

2021 CDI benefits overview



The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations and exclusions. The Company reserves the right to modify, amend, or terminate its benefit plans, in whole or in part, at any time and for any reason.

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DIAGNOSTIC IMAGING

Overview

The value that associates bring to our customers starts with the organization bringing the same value to associates. We believe in the five characteristics in our Values Statement, which are Accountability, Compassion, Drive, Excellence and Integrity. These values are pervasive in our organization, including the benefit package offered. Along with pay, the Company provides a benefit program with real financial value. This program has been designed to support and improve the health and well-being of associates and their families, in alignment with the five core values listed above.

Health management

The Company is committed to delivering the resources needed for associates to stay healthy, manage illness and get better faster. All associates working a minimum of 30 hours per week are eligible for insurance benefits on the first of the month following 30 days after date of hire. Eligible dependents include your legal spouse and dependent children up to age 26.

MEDICAL INSURANCE

The Company offers three medical plans for associates and funds a Health Reimbursement Account (HRA) or Health Savings Account (HSA) to assist with out-of-pocket medical costs, like deductibles and coinsurance, depending on the plan you elect. These plans utilize the **Medica Choice with United Healthcare Options PPO network**. You can review the details of these plans on pages 5 - 8.

DENTAL INSURANCE

Good oral care enhances overall physical health, appearance and well-being. Dental Insurance is designed to provide both regular preventive check ups and additional protection to associates and their families in the event that major dental services are required during the year. The Company offers two dental options for associates - a low option and a high option. While both plans cover necessary preventive and diagnostic services as well as orthodontia for dependent children under age 19, the high option also provides additional coverage for basic and major services, and higher coverage maximums.

VISION INSURANCE

Associates enrolled in any of the Company medical plan options receive an annual preventive eye exam covered at 100% at Medica Network providers. An Enhanced vision plan is also available for both in-network and out-of-network vision exam and material coverage through VSP. This plan provides coverage for an eye exam (once every calendar year) after a \$25 copay, frames and lenses (once every other calendar year) or contact lenses in lieu of glasses (once every calendar year) after a \$25 copay at network VSP Vision providers.

FLEXIBLE SPENDING ACCOUNTS

These accounts allow associates to save money on a pre-tax basis and use it tax-free to help pay for medical, dental and vision expenses incurred during the calendar year. These funds may also be used for prescription and over-the-counter drugs, medical equipment, and as a supplement to the company funded HRA. Plan carefully - these accounts operate on a use-it-or-lose-it basis. A separate account offers associates the opportunity to use pretax money for dependent day care expenses incurred during the calendar year.



This Benefits Summary highlights the key features of the CDI Management Corp. benefit programs. It is intended to be only a summary of the benefits available to you and does not include all plan rules and details and is not to be considered a certificate of coverage. While every effort was taken to accurately report your benefits, discrepancies are always possible. If for any reason there is a discrepancy between the official plan documents and this summary, the plan documents will always govern. Consult your plan documents (Schedule of Benefits, Certificate of Coverage, Group Insurance Certificate, Booklet, Summary Plan Description, Group Policy) to determine governing contractual provisions relating to your plan. Copies of these documents can be found on the Benefits Website. The company reserves the right to change, amend or terminate any benefit plan, with or without notice.

Risk management

Unexpected events can change your financial situation in the blink of an eye. The Company provides associates with a robust life and disability benefit program to protect associates and their families from the perils of the unexpected.

LIFE INSURANCE

Life insurance is designed to provide protection for dependents or to enable a beneficiary to settle affairs in the event of a death. This Company-paid benefit provides associates with Life and AD&D Insurance of 1 times annual earnings, up to a maximum of \$50,000. Associates also have the option to buy additional life insurance coverage for themselves, as well as coverage for their spouse and eligible dependent children.

DISABILITY INSURANCE

This Company-paid benefit provides short-term disability benefits for non-job related illness or injury. After a one-week waiting period associates receive payments of 66.67%* of weekly base pay for up to 12 weeks. Company paid long-term disability insurance is also provided for any disability lasting longer than 13 weeks, and is a 60% monthly benefit to a maximum of \$7,500 per month.

***The weekly benefit for associates working in CA, MA, NJ, NY, RI and WA will be reduced to offsets for state disability programs.**

Planning for your future

The Company supports associates in planning for the future and for retirement. All associates, full-time and part-time are eligible and will be automatically enrolled in the salary deferral component 30 days after date of hire. Automatic enrollment in the profit sharing component begins the first of the calendar quarter after completion of one year and 1,000 hours of employment.

The 401(k) Profit Sharing Plan is provided through Fidelity Investments with 20 investment options from which to choose. The plan also has a self-directed brokerage account option available for those who wish to have the highest degree of flexibility in selecting retirement savings investments. Contributions and earnings accumulate tax-free until you begin receiving benefits; a Roth 401(k) is also available. Earnings on Roth 401(k) contributions are tax-free as long as the account is held for a minimum of five years and you are of retirement age when you withdraw the funds. The Company's 401(k) Profit Sharing Plan has 3 separate and distinct components: salary deferral, company match and discretionary profit sharing contribution.

401(k) Profit Sharing Plan

SALARY DEFERRAL

Associates can elect to enroll immediately. Associates will automatically be enrolled at 6% of compensation (including salary, bonuses, commissions, and/or incentive payouts) after 30 days of employment, unless opted out or a different deferral amount is chosen. The 401(k) plan limits the amount of deferral to 60% of compensation to a maximum amount determined by the IRS. The 2020 combined limit for pre-tax and after-tax Roth contributions is \$19,500. Anyone age 50 and over may contribute an additional \$6,500. An after-tax contribution option with automatic Roth in-plan conversion is also available for those who will exceed the IRS maximum contribution. Pre-tax deferral contributions are deducted from W-2 Income and are not subject to state or federal income tax. Associates are always 100% vested in salary deferral contributions.

COMPANY MATCH

The Company adds \$.50 cents for every dollar up to the first \$3,000 invested per calendar year. The Company's matching contribution is made after the end of each plan year, and vests 25% each year of employment. Associates are fully vested in the Company match contributions after working four years. Associates must be employed on the last day (12/31) of each plan year to receive the matching contribution for the year.

DISCRETIONARY PROFIT SHARING CONTRIBUTION

The Company may make a profit sharing contribution to eligible associates. If made, this contribution is a percentage of annual compensation up to the IRS cap (\$290,000 in 2021) made after the end of each plan year, and vests 25% each year of employment. Associates are fully vested in the profit sharing contributions after working four years. Associates must be employed on the last day (12/31) of each plan year to receive the profit sharing contribution for the year.

Additional benefits

The Company provides a broad set of additional benefits to eligible associates. Eligibility for these benefits varies. The following is a brief summary of the features of some of these benefits.

LEGAL PLAN

The pre-paid legal plan offers associates and their family 24/7 access to a team of attorneys who provide free and/or discounted assistance, such as document review and preparation, Wills and Living Trusts, traffic accident and ticket defense, trial defense, IRS audit and debt collection defense.

LIFE ASSISTANCE PROGRAM

No matter what the issue, the life assistance program offered through Lincoln Financial makes services available 24 hours a day, 7 days a week, providing confidential support, guidance, and resources.

- Assistance for you or an immediate household family member
- Five face-to-face sessions available to you and your household members
- 24 / 7 / 365 telephone and online access

TECHNOLOGIST / RN PROFESSIONAL ASSOCIATION MEMBERSHIP

This company-paid membership gives our technologists and nurses a tool to enhance their technical knowledge and offers the opportunity to stay abreast of the developments in the marketplace.

ASSOCIATE BONUS PLAN

The Associate Bonus Plan provides associates an incentive to participate in the Company's continued success. The target associate bonus is 5% of eligible associate earnings for each quarter. Bonuses are generally paid within two months following quarter end and are based upon budget performance of key business drivers for the appropriate market.

ASSOCIATE SCANS AND SERVICES

Associates, their legally married spouse and dependent children up to age 26 may have certain outpatient diagnostic imaging services performed at participating centers at no charge.

PAID TIME OFF (PTO)

The Company offers a liberal paid-time off program and strongly encourages associates to take time away from work. Length of service determines PTO accrual rate. PTO accrual for non-exempt associates is based on actual hours worked. PTO accrual is calculated using the schedule below.

PTO accrual schedule

Length of employment	Full-time accrual rate	Annual accrual
0-2 years	4.62 hours/pay period	15 days
3-9 years	6.16 hours/pay period	20 days
10-14 years	7.70 hours/pay period	25 days
15-19 years	8.30 hours/pay period	27 days
20+ years	9.20 hours/pay period	30 days

HOLIDAY OVERVIEW

The Company observes six designated holidays each calendar year:

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

In addition, associates may select two additional days throughout the year to use as float holidays. Associates newly hired between July 1 and September 30 may select one float holiday for that year; those hired after September 30 will be eligible the next payroll year. Holiday pay for part-time associates is prorated based on employment status.

VOLUNTEER TIME OFF

CDI encourages all associates to take the time to volunteer in the communities we live in. To facilitate this, associates may use up to 4 hours of paid Volunteer Time Off (VTO) during regularly scheduled work hours each payroll year to volunteer for a charitable non-profit organization in their community.

ADOPTION ASSISTANCE PROGRAM

The Company's goal is to assist eligible associates by reimbursement of adoption costs of up to \$5,000 per child. Any child adoption except stepchildren and children related to either adoptive parent qualifies for this benefit. The child must be under age 18, or physically or mentally incapable of caring for him or herself for expenses to be eligible for reimbursement.

TUITION REIMBURSEMENT PROGRAM

Eligible associates will be reimbursed for 50% of tuition (includes costs for tuition, books, registration and lab fees) when pursuing an advanced degree (i.e. Associates, Bachelors, or Masters) for programs that are job-related or which pertain to the associate's career development at the Company, to a maximum of \$2,500 per calendar year.

PET INSURANCE

Veterinary Pet Insurance provides reimbursement for veterinary expenses related to wellness and/or accidents and illnesses. Policies are available for dogs, cats, birds, reptiles and other exotic pets. Rates are determined by species, type of plan selected and state of residence.

PARENTAL LEAVE

CDI understands the importance of caring for a newborn or newly adopted child and we want to support associates in the first days with a new child. Our Short-Term Disability (STD) program covers the mother after the birth and fathers and adoptive parents can apply for FMLA to take unpaid leave following the birth. It can be a challenge to take time off without pay, so CDI also provides 2 weeks of paid leave for associates not eligible for STD (fathers, adoptive parents and part-time associates). This will be paid at the same rate as the STD program which covers 66.67% of base pay (reduced for those in CA, MA, NJ, NY, RI or WA due to offsets for state leave programs).

Medical insurance

The company offers three medical plan options for eligible associates:

- Copay Plan
- HRA Plan
- HSA Plan

The Company contributes the following amounts to each associate's HRA or HSA to assist in meeting the deductible and out-of-pocket maximum.

2021 account contributions

	Copay plan	HRA plan	
Associate	N/A	\$1,000/year	\$19.23/ pay period
Associate + 1		\$1,500/year	\$38.46/ pay period
Family		\$2,000/year	\$57.69/ pay period

The bi-weekly associate medical insurance premiums are listed below:

2021 bi-weekly premiums

	Copay plan	HRA plan	
Associate	\$103.72	\$43.27	\$33.88
Associate + 1	\$291.12	\$128.00	\$103.26
Family	\$395.65	\$194.29	\$165.53

A summary of the plan details can be found on the following pages.

Below is a brief summary of the key elements of the Copay medical plan. Please refer to the benefit plan documents for specific benefits, limitations and exclusions.

Copay plan

		In-network	Out-of-network
Lifetime benefit maximum		Unlimited	
Annual deductible (in-network and out-of-network deductibles accumulate separately)	Associate	\$1,000/person	\$1,000/person
	Associate + 1	\$1,000/person \$2,000/family	\$1,000/person \$2,000/family
	Family	\$1,000/person \$3,000/family	\$1,000/person \$3,000/family
Coinsurance		You pay 20% after deductible is met	You pay 40% after deductible is met
Annual out-of-pocket maximum (includes deductible, copays, and coinsurance; in-network and out-of-network maximums accumulate separately; non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum)	Associate	\$2,000/person	\$4,000/person
	Associate + 1	\$2,000/person \$4,000/family	\$4,000/person \$6,000/family
	Family	\$2,000/person \$6,000/family	\$4,000/person \$8,000/family
Doctor's office			
Wellness care (routine exams, x-rays/tests, immunizations, eye exams, well-baby care and routine cancer screenings)		100% covered – deductible does not apply	
Primary care/Specialty care office visit		\$35 copay	Deductible, then 40% up to OOP Max
Urgent care		\$35 copay	
Convenience care/Retail care		\$20 copay	Deductible, then 40% up to OOP Max
Prescription drugs			
Retail pharmacy (34-day supply)		\$10 generic \$50 preferred brand \$100 non-preferred brand	
Mail order pharmacy (90-day supply)		\$30 generic \$150 preferred brand \$300 non-preferred brand	Deductible, then 40% up to OOP Max
Diabetic supplies (OTC, glucose monitors, syringes, test strips) as medically necessary		\$10 generic \$50 preferred brand \$100 non-preferred brand	
Hospital services			
Emergency room		Deductible, then 20% up to OOP Max	
Ambulance services		Deductible, then 20% up to OOP Max	
Inpatient services		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max
Outpatient services		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max
Mental health services			
Office visits		\$35 copay	Deductible, then 40% up to OOP Max
Inpatient services		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max
Outpatient services		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max
Other services			
Prenatal care		100% covered—deductible does not apply	
Postnatal care		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max
Chiropractic services		\$35 copay	Deductible, then 40% up to OOP Max
Physical, occupational and speech therapy services		\$35 copay	Deductible, then 40% up to OOP Max
Skilled nursing/Home health care		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max

Below is a brief summary of the key elements of the HRA medical plan. Please refer to the benefit plan documents for specific benefits, limitations and exclusions.

HRA plan

		In-network	Out-of-network
Lifetime benefit maximum		Unlimited	
Annual deductible (in-network and out-of-network deductibles accumulate separately)	Associate	\$4,000/person	\$4,000/person
	Associate + 1	\$4,000/person \$5,000/family	\$4,000/person \$5,000/family
	Family	\$4,000/person \$6,000/family	\$4,000/person \$6,000/family
Coinsurance		You pay 20% after deductible is met	You pay 40% after deductible is met
Annual out-of-pocket maximum (includes deductible, copays, and coinsurance; in-network and out-of-network maximums accumulate separately; non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum)	Associate	\$5,000/person	\$6,000/person
	Associate + 1	\$5,000/person \$6,000/family	\$6,000/person \$8,500/family
	Family	\$5,000/person \$7,000/family	\$6,000/person \$10,000/family
Doctor's office			
Wellness care (routine exams, x-rays/tests, immunizations, eye exams, well-baby care and routine cancer screenings)		100% covered – deductible does not apply	
Primary care/Specialty care office visit		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max
Urgent care		Deductible, then 20% up to OOP Max	
Convenience care/Retail care		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max
Prescription drugs			
Retail pharmacy (34-day supply)		Deductible, then 20% up to OOP Max	
Mail order pharmacy (90-day supply)		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max
Diabetic supplies (OTC, glucose monitors, syringes, test strips) as medically necessary		Deductible, then 20% up to OOP Max	
Hospital services			
Emergency room		Deductible, then 20% up to OOP Max	
Ambulance services		Deductible, then 20% up to OOP Max	
Inpatient services		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max
Outpatient services		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max
Mental health services			
Office visits		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max
Inpatient services		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max
Outpatient services		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max
Other services			
Prenatal care		100% covered—deductible does not apply	
Postnatal care		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max
Chiropractic services		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max
Physical, occupational and speech therapy services		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max
Skilled nursing/Home health care		Deductible, then 20% up to OOP Max	Deductible, then 40% up to OOP Max

Below is a brief summary of the key elements of the HSA medical plan. Please refer to the benefit plan documents for specific benefits, limitations and exclusions.

HSA plan

Lifetime benefit maximum			Unlimited
	Associate	\$5,000/person	\$5,000/person
Annual deductible (in-network and out-of-network deductibles accumulate separately)	Associate + 1	\$5,000/person \$6,000/family	\$5,000/person \$6,000/family
	Family	\$5,000/person \$7,000/family	\$5,000/person \$7,000/family
Coinsurance		You pay 0% after deductible is met	You pay 20% after deductible is met
Annual out-of-pocket maximum (includes deductible, and coinsurance; in-network and out-of-network maximums accumulate separately; non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum)	Associate	\$5,000/person	\$10,000/person
	Associate + 1	\$5,000/person \$6,000/family	\$10,000/person \$12,000/family
	Family	\$5,000/person \$7,000/family	\$10,000/person \$14,000/family
Wellness care (routine exams, x-rays/tests, immunizations, eye exams, well-baby care and routine cancer screenings)		100% covered – deductible does not apply	
Primary care/Specialty care office visit		Deductible, then 100% covered	Deductible, then 20% up to OOP Max
Urgent care		Deductible, then 100% covered	
Convenience care/Retail care		Deductible, then 100% covered	Deductible, then 20% up to OOP Max
Retail pharmacy (34-day supply)		Deductible, then 100% covered	
Mail order pharmacy (90-day supply)		Deductible, then 100% covered	Deductible, then 20% up to OOP Max
Diabetic supplies (OTC, glucose monitors, syringes, test strips) as medically necessary		Deductible, then 100% covered	
Emergency room		Deductible, then 100% covered	
Ambulance services		Deductible, then 100% covered	
Inpatient services		Deductible, then 100% covered	Deductible, then 20% up to OOP Max
Outpatient services		Deductible, then 100% covered	Deductible, then 20% up to OOP Max
Office visits		Deductible, then 100% covered	Deductible, then 20% up to OOP Max
Inpatient services		Deductible, then 100% covered	Deductible, then 20% up to OOP Max
Outpatient services		Deductible, then 100% covered	Deductible, then 20% up to OOP Max
Prenatal care		100% covered—deductible does not apply	
Postnatal care		Deductible, then 100% covered	Deductible, then 20% up to OOP Max
Chiropractic services		Deductible, then 100% covered	Deductible, then 20% up to OOP Max
Physical, occupational and speech therapy services		Deductible, then 100% covered	Deductible, then 20% up to OOP Max
Skilled nursing/Home health care		Deductible, then 100% covered	Deductible, then 20% up to OOP Max

ACCOUNTABILITY

We take responsibility for our actions and deliver what we promise.
We always look for ways to improve our services and care.

Compassion

We focus on our patients first. We understand the value and fragility of trust. We appreciate one another and enjoy our work together.

DRIVE

We are passionate about our work and purpose. We embrace and urge positive change.

INTEGRITY

We weave what's right in all we do. We focus on ethical, honest, respectful interactions.

This benefit summary prepared by



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