RehabVisions
PHYSICAL, OCCUPATIONAL & SPEECH THERAPY







2026 BENEFITS GUIDE

January 1 - December 31, 2026

Click to explore your benefit options

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following a 30 day waiting period.

  If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective
  January 1 - December 31, 2026.

Enrollment

Go to **www.paycom.com**.
There, you will find detailed information about the plans available to you and instructions for enrolling.

Re-Hires: based on timelines below:

- < 30 days: your previous enrollments will be reinstated. No changes are allowed.
- 31-90 days: will be eligible on the first of the month following rehire. *Elections must be made within 30 days.
- 91+ days: Same as a New Hire.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—*You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.*

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Meet ALEX

Meet ALEX, your personal benefits concierge. Just answer a few short questions about your anticipated health insurance needs, and ALEX will give you options tailored to your answers and your budget.

1. Open Enrollment is the time of year when you get to make big decisions about your healthcare in the year ahead. ALEX is here to take the stress out of those decisions.
2. Think of ALEX as an Open Enrollment cheat sheet: just plug in a few pieces of info and get answers to your big benefits questions.
3. You know that sinking feeling that comes with putting off a difficult decision? With ALEX, you won't anymore.
4. This Open Enrollment, you can count on ALEX to be your benefits partner, empowering you to make well-informed decisions for the year ahead.

Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Blue Cross Blue Shield of Nebraska PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network.

- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.

Blue Cross Blue Shield of Nebraska HDHP

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the annual deductible. ***NOTE****: If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL deductible (up to the family limit) before the plan starts to pay expenses for that individual.*
- Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. ***NOTE:*** *If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100 percent for that individual.*

The provider network is shown on your I.D. card. **NOTE:** For help in locating in-network providers, visit **www.NebraskaBlue.com/find-a-doctor** or call 1-844-201-0763.

The HSA

The HDHP comes with a type of savings account called a health savings account, or HSA. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- In addition, we will make a $100 monthly contribution to your HSA if you make a $50 monthly contribution to your HSA when you enroll in the HDHP Medical Plan.
- Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2026
Employee Only	$4,400
Family (employee + 1 or more)	$8,750
Catch-up (age 55+)	$1,000

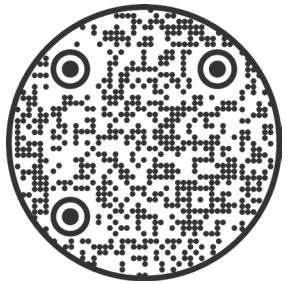
- You can withdraw HSA funds tax-free to pay for current qualified health care expenses, or save them for the future, also tax-free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

- You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969.
- For a complete list of qualified health care expenses, refer to IRS Publication 502.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Vitality Health and Wellness Program

* Enrolling in a RehabVisions Medical Plan will give you access to Vitality, a Health and Wellness program where you can earn points to purchase over $175 in gift cards to your favorite retailer such as Amazon and Nike!
Scan the QR code to download the Power of Vitality mobile app.



Medical (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Blue Cross Blue Shield of Nebraska $2,500 PPO		Blue Cross Blue Shield of Nebraska $3,500 QHDHP - HSA	
	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Deductible (per calendar year)				
Individual / Family	$2,500 / $5,000	$5,000 / $10,000	$3,500 / $7,000	$7,000 / $14,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	$6,000 / $12,000	$8,150 / $16,300	$6,000 / $12,000	$11,200 / $22,400
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)				
Individual / Family	N/A		$100 monthly contribution with a $50 monthly employee contribution	
Covered Services				
Office Visits (physician/specialist)	$30 / $50 copay	35%*	25%*	35%*
Virtual Visit	$10 copay	Not covered	$10 copay	Not covered
Routine Preventive Care	No charge	35%*	No charge	35%*
Outpatient Diagnostic (lab/X-ray)	25%*	35%*	25%*	35%*
Complex Imaging	25%*	35%*	25%*	35%*
Chiropractic	25%*	35%*	25%*	35%*
Ambulance	25%*		25%*	
Emergency Room	25%*		25%*	
Urgent Care Facility	25%*	35%*	25%*	35%*
Inpatient Hospital Stay	25%*	35%*	25%*	35%*
Outpatient Surgery	25%*	35%*	25%*	35%*
Prescription Drugs (Generic / Brand / Non-Formulary / Specialty)				
Retail Pharmacy (30-day supply)	$30 copay or 30%, whichever is greater for Generic, Formulary and Specialty Drugs 2.$50 copay or 30%, whichever is greater for Non-Formulary Drugs.	50%* (Specialty Drugs not covered)	25%*	50%* (Specialty Drugs not covered)
Mail Order (90-day supply)	$30 / $50 / $50	Not covered	25%*	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**
To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.
1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Specialty Drugs are limited to a 30-day supply.

Dental

We are proud to offer you a dental plan.

Ameritas DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Ameritas network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Ameritas DPPO	
	In-Network	Out-of-Network[1]
Deductible (per calendar year)		
Individual / Family	$50 / $150	
Benefit Maximum (per calendar year; preventive, basic, and major services combined)		
Per Individual	$1,500	
Covered Services		
Preventive Services: Oral Examinations (up to 2 per year) Bite-Wing Xrays (one set of 4 per year), Prophylaxis (cleaning) (up to 4 per year - periodontal cleanings contribute to this limit), Fluoride (up to 2 per year, under age 16), Sealants (1 per tooth every 4 years, under age 16). Space Maintainers (under age 16).	No charge	
Basic Services: Restorations (fillings), Endodontics (root canal), Periodontics (up to 4 cleanings per year - preventive cleanings contribute to this limit), Extractions, Oral Surgery, General Anesthesia, Palliative Treatment (pain relief), Recements (all), Repair of Dentures, Bridges and Crowns.	20%*	
Major Services: Crowns, Fixed Bridges, Dentures (full and partial), Inlays and Onlays, Implants, Relining Dentures	50%*	
Orthodontia (Child & Adult)	50%	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a vision plan.

The **Ameritas (EyeMed Insight Network)** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Ameritas (EyeMed Insight Network) network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	$10 copay	Up to $35
Lenses (once every 12 months)	$25 copay	
Single Vision		Up to $25
Bifocal		Up to $40
Trifocal		Up to $55
Frames (once every 24 months)	Covered up to $180	Up to $65
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to $180	Up to $104

Additional Benefits

Standard Progressive Lenses:

- $25 copay + $65
- 20% discount off the balance of frames; 15% discount off the balance of contact lenses

Lens Options (paid by the member):

- Tint (Solid and Gradient: $15
- UV Coating: $15
- Standard:
  - Scratch Resistance: $15
  - Polycarbonate: $40
  - Anti-Reflective Coating: $45
- Other Add-ons: 20% off retail price

Contact Lens Fit & Follow Up:

- Standard: up to $40
- Premium: 10% off retail price

Medically Necessary Contact Lenses:

- Paid in Full

Laser Vision Correction:

- 15% off retail price
- Lasik or PRK from U.S. Laser Network: 5% off promotional price

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Dependent Care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered through WEX Health, Inc. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA (HSA Medical Plan participants are not eligible)

For 2026, you may contribute up to $3,400 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions and Over-the-Counter Drugs
- Menstrual Care Products
- Dental treatment
- Orthodontia
- Eye exams, materials, Lasik

NOTE: If you enroll in the HSA medical plan, you may not participate in a Health Care FSA.

Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses. For 2026, you may contribute up to $3,400 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26.

Dependent Care FSA

For 2026, you may contribute up to $7,500 (per family) to cover eligible dependent care expenses ($3,750 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at NO COST to you through Lincoln Financial Group.

Benefit Amount	1 times annual earnings to a maximum of $50,000

Supplemental Life (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Lincoln Financial Group for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue[1]
Employee	Lesser of 5 times annual earnings or $500,000, in $10,000 increments (Maximum of $50,000 at age 70+)	$300,000
Spouse	Lesser of 1 times employee's benefit up to $500,000, in $5,000 increments (up to employee age of 70 or retirement)	$50,000
Child(ren)	Birth to 14 days: $1,000; 15 days to age 26: $2,000 increments up to $10,000	$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier. Late entrants and amounts requested over the Guaranteed Issue amount require EOI and approval by the insurance carrier. Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Annual Limited Enrollment: You may increase Supplemental Life for yourself up to two increments ($10,000 or $20,000) and/or your spouse up to two increments ($5,000 or $10,000) each year during open enrollment without providing evidence of insurability as long as you have not been previously declined.

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability	
Provided at an affordable group rate through Lincoln Financial Group.	
Benefit Percentage	60%
Weekly Benefit Maximum	$1,200
When Benefits Begin	After the 14th day of disability
Maximum Benefit Duration	11 weeks

Annual Limited Enrollment: Each year during open enrollment, you may elect Voluntary Short-Term Disability coverage with no health questions or exams. Coverage is subject to preexisting condition exclusions/limitations.

Voluntary Long-Term Disability	
Provided at an affordable group rate through Lincoln Financial Group.	
Benefit Percentage	60%
Monthly Benefit Maximum	$10,000
When Benefits Begin	After the 90th day of disability
Maximum Benefit Duration	Reduced Benefit Duration to SSNRA

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at NO COST to you through Employee Connect (through Lincoln Financial Group).

The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members.
- Up to 5 sessions, per person, per issue, per year in-person sessions with a counselor per issue, per year, per individual.
- Unlimited toll-free phone access and online resources.

Valuable Extras

We also offer the following additional benefits:

- **Travel Connect** - included with life coverage through Lincoln Financial Group.
- **LifeKeys** - included with Life coverage through Lincoln Financial Group - includes free will preparation tools.
- **Wellness Path** - Provides tools and personalized steps for employees to manage your finanical life.

401(k) Retirement Plan

- Below is a summary of the more important provisions of your plan:

Eligibility and Plan Entry*
- » You must complete 83 hours of service within 30 days
- » You must be 18 years old
- » You will enter the plan on the first day of the month following completion of eligibility requirements

Employee Deferrals
- » Regular payroll contributions per pay period
- » You may defer up to 92% of your annual compensation – not to exceed the annual IRS limits
- » You may terminate or change your deferrals at any time
- » Automatic Increase annually, up to 15%

Employer Contributions
- » Participants will receive a match of 50% of the first 2% of their monthly gross salary

Vesting
- » You will be 100% vested upon entering the plan

Rollover Contributions
- » Money distributed to you from another plan can be added to the Plan
- » IRA funds may be added to the Plan if the IRA consists of a distribution from a prior plan

Retirement
- » Normal Retirement Date is the date you attain age 65

Participant Loans
- » No loans for less than $1000 will be granted
- » Loans may be made up to ½ of your vested balance, for example:

Participant A	Account Balance	Vested %	Vested Amount	Amount Available
Employee Deferral	$4000	100%	$4000	$2000
Employer Match	$2000	100%	$2000	$1000

- » Loans must be repaid within 5 years by payroll deduction

Distributions Before Termination of Employment
- » There will be no distributions from your account while you are employed except: Your account may be distributed to you after age 59 1/2, if you are 100% vested Financial Hardship distributions are permitted as defined by the IRS

Financial Hardship Provisions
- » The IRS requires an immediate and heavy financial need
- » Hardships relate to medical expenses, secondary education tuition, foreclosure of home, or purchase of primary residence
- » The IRS will assess a 10% penalty for early withdrawal
- » You must pay income tax on the distribution
- » You will be suspended from deferring for six months

Distributions After Termination of Employment
- » Your distribution is made as soon as administratively feasible following your date of termination

Participant Statements
- » Your statements are available approximately 30 days following each quarter end (March 31, June 30, September 30 and December 31)

NOTE: This outline is a highlight of the more important provisions of the RehabVisions 401(k) Plan. If there is a conflict between a statement in this outline and in the plan document, the terms of the plan document control.

Contact your employer if you do not have a copy of the Summary Plan Description. A copy of this document will be provided to you as required by Federal law at no cost.

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Coverage Tier	Semi-Monthly Employee Contribution	
	$2,500 PPO	$3,500 QHDHP - HSA
Employee Only	$133.00	$75.50
Employee + Spouse	$338.00	$207.50
Employee + Child	$304.25	$186.00
Family	$498.00	$300.00

Dental

Coverage Tier	Semi-Monthly Employee Contribution
	DPPO
Employee Only	$25.00
Employee + Spouse	$50.00
Employee + Child	$45.00
Family	$73.75

Vision

Coverage Tier	Semi-Monthly Employee Contribution
	Ameritas (EYEMED NETWORK) Vision Coverage
Employee Only	$4.40
Employee + 1	$8.38
Family	$12.22

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Blue Cross Blue Shield of Nebraska	833-513-5607	https://www.nebraskablue.com/
Health Savings Account (HSA)	UMB Healthcare Services	866-520-4472	https://hsa.umb.com
Dental	Ameritas	800-487-5553	www.ameritas.com
Vision	Ameritas (EyeMed Insight Network)	866-289-0614	www.eyemedvisioncare.com
Flexible Spending Accounts (FSAs)	WEX Health, Inc. (Discovery Benefits)	866-451-3399	www.wexinc.com/discovery-benefits/
Life/AD&D & Supplemental Life	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com
Disability	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com
Employee Assistance Program (EAP)	Employee Connect (through Lincoln Financial Group)	888-628-4824	www.guidanceresources.com

Benefits Website

Our benefits website www.paycom.com can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

Amber McIntosh
Call/Text: (402) 334-6041
amcintosh@RehabVisions.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.
Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

HUB