

## Monthly Plan Rates effective 1/1/2012

**Additional Skilled Nursing** **\$7.24 per month**

Covered after SC Plan deductible, from 101 through 365 days; up to \$125 per day

**Private Duty Nursing** **\$8.36 per month**

Covered after SC Plan deductible, \$100 per 8 hour shift; 30 shifts per calendar year

**At Home Recovery** **\$18.39 per month**

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

**Comprehensive Wellness** **\$13.37 per month**

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