



2021-2022

YOUR BENEFITS GUIDE



PT | SOLUTIONSSM
PHYSICAL THERAPY

About this Guide: This benefit summary provides selected highlights of the PT Solutions employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. PT Solutions reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.



Dear Western Missouri Medical Center team,

We look forward to welcoming you to the PT Solutions team on September 1, 2021 and are pleased to present this summary introducing the employee benefits you will enjoy as a PT Solutions associate. PT Solutions offers a wide range of comprehensive benefits plans to include three **Anthem BCBS Medical** (PPO and HDHP) plans, **MetLife Dental and Vision** plans, **Guardian voluntary supplemental benefits**, 401(k), and Paid Time Off / Extended Illness Bank plans. We encourage you to review this package carefully, noting questions you may have, so that we may best answer them for you in our **one-on-one meeting opportunities scheduled with our team in the days ahead.**

As a PT Solutions employee, you will be eligible for benefits plans if you are full time status, defined as 30 hours per week. As a transitioning WMMC employee, the customary 30-day waiting period will be waived, providing immediate benefits eligibility on September 1, 2021 (coinciding with termination of current WMMC benefits on 8/31/2021).

- Benefits premium deductions will begin on your first PT Solutions payroll scheduled on September 17, 2021 (for hours worked September 1 - 12, 2021).
- PT Solutions' payroll schedule is every other Friday, with 26 payrolls per year. Benefits deductions are taken 24 pay periods per year and are not taken on a 3rd pay period of a month which occurs two months in the year.
- Your final WMMC payroll will include hours worked through 8/31/2021, and payment of accrued but unused PTO.

Please know that for those benefits influenced by seniority / years of service (ie, PTO accrual and 401k employer match vesting), **PT Solutions will observe your original WMMC employment date.** This **"Seniority Date"** as well as a PT Solutions "Employment Date" will be retained within our HR/payroll system to ensure you are given credit for prior eligible years of service used in calculating benefits under these plans. Your personal PTO rate (based on your seniority date) will also be confirmed in your PT Solutions offer letter.

It is important that you make your benefits selections carefully, as changes may only be made during Open Enrollment in July of each year. However, changes in coverage may be made due to Qualified Life Events such as marriage, divorce, birth or adoption of a child, change in spouse's employment or change in your own employment status. Should you experience a Qualified Change in Family Status, you may make changes to your benefits selections within 30 days of that event.

We look forward to meeting with you over the coming weeks to answer any questions to ensure a smooth transition.

**Please do not hesitate to reach out to our team
if we can assist in any way by emailing us at:**

wmmcsupport@ptsolutions.com



Call the Benefit Resource Center ("BRC"),
We're Here To Help!

We speak insurance.
Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services

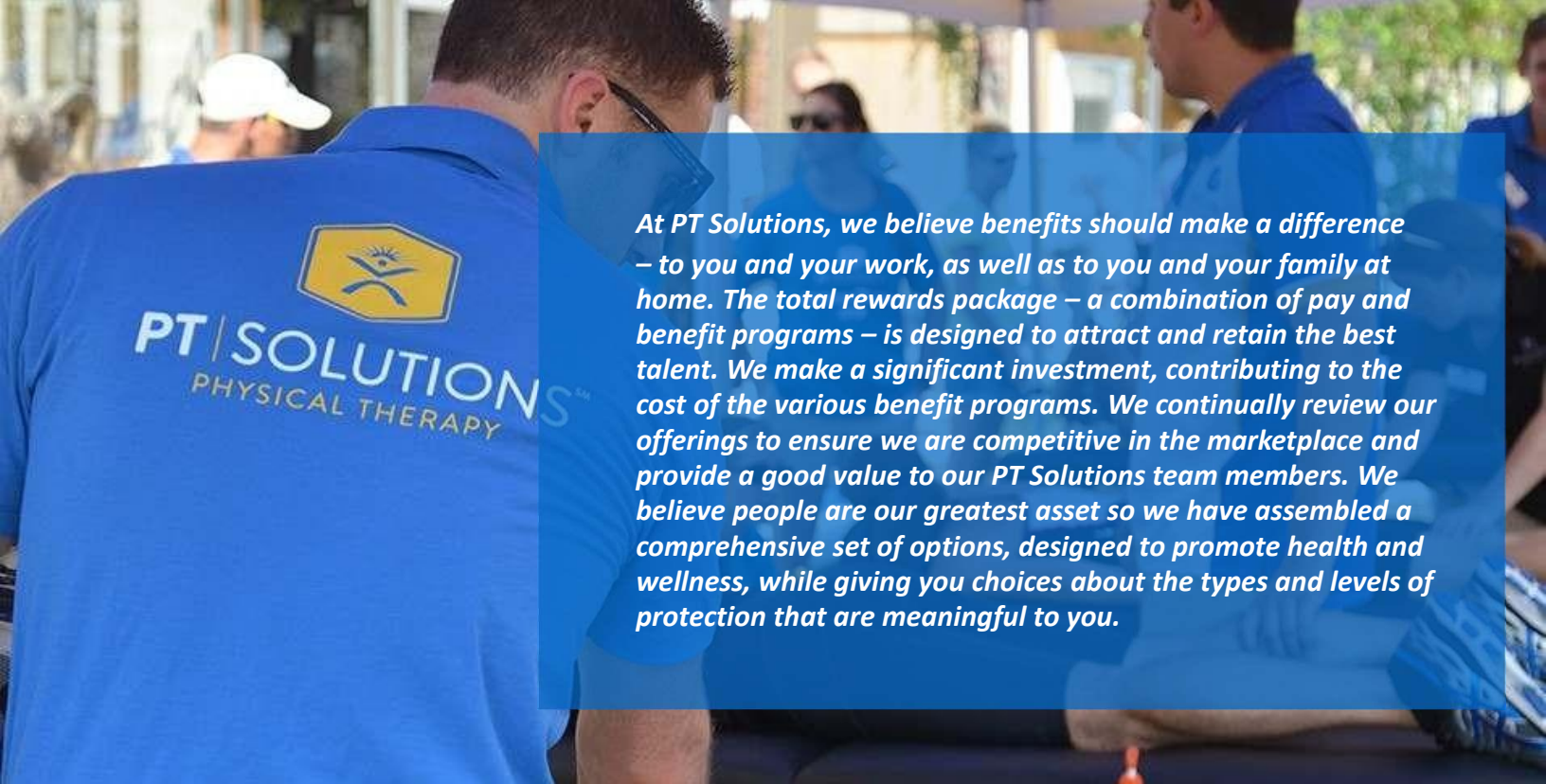


Benefit Resource Center

BRCSouth@usi.com | Toll Free: 855-874-0835
Monday through Friday 8:00am to 5:00pm Eastern & Central
Standard Time

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At PT Solutions, we believe benefits should make a difference – to you and your work, as well as to you and your family at home. The total rewards package – a combination of pay and benefit programs – is designed to attract and retain the best talent. We make a significant investment, contributing to the cost of the various benefit programs. We continually review our offerings to ensure we are competitive in the marketplace and provide a good value to our PT Solutions team members. We believe people are our greatest asset so we have assembled a comprehensive set of options, designed to promote health and wellness, while giving you choices about the types and levels of protection that are meaningful to you.

Eligibility Coverage Effective Date

As a PT Solutions employee, generally you are eligible for benefits if you work at least 30 hours per week. You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include your legal spouse and your children up to age 26.

Benefits are effective on the first day of the month following 30 days of employment.

You may only change coverage during annual open enrollment or within 30 days of a qualified life event.

Qualified Life Events

You must make your benefit elections carefully, including the choice to waive coverage. Your pretax elections will remain in effect until the next annual enrollment period unless you experience an IRS approved qualifying change in status. Qualifying change in status events include, but are not limited to:

- Marriage, divorce, or legal separation
- Death of spouse or other dependent
- Birth or adoption of a child
- A spouse's employment begins or ends
- A dependent's eligibility status changes due to age
- You or your spouse experience a change in work hours that affects your benefits

Benefit Cost

Benefit	Employee Premiums (24 Deductions)			
	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Value Plan with HSA	\$56.85	\$193.33	\$173.53	\$232.65
Health Savings Account	Employee must be enrolled in the Value Plan to contribute.			
Plus Plan	\$103.57	\$353.67	\$240.86	\$390.26
Premium Plan	\$152.44	\$396.35	\$274.40	\$442.09
Dental - Core Plan	\$13.34	\$27.07	\$30.93	\$47.38
Dental - Buy-up Plan	\$13.34	\$27.07	\$34.84	\$51.85
Vision	\$4.11	\$5.77	\$5.94	\$11.24
Basic Life and AD&D	Company pays 100%			
Voluntary Life	Rates are based on age. Please see table on page 8.			
Short Term Disability Long Term Disability	Rates are based on age. Please see table on page 9.			
Group Accident	\$3.50	\$7.18	\$7.10	\$8.90
Critical Illness	Rates are based on age and coverage tier. Please request for rate information if interested.			

Medical Coverage

PT Solutions offers three health plan options through Anthem / Blue Cross Blue Shield of Georgia (Anthem/BCBS). You have an option to enroll in the Premium Plan, Plus Plan or in the Value Plan which is a High Deductible Health Plan and includes a Health Savings Account (HSA).

All three plans offer out-of-network benefits giving you the flexibility to use an in-network or out-of-network physician. To maximize your benefits and reduce your out-of-pocket expenses, you should try to select an in-network provider. For care received out-of-network, the provider may bill you for amounts exceeding the negotiated discounted rate.

Premium Plan - Costs more per paycheck than the Value or Plus Plan, but the plan deductible and the out-of-pocket maximums are lower.

Plus Plan - Costs less per paycheck and has higher deductible than the Premium Plan with 10% vs. 0% coinsurance.

Value Plan with HSA - Costs less per paycheck than the Premium Plan.

- Preventive care visits are fully covered even if you have not reached your plan deductible.
- The plan deductible applies to all services (including Pharmacy).
- Enrollment in the Value Plan allows you to make pre-tax contributions to a Health Savings Account through payroll deductions.

To find an in-network provider:

- Go to bcbsga.com and select FIND A DOCTOR.
- Under Search as a Guest, click on Continue and follow prompts
 - GEORGIA:** Click on [Blue Open Access POS \(Select Network\)](#) as your network
 - OUTSIDE GEORGIA:** Click on [National PPO \(BlueCard PPO\)](#) as your network
- Call 1-855-397-9267 if you need assistance

Medical Plan Highlights	Anthem/BCBS		
	Premium Plan	Plus Plan	Value Plan with Health Savings Account (HSA)
Deductible (calendar year)	In-Network*	In-Network*	In-Network*
Individual	\$1,000	\$1,500	\$3,000
Family	\$3,000	\$4,500	\$6,000
Coinsurance	0%	10%	20%
Out of Pocket Maximum	Includes Ded and Copays		Includes Ded and Copays
Individual	\$7,150	\$7,150	\$7,000
Family	\$14,300	\$14,300	\$14,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Office Visits			
Preventive Care Visit	Member pays 0%	Member pays 0%	Member pays 0%
Primary Care Physician	\$35 copay	\$35 copay	20% after ded
Specialist/Other Specialists	\$50 copay	\$50 copay	20% after ded
Urgent Care	\$50 copay	\$50 copay	20% after ded
Therapy Visits (combined - PT and OT)	\$50 copay; 80 visits max	\$50 copay; 80 visits max	20% after ded; 80 visits max
Telehealth - LiveHealth Online	12 free visits then \$35 copay	12 free visits then \$35 copay	20% after ded
Acupuncture	\$50 copay	\$50 copay	20% after ded
Lab Services			
Processed in office	Included in PCP visit	Included in PCP visit	Included in PCP visit
Processed out of office	0% after ded	10% after ded	20% after ded
Hospital Services			
Inpatient	0% after ded	10% after ded	20% after ded
Outpatient	0% after ded	10% after ded	20% after ded
Emergency Room Treatment	\$500 copay, no ded	\$500 copay, then 10%	20% after ded
Prescription Drugs**			
Retail (30 day supply)			
Tier 1	\$15	\$15	20% after ded
Tier 2	\$45	\$35	20% after ded
Tier 3	\$85	\$60	20% after ded
Tier 4	20% coinsurance up to \$250 max per script	20% coinsurance up to \$300 max per script	20% after ded
Mail Order (90 day supply)	\$38 / \$113 / \$213 / 20% coinsurance up to \$250	\$15 / \$70 / \$180 / 20% coinsurance up to \$300	20% after ded

*For out-of-network benefits, please see the plan benefit summaries.

** Generally, Tier 1 = Generic, Tier 2 = Brand Preferred, Tier 3 = Brand Non-Preferred, Tier 4 = Specialty

Your Health Savings Account (HSA)

- By enrolling in the High Deductible Health plan, you are qualified to make pre-tax contributions* to a Health Savings Account (HSA).
- Your HSA funds can be used tax-free to pay for qualified medical, dental, vision and other eligible expenses, for yourself, your spouse, and your eligible tax dependents, even if they are not covered under your medical plan.
- Your unused funds roll over from year to year.
- You can contribute up to an annual limit each year and watch your savings grow. Funds in your HSA are yours, even if you change employers or retire.
- Once your account is open, you will receive a debit card to make payments to your providers. Most in-network providers will not bill you at the time of service. You will receive a statement from the provider once the claim has been processed by the insurance company.
- Because your HSA is a tax-advantaged account, you will receive two tax statements each year, detailing your contributions into and distributions from your account.

*Eligible HSA contributions are taxed by these states: California and New Jersey

2021 / 2022 HSA Contribution Limits

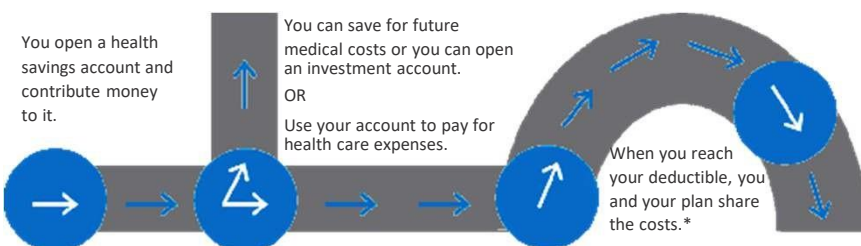
- Single coverage - \$3,600 / \$3,650
- Family coverage - \$7,200 / \$7,300
- Employees age 55 or who turn 55 during the plan year can contribute an additional \$1,000 in catch-up contributions annually

HSA Eligibility

- You must NOT have other medical coverage (including a Flexible Spending Account or FSA) through a non-HSA compliant plan (yours or other family members), to contribute to a Health Savings Account.
- You must not have received certain Veterans Administration (VA) medical benefits within the last three months, to contribute to a Health Savings Account.

Federal regulations allow you to change the amount you wish to contribute to your HSA during the plan year.

How your Health Savings Account works



*You're protected by an annual limit on how much you pay.

What happens when you have a Health Savings Account and you see a doctor OR fill a prescription:

At the doctor's office:



Receive services

With the Value Plan, no copay is required at the time of service. Be sure to present your insurance card. If your healthcare provider requires a deposit, it will be applied to your invoice. Your health plan has a network of providers that it recommends, however you can use HSA funds to pay any qualified medical expenses even if it is not covered by your insurance.



Provider bills health plan

Provider submits a claim to your health plan for services rendered.



Health plan sends EOB

An explanation of benefits (EOB) is sent to you outlining the negotiated/allowed charges and summarizing your year-to-date deductible and co-insurance totals.



Provider sends invoice

The provider sends you an invoice, or statement, reflecting the allowed charges. Make sure the amount matches the EOB sent to you by your health plan. If not, contact your health plan.



Pay invoice with HSA

You can pay with your HSA debit card or set up an on-line payment that is sent directly to the provider or as a reimbursement to you.

At the pharmacy:



Obtain prescriptions

Obtain a legal prescription from your doctor for needed medication and submit it along with your insurance card to a pharmacy.



Pharmacy verifies insurance coverage

The pharmacy checks with your health insurance on-the-spot to determine the amount you owe for the prescription.



Pay for your prescription

The pharmacy fills your prescription and you pay the determined amount owed. The expense is automatically applied to your deductible and/or coinsurance. Your HSA debit card is a convenient method of payment.



Dental Coverage

Depending on your and your family’s needs, you can pick between two dental plans (Core and Buy Up Plans) through MetLife.

Both plans permit you to use both in-network and out-of-network providers. Network providers offer larger discounts and can file your claims for you. If you prefer to see an out- of-network PPO provider, keep in mind, because they are not contracted to accept the negotiated discounted rate, they may charge you for any amount billed in excess of the negotiated discounted rate.

To find an in-network dentist:

- Visit metlife.com
- Click on “Find a dentist”
- Select the network “PDP Plus”
- Enter your city, state or zip code
- You can then search by provider name, practice name, or location.

ID cards are not needed to receive services, but one will be mailed to your home. You can also access an image of your ID card by logging on to www.metlife.com/mybenefits or through the MetLife Mobile App.



Dental Plan Highlights	MetLife	
	Buy-Up Plan	Core Plan
	In-Network*	In-Network*
Deductible (calendar year)	Deductible applies to all services	
Individual	\$25	\$25
Family	\$75	\$75
Maximum Benefit (calendar year)	\$1,750	\$1,750
Coinsurance		
Preventive and Diagnostic, Restorative, Extractions, Endodontics, and Periodontics	100% covered, after ded	100% covered, after ded
Crowns and Dentures	50% covered, after ded	50% covered, after ded
Implants	50% covered, after ded	50% covered, after ded
Replacement Age for Crowns, Bridges and Dentures	5 Years	5 years
Orthodontia (limited to children under the age of 19)	\$1,500 Lifetime Maximum	Not Covered

*For out-of-network benefits, please see the plan benefit summaries.

Vision Coverage

The Vision Plan through MetLife (VSP Signature Network) provides you and your eligible family members with the opportunity to save on vision care services and products.

The MetLife vision plan allows you to save on everything from vision exams to contact lenses to eyeglasses. The vision plan gives you two different ways to receive benefits.

- Use the network and pay only a copay for most expenses.
- Go to a provider outside the network and receive a reimbursement for part of the cost of your exams, glasses and contacts when you submit a claim.

To find a network eye care provider

- Visit mymetlifevision.com
- Click on “Find a Vision Provider”
- You can then search by zip code or city and state.

ID cards are not needed to receive services, but one will be mailed to your home. You can also access an image of your ID card by logging on to www.metlife.com/mybenefits or through the MetLife Mobile App.



MetLife		
Vision Plan Highlights	VSP Signature Network	
Benefit Frequency	In-Network	Out-of-Network
Exam	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 24 months	
Copay	Member Pays	Reimbursement
Exam	\$20	Up to \$45
Materials	\$20	See below
Benefit	Member Pays	Reimbursement
Frames	80% of balance over \$120 allowance	Up to \$55
Eyeglass Lenses:		
Single Vision	Cover @100% after copay	Up to \$30
Bifocal	Cover @100% after copay	Up to \$50
Trifocal	Cover @100% after copay	Up to \$65
Lenticular	Cover @100% after copay	Up to \$100
Elective Contact Lenses (in lieu of frames and lenses)	100% of balance over \$120 allowance	Up to \$105

By utilizing an in-network provider, you will also receive an average of 20% off Elective Cosmetic “extras” added to your lenses, 20% off retail price for any additional pair of glasses, and 15% off the normal charge for Laser Correction Surgery (or 5% off promotional pricing).



Employer-Funded Benefits (Guardian)

Employee Assistance Program (EAP): American Behavioral

Balancing your work and home is not always easy. With American Behavioral, your confidential employee assistance program, you don't have to face life's challenges alone. American Behavioral provides support and guidance for matters that range from personal issues you might be facing, to providing information on everyday topics that affect your life, including legal and financial services.

You are eligible for up to 3 face-to-face counseling sessions for issues like grief and loss, marital/family issues, interpersonal relationships, and more. American Behavioral also provides services for eldercare support, legal and financial counseling, and community support resources.

You also have access to the Personal Advantage work-life, with more than 20,000 articles and interactive resources for topics such as emotional well-being, family life, health, financial, legal, personal growth, and stress.

This confidential resource is available at no cost to you. You may call for 24/7 support at 1-800-925-5327 or visit the website at www.americanbehavioral.com and input the program name: PTSOLUTIONS, and then create your username and password.

American Behavioral is a free and confidential benefit for all PT Solutions employees.

Life and AD&D Insurance

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide an additional benefit in the event of accidental death or following accidental injury which results in a personal loss. This benefit is provided through Guardian.

- The Company provides \$25,000 of Basic Life and AD&D Insurance to all eligible employees at no cost to you.

Employee Funded Benefits (Guardian)

Voluntary Life Insurance

You may also choose to elect Voluntary Term Life insurance for yourself, your spouse and dependent children.

All amounts above the Guarantee Issue must be approved by Guardian. It is your responsibility to complete the required forms.

Voluntary Life Highlights			
Life Benefit	Employee	Spouse	Child
Increments	\$10,000	\$5,000	\$1,000
Maximum	\$500,000	\$250,000	\$10,000
Limitations		Up to 100% of employee's approved amount	Employee must have voluntary coverage
Guaranteed Issue*	\$100,000	\$25,000	\$10,000
Evidence of Insurability	Required for late entrants and benefit increases over the guarantee issue amount or outside of the initial enrollment period.		
* The Guaranteed Issue amount is available to employees at their initial enrollment only.			

Rates by Age	Monthly Rate
15 – 29	\$0.05
30 – 34	\$0.06
35 – 39	\$0.09
40 – 44	\$0.17
45 – 49	\$0.26
50 – 54	\$0.40
55 – 59	\$0.64
60 – 64	\$1.00
65 – 69	\$1.64
70 – 74	\$2.63
75 – 79	\$4.71
Child Life Rate 15 days to age 26	\$0.17 Per \$1,000 of Coverage

Benefits reduce by:

35% at age 65, 50%

at age 70, 75% at age

75, 85% at age 80



Short Term Disability Insurance (STD)

Short-Term Disability (STD) insurance provides employees income protection during times when you are unable to work due to a non-work related illness or injury. STD insurance 60% of your regular weekly earnings up to a maximum of \$1,500 per week. There is a 7 day elimination period after which benefits may be paid up to a maximum of 13 weeks.

STD Rates by Age	Monthly Rate per \$10 of Weekly Benefit*
Less than 29	\$0.959
30 - 34	\$0.951
35 - 39	\$0.666
40 - 44	\$0.532
45 - 49	\$0.517
50 - 54	\$0.561
55 - 59	\$0.738
60 - 99	\$0.966

Premium Calculation Example:

\$30,000 annual earnings, age 34
 $\$30,000/52 = \$577/\text{week}$
 $\$577/\text{week} * 0.60 = \346.20 max

Cost

$\$346.20/\text{wk} * 0.951/10 = \$32.92/\text{mo}$

Long Term Disability Insurance (LTD)

Long-Term Disability (LTD) Insurance provides continuing income protection if you are disabled for more than 90 days. LTD insurance pays 60% of your basic monthly salary up to a maximum of \$4,500 per month. LTD benefits are offset by Social Security, worker's compensation, or retirement plan benefits, if any of those benefits are received.

LTD Rates by Age	Monthly Rate per \$100 of Covered Benefit*
Less than 29	\$0.467
30 - 34	\$0.730
35 - 39	\$1.129
40 - 44	\$1.552
45 - 49	\$2.030
50 - 54	\$2.407
55 - 59	\$2.573
60 - 99	\$1.847

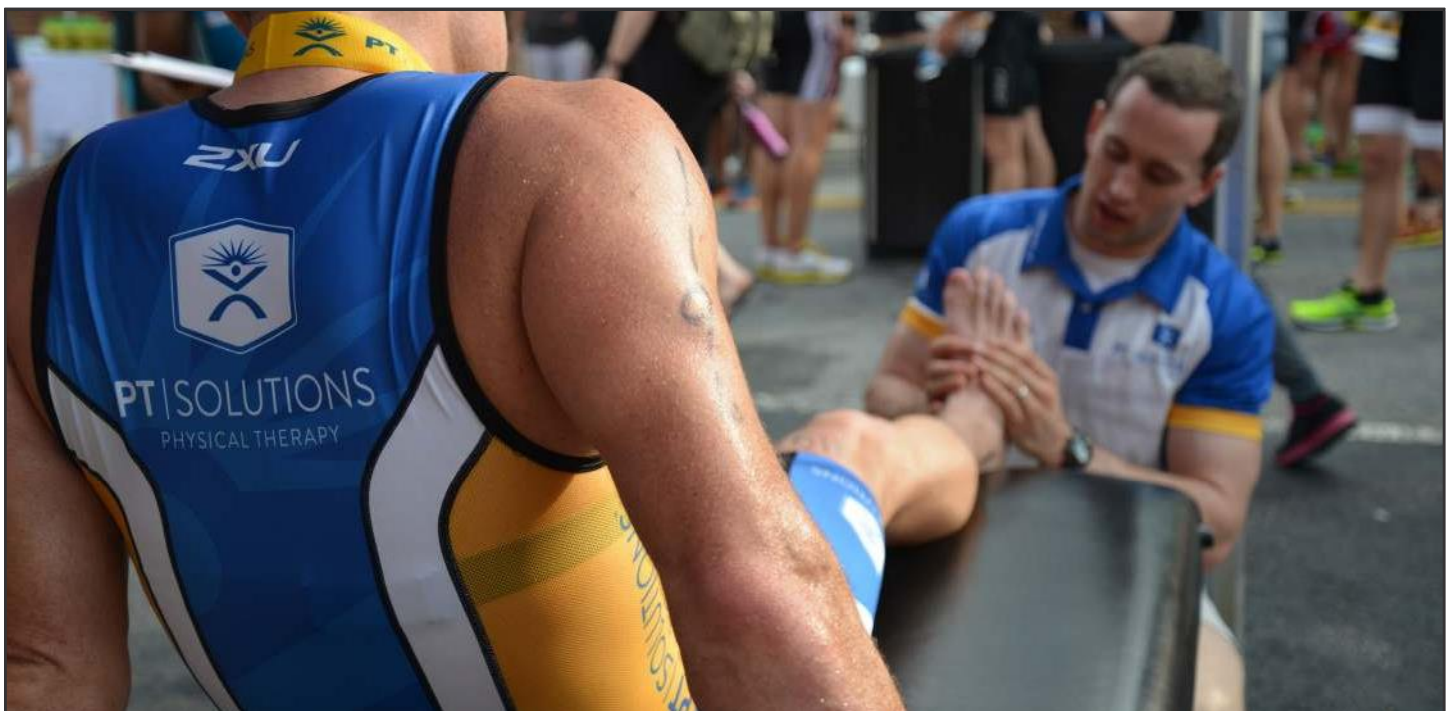
Premium Calculation Example:

\$30,000 annual earnings, age 34
 $\$30,000/12 = \$2,500/\text{month}$
 $\$2,500/\text{month} * 0.60 = \$1,500/\text{mo}$

Premium Cost:

$\$1,500/\text{mo} * 0.730/100 = \$10.95/\text{mo}$

***If you apply as a late entrant (outside your initial eligibility period) or if you request to increase your Coverage above the guarantee issue amount, then Evidence of Insurability (EOI) and insurance company approval will be required.**



Critical Illness and Accident Insurance through MetLife

While our medical options provide great coverage for you and your family's general health care needs, our Critical Illness and Accident plans offer additional protection against unforeseen illness or injuries. These benefits safeguard your finances so that you can focus on getting well. If elected, you pay the full cost of these coverages through payroll deductions on an after-tax basis. These plans are portable, so you can take them with you if you leave the company, as long as you continue making premium payments to MetLife.

Critical Illness*

If serious illness strikes, the last thing you need to worry about is how to pay for things like medical copayments, car payments, rent or mortgage, and utilities.

MetLife's Critical Illness Insurance provides cash to help with the extra expenses associated with your recovery. Benefits received can be used to help pay your medical plan deductible and coinsurance.

With Critical Illness Insurance, if you are diagnosed with a covered illness, you get a lump-sum cash benefit — even if you receive benefits from other insurance.

Use it for treatments not covered by other insurance or a dream vacation to celebrate your recovery ... you decide!

ADDED BENEFIT

Every insured person under the policy also receives a \$50 wellness benefit per calendar year if certain wellness and preventives services are completed!

COVERAGE AMOUNTS

- Employee (who is actively at work) - \$15,000
- Spouse - \$7,500
- Child - \$7,500

EXAMPLES OF COVERED ILLNESSES*

- Cancer
- Carcinoma in situ (30% benefit available)
- Heart attack
- Major organ failure
- End-stage renal (kidney) failure
- Coronary artery bypass surgery
- Stroke

****The Critical Illness plan has a 3/6 pre-existing condition limitation, meaning the plan does not cover conditions that were diagnosed or treated during the 3 months prior to the coverage effective date or for the first 6 months of your Critical Illness plan coverage. Please refer to the plan document for more information.***



Accident Insurance

The Accident Insurance plan provides benefits to help cover the unexpected costs associated with an accidental injury. Most people don't plan or budget for accidents.

When a covered accident occurs off-the-job, the last thing anyone wants to worry about is covering the expenses that may pile up while you're not at work. Those costs can add up quickly.

If a covered accident occurs, the Accident plan pays benefits regardless of any other insurance you have. MetLife will automatically send you a check for covered injuries. You decide the best way to spend it.

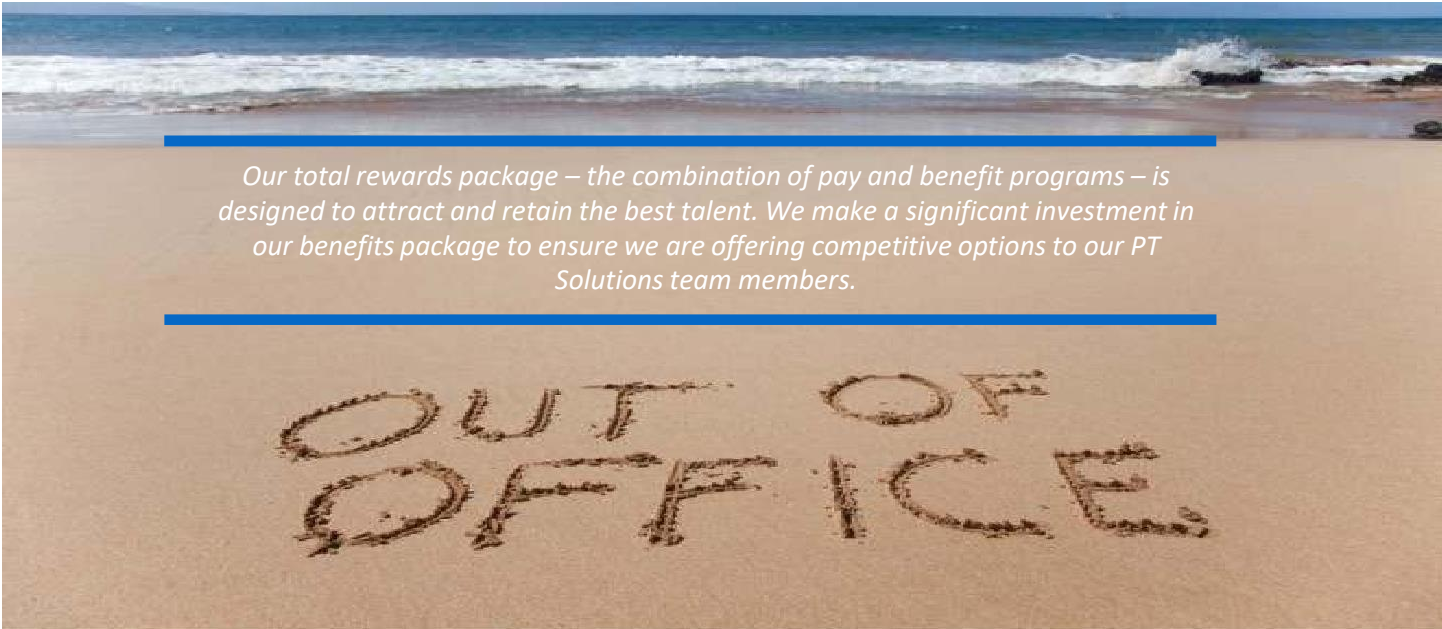
EXAMPLES OF COVERED ACCIDENTS AND INJURIES

- Emergency Room and ambulance (ground and air)
- Broken bones and burns
- Tooth crowns and extractions (emergency only)
- Torn ligaments, joint dislocations, and ruptured discs
- Cuts repaired by stitches
- Eye injuries
- Concussion

ADVANTAGES OF THE PLAN

- Coverage is available to all eligible employees who are actively at work.
You can buy coverage for your spouse and dependent children.
- No health questions to answer.
- Benefits are paid for accidents that occur off the job.
- This pays an additional sum if a covered individual has a serious injury, such as loss of sight, hearing or a limb.
- No restrictions on how you spend the benefits you received.

METLIFE'S ACCIDENT AND CRITICAL ILLNESS INSURANCE ARE A LIMITED BENEFIT GROUP INSURANCE POLICY. The policies are not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policies or its provisions may vary or be unavailable in some states. Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY.



Our total rewards package – the combination of pay and benefit programs – is designed to attract and retain the best talent. We make a significant investment in our benefits package to ensure we are offering competitive options to our PT Solutions team members.

Paid Time Off (PTO)

Eligibility: All full-time (30+ hours per week) are eligible for PTO. Part-time, temporary, and contract employees are not eligible for PTO. PTO hours begin to accrue immediately, and are available for use after completion of the 90-day Orientation Period (exceptions may be approved by senior management). Thereafter, all hours are available for use in the pay period following the pay period in which they are accrued. PTO balances will be updated and printed on associates' bi-weekly pay advices, and in the UltiPro Employee Portal.

Accrual: PTO is accrued each pay period, based upon paid hours of all types, up to 40 hours/week. PTO does not accrue on overtime hours or on unpaid leaves of absence. Associates are allowed to "borrow" up to 40 hours of PTO in excess of accrued PTO balance. Negative balances must be repaid in final payroll upon termination. Your length of service determines the rate at which you will accrue PTO. Associates become eligible for an increased accrual rate on the first day of the pay period in which their employment anniversary date falls.

	Years of Service	Accrual rate per Hour Worked	Max Annual PTO Accrual
Exempt and Licensed Clinicians	0-3	.0616	128 hours (16 days)
	4-10	.0808	168 hours (21 days)
	11+	.1000	208 hours (26 days)
Non-Exempt (Hourly)	1	.0424	88 hours (11 days)
	2-5	.0616	128 hours (16 days)
	6-10	.0808	168 hours (21 days)
	11+ years	.1000	208 hours (26 days)

Extended Illness Bank (EIB)

PTO balances do not roll from one calendar year to the next. Unused PTO hours will transfer to an employee's Extended Illness Bank (up to a maximum of 160 hours). The EIB is a company sponsored short-term disability plan designed to provide pay for employees during FMLA-qualified leaves of absence. Extended illness time can be used for an associates' illness, or for the care of a family member as provided and eligible under the provisions of the Family Medical Leave Act. The company contributes 2.05 hours per pay period to EIB on behalf of PTO eligible employees. Unused PTO hours as of December 31 each year transfer to EIB. EIB time may be used after 5 consecutive days of absence, and upon receipt of medical documentation in accordance with FMLA procedures. The EIB maximum is 160 hours, which will be fully funded by the company in 3 years with no employee contributions. Unused EIB hours are not paid upon termination.

Holidays

The following holidays are observed each year:

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

Eligible team members receive pay for the observed holiday. Those who work on the holiday receive "Holiday Worked Pay" for hours worked, in addition to Holiday Pay.

Floating Holiday

We realize that many of our team members may choose to recognize holidays not included above. To accommodate the needs of our diverse workforce, we also offer a **Floating Holiday** which can be used to celebrate a day of your choosing.

401(k) Retirement Savings Plan

The PT Solutions 401(k) Retirement Savings Plan offers a convenient way for you to save for the future through pretax payroll deductions. You are eligible to participate in the plan as of January 1 or July 1 following 90 days of employment.

Your Contributions: Contributions from your pay are made on a pretax basis—up to the IRS annual limit. If you are 50 years of age or older (or if you will reach age 50 by the end of the year), you may make a catch-up contribution in addition to the normal IRS annual limit. You may also make post tax Roth 401(k) contributions, provided that the total of your pre-tax and post-tax contributions do not exceed IRS maximums.

Vesting refers to your right of ownership to the money in your account. Vesting of company contributions, if applicable, are illustrated below.:

Vesting						
Years of service	1	2	3	4	5	6+
% Vested	0%	20%	40%	60%	80%	100%

For additional details about the 401(k) Retirement Savings Plan or to enroll or change your contribution rates (changes effective January 1 or July 1 only) or investment elections, please refer to jhpensions.com.



Professional Development

Continuing Education

Evidence-based practice is a critical pillar of care at PT Solutions. To ensure our patients are receiving the best treatment around, we need our therapists to stay up-to-date on the latest research and methods. We offer 'in-house' continuing education courses at no cost to our licensed clinicians. *

Additionally, any continuing education courses outside of PTS that support your clinical skills and are relevant to the company mission (and are also required to maintain professional licensure) will be reimbursed after approval by the management team.*

Clinician Professional Dues

National, and state association dues/expenses will be reimbursed for all clinical licensed staff. APTA, AOTA, ASHA... we've got you covered.*

Clinician Licensure Fees

There's no doubt that education costs are a burden, and we think the fees should stop there. That's why costs associated with professional licensure in the state(s) in which you will be rendering services are reimbursed for all clinical licensed staff.*

Professional Liability Insurance

Professional liability insurance is a must for any clinician, and therefore is provided by the company for all clinical licensed staff.

**Excludes PRN staff*

Fitness Incentives

Races

At PT Solutions, we encourage active lifestyles. Our team members are encouraged to participate in fitness races/walks of their choosing. As an incentive, we will reimburse entry fees for up to 5 events/\$500 per year - with prior approval. We also hold quarterly raffles based on race entries, so the more races you enter, the more likely you are to win cool prizes and PTS gear.



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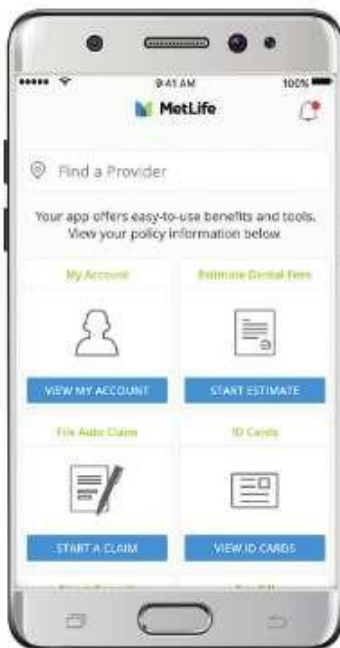


So much more!

To register, go to:

<https://app.engage-wellbeing.com/v2/login>

Or get the app at:



MetLife

With MetLife's mobile app, you can securely and easily view and manage your benefits information on your mobile devices.

To use the Metlife app, register at

www.metlife.com/mybenefits from a computer or directly

through the app.

Please note: certain features of MetLife US Mobile App are not available for some MetLife Dental Plans.

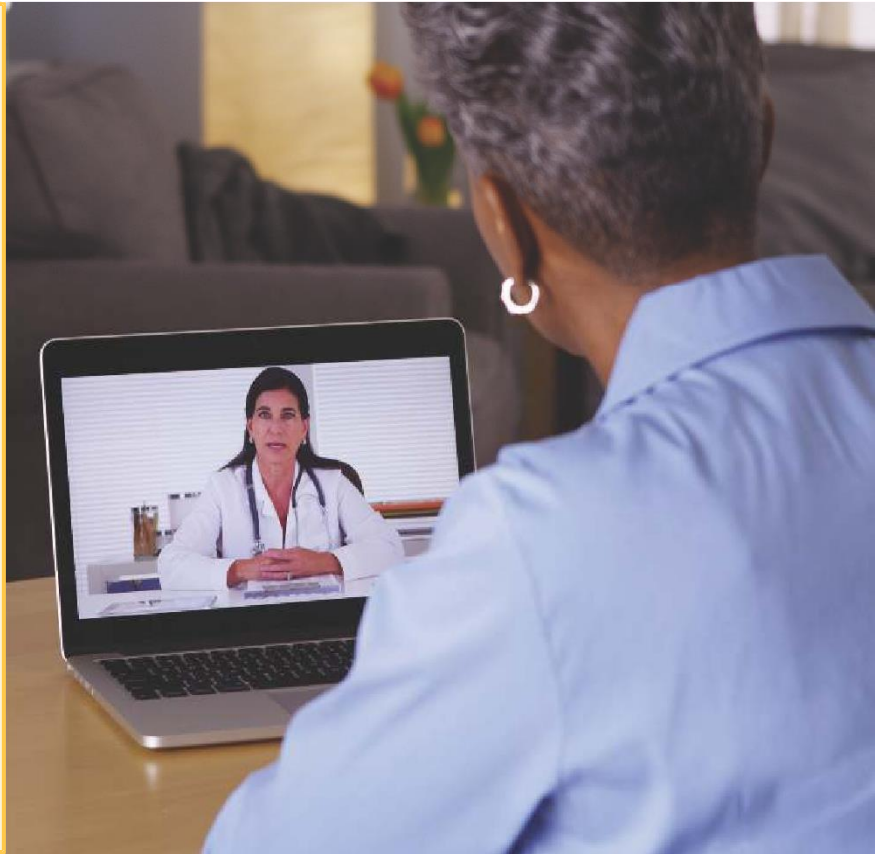


LiveHealth Online

Get quick and easy access to board-certified doctors anytime, anywhere. If you are enrolled in the Plus or Premium plan then your **first 12 visits are free** per calendar year, then each subsequent visit is subject to your plan's PCP copay. Visits for Value plan members are subject to the deductible then coinsurance.

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livehealthonline.com



USI Benefits Resource Center

Trained experts are ready to help you get the most out of our employee benefit plans. Representatives will:

- Provide answers about your health, dental, and other insurance benefits
- Assist with Provider billing issues
- Claim assistance
- Locating network providers
- ID cards

USI's dedicated team is ready to help you navigate the insurance maze. Reach out either via email or phone and someone from the team will get back to you quickly. All calls are confidential.

**Call Toll-Free
1-855-874-0835**

Monday – Friday: 8:00am – 5:00pm EST Or send an email to: brcsouth@usi.com.

USI Mobile Benefits App

Access all of your health benefits insurance policy details and contact information while on the go! This free app allows you to:

- Stay Organized – access all of your plan information and cards in one place
- Stay Up To Date – receive the most updated plan information automatically
- Lighten Up Your Wallet – store your id cards in the app
- Get In Touch – conveniently access contact information



Find it in your app store by searching for 'usieb' and download the free app. Use the access code **439613** to access the PT Solutions benefits.

Who to Contact

Plan	Contact	Phone Number	Website
Medical	Anthem/BCBS	1- 844-274-5201	Anthem.com
Health Savings Account	Act Wise	1- 844-274-5201	Anthem.com
Dental	MetLife	1-800-438-6388	metlife.com/mybenefits
Vision	MetLife	1-800-438-6388	metlife.com/mybenefits
Life & AD&D	Guardian	1-888-600-1600	guardiananytime.com
Short-Term & Long-Term Disability	Guardian	1-888-600-1600	guardiananytime.com
Employee Assistance Program	American Behavioral	1-800-925-5327	Americanbehavioral.com
Telemedicine	LiveHealth	N/A	LiveHealthOnline.com
Accident	MetLife	1-800-438-6388	metlife.com/mybenefits
Critical Illness	MetLife	1-800-438-6388	metlife.com/mybenefits
401(k) Retirement Savings Plan	John Hancock	1-800-395-1113	jhpensions.com



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