

#### Assistance with Coverage or Claims

**In order for us to be able to provide the most efficient and effective service to all of our associates. Please contact *Christina Summerell*. Please have your bill, your explanation of benefits or statements available.**

Continuous Service	40 Hour week associate	30 Hour week associate	24 Hour week associate
90 Days – 1 year	80 PTO Hours	60 PTO Hours	48 PTO Hours
1 year – 4 years	120 PTO Hours	90 PTO Hours	72 PTO Hours
4+ years	160 PTO Hours	120 PTO Hours	96 PTO Hours

Our Company provides paid time off benefits to all eligible associates for periods of temporary absence due to illness/injuries and to provide opportunities for rest, relaxation, and personal pursuits. Associates may request PTO after successfully completing a probationary period of 90 calendar days from the date they are hired.

Request should be made with as much notice as possible and submitted to associates immediate supervisor for approval. Approved PTO request will then be forwarded to the associate and Human Resources for verification of benefits and pay. Associates may obtain PTO request forms from the Human Resources. PTO hours not used in the service year may be rolled over up to a total of 240 hours. PTO hours over the 240 total will be cashed in at a rate of 50%.

### Mileage Policy

Associates will not be paid mileage for normal daily commute to their base work site. The base works site will be defined as the place where the majority of the associate's hours are accumulated.

**Home Health Associates** will begin clocking miles from the home of the first patient of each day. The drive to the first patient's home will be considered normal travel to the work site. The drive home from the last patient's home will be considered travel home from work site.

### Continuing Education

Our company provides up to \$1,000 per year towards continuing education (contingent on approval). Eligible associates must submit a CEU request form to their supervisor for approval prior to registering for CEU course. Forms are available thru the Human Resources Department.

### Paid Professional Dues

Our company will cover all costs related to your professional license renewal and your APTA/AOTA/ASHA/NATA association dues. We will also pay for any Section One dues that are due. Eligible associates must submit a copy of the receipt to Human Resources for reimbursement.

*Christina Summerell*

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# MEDICAL INSURANCE



BLUE CROSS BLUE SHIELD | GROUP NUMBER: J8919

MEDICAL BENEFITS	BLUEOPTIONS 05907	HSA COMPATIBLE PLAN BLUEOPTIONS 05196 / 05197 HSA	BLUEOPTIONS 05302
Deductible (Individual / Family)	\$7,500/\$15,000	\$3,500/\$7,000	\$5,000/\$10,000
Deductible after HRA Contribution (Individual / Family)	\$4,000/\$8,000	N/A	\$2,500/\$5,000
Is Deductible Calendar Year or Policy Year?	Policy Year	Policy Year	Policy Year
Is Deductible Embedded or Non Embedded	Embedded	Non-Embedded	Embedded
Out of Pocket Maximum (Individual / Family)	\$8,200/\$16,400	\$6,850/\$7,000/\$14,000	\$6,350/\$12,700
Coinsurance	20%	20%	30%
Prescription Drugs	\$10/20%/Not Covered	Deductible then \$10/\$50/\$80	\$10/\$50/\$80
Mail Order Drugs (90 Day Supply)	\$25/20%/Not Covered	Deductible then \$25/\$125/\$200	\$25/\$125/\$200
<b>PHYSICIAN OFFICE VISITS</b>			
Primary Care Physician	\$30	Deductible + 30%	\$30
Virtual Visits	PCP: \$0/ SPC: \$60	PCP: Deductible/ SPC: Deductible + \$75	PCP: \$0/ SPC: \$55
Specialist	\$60	Deductible + \$75	\$55
Referral Needed for Specialist?	No	No	No
<b>PREVENTIVE CARE</b>			
Routine Adult Physical Exams			
Well Woman Exams	Covered 100%	Covered 100%	Covered 100%
Routine Mammograms and Colonoscopy			
Well Child Exam & Immunizations			
<b>DIAGNOSTIC / LABORATORY</b>			
Independent Clinical Lab (Blood Work)	\$0	Deductible + Coinsurance	\$0
Independent Diagnostic Testing Facility (X-rays)	\$60	Deductible + Coinsurance	Deductible + Coinsurance
Advanced Imaging (MRI, PET, CT Scan, Nuclear Medicine)	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
<b>HOSPITALIZATION / OUTPATIENT SERVICES</b>			
Inpatient Hospitalization (Facility)	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Outpatient Surgical Care (Hospital Facility)	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Emergency Room	Deductible + Coinsurance	Deductible + Coinsurance	\$300
Urgent Care	\$100	Deductible + Coinsurance	\$60
<b>OUT-OF-NETWORK BENEFITS</b>			
Deductible (Individual / Family)	\$15,000/\$30,000	\$7,000/\$14,000	\$10,000/\$30,000
Out of Pocket Maximum (Individual / Family)	\$16,400/\$32,800	\$13,700/\$27,400/\$27,400	\$20,000/\$40,000
Coinsurance	50%	40%	50%
<b>EMPLOYEE BI-WEEKLY PAYROLL DEDUCTIONS - *INCLUDES WELLNESS DISCOUNT * IF WELLNESS CRITERIA IS NOT MET, A \$25 PER PAY PERIOD SURCHARGE WILL APPLY</b>			
Employee Only	\$78.42	\$102.04	\$162.20
Employee + Spouse	\$252.85	\$309.06	\$428.77
Employee + Child(ren)	\$226.55	\$271.89	\$389.91
Employee + Family	\$405.59	\$481.16	\$661.10



# DENTAL INSURANCE

## BENEFITS SUMMARY

Calendar Year Deductible(Individual/Family)
Calendar Year Maximum
Orthodontia Maximum
Rollover

## VALUE PLAN (VZ) 1000 (PREVENTIVE - TO BE CONSIDERED MOSTLY FOR DENTAL CLEANINGS)

\$50 / \$150
\$1,000
\$500
Included

## VALUE PLAN (VZ) 1200 (BUY UP)

\$75/\$225
\$1,200
\$1,000
Included

### IN-NETWORK

### OUT-OF- NETWORK

### IN-NETWORK

### OUT-OF- NETWORK

## PREVENTIVE SERVICES-DEDUCTIBLE WAIVED

Oral Evaluations				
Prophylaxis: Cleanings				
Flouride Treatment (child only)	100%	100% MAC Reimbursement	100%	100% MAC Reimbursement
Bitewing X-rays, Full Mouth X-rays				
Sealants				

## BASIC SERVICES

Amalgam Restorations (Silver Fillings)				
Resin Based Restorations (anterior only)				
Extractions (routine)	50%	50% MAC Reimbursement	80%	80% MAC Reimbursement
Endodontic Treatments				
Periodontic Treatments				

## MAJOR SERVICES

Crowns				
Dentures				
Bridges	25%	25% MAC Reimbursement	50%	50% MAC Reimbursement
Extractions (Surgical)				

## ORTHODONTIA SERVICES

Diagnostics and Treatments (child to age 19)	25%	25% MAC Reimbursement	50%	50% Mac Reimbursement
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## EMPLOYEE BI-WEEKLY PAYROLL DEDUCTIONS

Employee Only	\$8.63	\$12.91
Employee + Spouse	\$19.74	\$26.31
Employee + Child(ren)	\$22.36	\$29.81
Employee + Family	\$34.01	\$45.35

# Guardian

When you use in-network providers you receive PPO savings. If you choose to seek out-of-network care you will be responsible for the difference between the discounted PPO fees and the out-of-network dentist's regular fees for the services that are performed.



**Group Number:** #00530781

**Website:** [www.guardiananytime.com](http://www.guardiananytime.com)

**Phone:** 800-541-7846

