

Southern Medical Corporation

A Cardiovascular Resource Company



2010 SMC Benefits Summary

The following is a list of all benefits provided to or for Southern Medical Corporation full-time employees:

1. **Health Insurance** (Blue Cross Blue Shield) – Portion of employee premium paid by SMC.
2. **Dental Insurance** (AlwaysCare Dental) – Portion of employee premium paid by SMC.
3. **Vision Insurance** (AlwaysCare Vision) – Portion of employee premium paid by SMC.
4. **Life Insurance** (Assurant, \$15,000) – Employee premium paid 100% by SMC.
5. **Long Term Disability** (Assurant) – Employee premium paid 100% by SMC.
6. **Retirement Plan** (Fidelity 401K) – SMC will match up to 5% of contributions. See enclosed information for further details of eligibility and participation.
7. **Additional Insurance** (Colonial Life) – Colonial Life offers our employees additional coverage for Short-Term Disability, Long-Term Disability, Accident, Cancer, Critical Illness, and Life Insurance. Any of these plans may be purchased in addition to the employee's other benefits. SMC will pay up to \$15.00 per month toward the employee's premium; any amount over the allowable bank (\$15.00) is paid by the employee via bi-weekly payroll deduction.
8. **Vacation, sick days, etc.** are explained in the policy manual.

Notes:

Upon termination of employment, health insurance benefits will be offered to former employee under Cobra plan and Colonial premiums will become the sole responsibility of the former employee.

Employee becomes eligible for coverage on the 1st of the month following 30 days of employment.



BLUE CROSS BLUE SHIELD

PremierBlue – PPO

Health Insurance



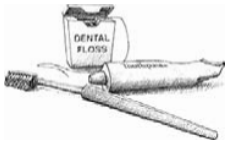
BENEFIT	PREFERRED PROVIDER ORGANIZATION	
	In-Network	Out of Network
Calendar Year Deductible Individual Family	\$1,000 \$3,000	\$2,500 \$7,500
Maximum Out of Pocket Individual Family	\$4,500 \$10,500	\$6,000 \$12,000
Coinsurance	80%	60%
Lifetime Maximum	\$5,000,000	
Physician In - Office Visits Specialist Office Visits	\$35 Copay per visit \$50 Copay per visit	60% after deductible
Wellness Option	Copay applies	60% after deductible
Physician Inpatient & Outpatient Services	80% after deductible	60% after deductible
Emergency Room	\$100 copay	60% after deductible
Surgery	80% after deductible	60% after deductible
Hospital Inpatient Coverage	80% after deductible	60% after deductible
Hospital Outpatient Coverage	80% after deductible	60% after deductible
Accidental Injury Benefit	80% coinsurance	60% after deductible
Diagnostic X-Ray & Laboratory	80% after deductible	60% after deductible
Mental & Nervous Disorders Inpatient <i>Limitation</i> Outpatient <i>Limitation</i>	80% after deductible \$50 Copay	60% after deductible
Prescription Drug Card <i>Refer to the contract for applicable supply limitations</i> <i>Retail – up to 30 day supply</i> <i>Mail Order – up to 90 day supply</i> <i>[Prescription Drug Deductible]</i>	Generic / Preferred Brand / Non-Preferred Brand / Multi-Source / Injectables Contraceptives Included – \$7 / \$30 / \$55 / \$70 / \$50 \$21 / \$90 / \$165 / \$210 / \$150 [\$100 per family member/per Calendar Year]	

Providers for this PPO plan are listed in the BlueCross & Blue Shield of Louisiana PremierBlue Provider Network Directory or any Blue Cross & Blue Shield Blue Card PPO [directory](#) nationwide.

This outline is presented for general information only. It is not a contract, nor intended to be a contract. If there is any discrepancy between this document and the Benefit Plan, the provisions of the Benefit Plan will govern. *Out of Network Deductible and Out of Pocket amounts will be credited toward the In Network Deductible and Out of Pocket. In Network Deductibles and Out of Pocket amount will not be credited towards the Out of Network Deductible and Out of Pocket.

BCBSLA Customer Service: 1-800-599-2583

Express Script Customer Service: 1-866-781-7533



BENEFIT SUMMARY



AlwaysCare Dental Insurance

TYPES OF COVERAGE	COVERAGE AMOUNTS
Annual Deductible Employee Family (up to 3 persons individually) <i>The individual deductible does not apply to Class I Dental Services</i>	\$50 per calendar year \$50 per person per calendar year
Benefit Maximums Benefit Year Maximum per Person Overall Benefit Maximums for TMJ	\$1,000 \$1,000
Co-Insurance Percentages Class A, Preventative Services <i>Limited to one visit every 6 months and 1 set of bitewing x-rays per calendar year.</i> Class B, Basic Services Class C, Major Services Class D, Orthodontics	100% 80% 50% 50%
Carryover Benefits Threshold Limit Carryover Account Maximum	\$250 \$500 \$1,000
<i>Employee becomes eligible for coverage on the 1st of the month following 30 days of employment.</i>	

AlwaysCare Vision Insurance

TYPES OF COVERAGE	WAL-MART COPAYS	OTHER PARTICIPATING PROVIDER COPAYS	OUT OF NETWORK ALLOWANCES
Vision Care Services Exam (<i>Once per 12 month period</i>) Materials (<i>see below</i>)	\$10 \$0	\$10 \$15	Up to \$30
Materials – Eye Glass Lenses <i>(once per 12 month period)</i> Single Vision Bifocal Trifocal Lenticular Progressive Lens Options: Scratch Resistant Coating Polycarbonate Lenses for Children	Covered Covered Covered \$80 allowance \$70 allowance Covered Covered	Covered Covered Covered \$80 allowance \$70 allowance N/A N/A	Up to \$25 Up to \$40 Up to \$50 Up to \$50 Up to \$40 N/A N/A
Materials – Frames <i>(Once per 24 month period)</i> Members choose from any frame available at Providers locations.	Up to \$74 retail allowance – covers 2/3 of frames available at Wal-Mart.	\$100 retail frame allowance. Covers a wide selection of frames.	Up to \$50 retail
Materials – Contact Lenses <i>(once per 12 month period)</i> Elective Medically Necessary	Up to \$130 retail Up to \$120 retail	Up to \$130 retail Up to \$210 retail	Up to \$100 retail Up to \$210 retail
<i>Employee becomes eligible for coverage on the 1st of the month following 30 days of employment.</i>			

Assurant Insurance Long-Term Disability Benefit

TYPES OF COVERAGE	BENEFIT AMOUNTS
Employee	60% of employee income
<i>Employee becomes eligible for coverage on the 1st of the month following 30 days of employment.</i>	

Assurant Insurance Life Insurance

TYPES OF COVERAGE	BENEFIT AMOUNTS
Employee	\$15,000
Family: <i>(only available if employee has Health Insurance through SMC)</i>	
Spouse	\$5,000
Children	\$2,000
<i>Employee becomes eligible for coverage on the 1st of the month following 30 days of employment.</i>	

Fidelity – 401K Retirement Plan

TYPES OF COVERAGE	BENEFIT AMOUNTS
Employee <i>(May contribute up to 25%)</i>	Employer matches employee contributions, up to a maximum of 5%
<i>Employee becomes eligible for coverage on the 1st of the month following 90 days of employment.</i>	
<i>SMC will deduct the processing fee charged by Fidelity for any loans drawn by a participant against their 401k account. This will be deducted \$25.00 per paycheck for 7 payroll cycles, total of \$175.00. SMC will pay this amount directly to Fidelity. This fee is non-negotiable. Deductions will begin with your first payment.</i>	

Colonial Life

Optional Insurance

TYPES OF COVERAGE	BENEFIT AMOUNTS
Employee <i>May choose to elect additional "Optional Insurances". Insurances available may include, but are not limited to:</i> Short Term Disability Life Cancer Critical Illness	<i>Benefit amounts vary based upon the choices made for coverage by the employee. SMC provides \$15 per month allowance toward premium of one optional insurance, if elected.</i>
<i>Employee becomes eligible for coverage on the 1st of the month following 30 days of employment.</i>	

Accrued Time

See policy manual for more details regarding eligibility and rules

TERMS OF BENEFIT	BENEFIT AMOUNTS
Vacation 0-1 years of service 1-4 years of service 5-9 years of service 10 or more years of service	0 days 10 days 15 days 20 days
Paid Holidays	New Year's Day Independence Day Good Friday Thanksgiving Day Christmas Day Labor Day
Personal Time 1-9 years of service 10 or more years of service	2 days 5 days