

Monthly Plan Rates for groups effective beginning 10/1/2011

Additional Skilled Nursing	\$6.83 per month
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Covered after SC Plan deductible, from 101 through 365 days; up to \$125 per day

Private Duty Nursing	\$7.88 per month
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Covered after SC Plan deductible, \$100 per 8 hour shift; 30 shifts per calendar year

At Home Recovery	\$17.33 per month
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Covered after SC Plan deductible, up to \$40/visit and 7 visits per week;
\$1600 per calendar year maximum

Comprehensive Wellness	\$12.60 per month
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Subject to a calendar year maximum benefit amount of \$250 (not subject to a plan deductible)

Wellness Care includes, but is not limited to:

- Alternative health care such as massage and acupuncture
- Dental and vision check-ups
- Annual physical examinations
- Chronic disease self-management programs
- Alcohol dependency, substance abuse prevention and violence prevention counseling