The Choice is Yours!

2022

Benefits Decision Guide

BENEFITS FOR A HEALTHY LIFE

Your 2022 benefit choices

RAYUS RADIOLOGY™

Welcome

Providing great benefit choices to you and your family is just one of the many ways we support the physical, financial, and emotional well-being of the people who make our company successful — you.

Your benefits

We recognize how important benefits are to you. That's why we're committed to supporting your overall wellness with a comprehensive benefits program designed to meet your unique needs. Key features of your benefits include:

- Choice among many popular benefit options.
- Effective and affordable health care coverage.
- Programs to help ensure financial security for you and your family.

Take action

Use this guide to better understand your 2022 benefits, so you can make the best choices for yourself and your family. Then be sure to enroll by the enrollment deadline to ensure you receive coverage.

Effective date of coverage

For new employees, the effective date of coverage for most benefit plans is the first of the month following 30 days from date of hire. For existing employees enrolling during Open Enrollment, the effective date of most plans is January 1, 2022.

Eligible dependents

For your Medical, Dental, Vision, Child Life and Legal plans:

- Your legal spouse.
- Your children, stepchildren, adopted children, or other children for whom a court holds you responsible, up to the end of the month when they turn age 26.
- Your children who are physically or mentally disabled and financially dependent on you for support may continue on your coverage beyond the normal age limit if the disability continues. You will be required to provide appropriate documentation annually.

Your eligibility for benefits depends on your employment status…..	Full-time (40 hours) Part-time (30-39 hours)	Part-time (20-29 hours)	Part-time (<20 hours)
Medical, Dental, Vision	X	*	*
Flexible Spending Accounts (FSA)	X	X	
Health Savings Account (HSA)	X	*	*
Basic Life/AD&D, Voluntary Life/AD&D	X		
Disability (Short & Long Term)	X		
Legal Plan	X	X	
Employee Assistance Program (EAP)	X	X	X
Pet Insurance	X	X	
401(K) Profit Sharing Plan	X	X	X
Paid Time Off**	X	X	X
Holidays/Float Holidays***	X	X	X
Paid Parental Leave	X	X	X
Employee Scans and Services	X	X	X
Volunteer Time Off	X	X	X
Adoption Assistance	X		
Technologist/RN Professional Association Membership	X	X	X
Tuition Reimbursement Program	X		

**If required for the medical plan during a stability period under the terms of the Affordable Care Act (ACA).*
***Accrual is based on actual hours worked.*
****Prorated for Part-time employees.*

More information

You can find more information about your benefit plans, including detailed Summary Plan Descriptions (SPDs), on ADP Self Service at **workforcenow.adp.com,** under Resources>Company Information>Tools/References.



Inside this guide

Important reminders

- **Company name:** The CDI doing business as (DBA) name was changed to RAYUS Radiology in August 2021! When contacting benefit plan providers you may need to identify yourself as an employee of CDI Management Corp., which is still the legal name of the company.
- **New employees: Enroll within 30 days from your eligibility date.** If you don't enroll within this time period, you will not have benefit coverage, except for plans and programs that are fully paid by RAYUS, such as basic life/AD&D and disability.
- **Open Enrollment: Enroll before the enrollment deadline.** If you do not make changes to your coverage within the enrollment time period, your current coverage will continue. However, if you wish to participate in any of the following benefits in 2022, you must actively enroll in them during Open Enrollment:
  - Health Care Flexible Spending Account (FSA)
  - Dependent Day Care Flexible Spending Account (FSA)
- **If you want to keep your current benefits in 2022**, you don't need to re-enroll, with the exception of the Health Care and Dependent Day Care Flexible Spending Accounts (FSAs), If you're currently participating in either of these accounts, your contributions to these accounts won't carry forward — you must re-enroll.
- **Making election changes:** It is important to choose your benefits carefully because Internal Revenue Service (IRS) regulations allow you to change your medical, dental, vision and FSA elections only during an annual open enrollment period or **within 30 days** of a qualifying life event, such as marriage, divorce, birth, adoption, gain/loss of other coverage, or a change in your or your spouse's employment status that affects your benefits eligibility.
  - If you have a qualifying life event and wish to make election changes, you must notify Human Resources **within 30 days** of the event (including newborns). Be prepared to provide documentation to support the qualifying life event change (e.g. marriage certificate, hospital birth record, divorce decree, etc.).

Summary of Benefits and Coverage

The Health section of this guide provides an overview of your medical plan options. You can find detailed information about each plan, including a breakdown of costs, in each plan's Summary of Benefits and Coverage (SBC). The SBCs summarize important information about your health coverage options in a standard format to help you compare costs and features across plans. The SBCs are available on ADP Self Service at **workforcenow.adp.com** under Resources>Company Information>Tools/References. A paper copy is also available by calling 952-543-6500.

HEALTH

Quality health coverage is one of the most valuable benefits you enjoy as a RAYUS employee. Our benefits program offers plans to help keep you and your family healthy and also provide important protection in the event of illness or injury.

Medical

For 2022, you have a choice of medical plans giving you the flexibility to choose what's best for your needs and budget:

- Copay Plan
- Health Reimbursement Account (HRA) Plan
- Health Savings Account (HSA) Plan

Key features

All RAYUS medical plans offer:

- Comprehensive, affordable coverage for a wide range of health care services.
- In-network preventive care, with services covered at 100%, including routine physicals, immunizations, well-woman and well-child exams, and cancer screenings.
- Prescription drug coverage included with each plan.
- Financial protection through annual out-of-pocket maximums that limit the amount you'll pay each year.
- Flexibility to see any provider you want, although you'll save money when you stay in-network.
- Choice of coverage levels: Employee, Employee + 1 and Family.
- One of the largest national networks of providers to choose from. To locate a network provider:
    - Go to the Anthem/Empire Blue Cross Blue Shield website at **https://www.empireblue.com/find-care/**
    - Click on Guests
    - Choose "Medical" from the drop down list
    - Select your state
    - Choose "Medical (Employer-Sponsored)" from the drop down list
    - Choose the network name below based on your state:
        - DC, MD, Northern VA – BlueChoice Adv Open Access (Select Network)
        - FL – NetworkBlue (Select Network)
        - WI – Blue Preferred POS
        - All Other States – National PPO (BlueCard PPO)

Which plan is right for you?

Consider which plan features are most important to you. Do you want to:	Copay Plan	HRA Plan	HSA Plan
Open and contribute to a tax-free HSA, which has no "use it or lose it" rule and offers the opportunity to invest money for future medical costs?			X
Pay the lowest premium cost, which may make it the least expensive option if you expect to have low health care usage?			X
Balance your out-of-pocket and paycheck costs with a moderate deductible and premium cost?		X	
Pay the highest premium cost in order to keep your out-of-pocket costs as low as possible when you need care?	X		

Medical plan costs

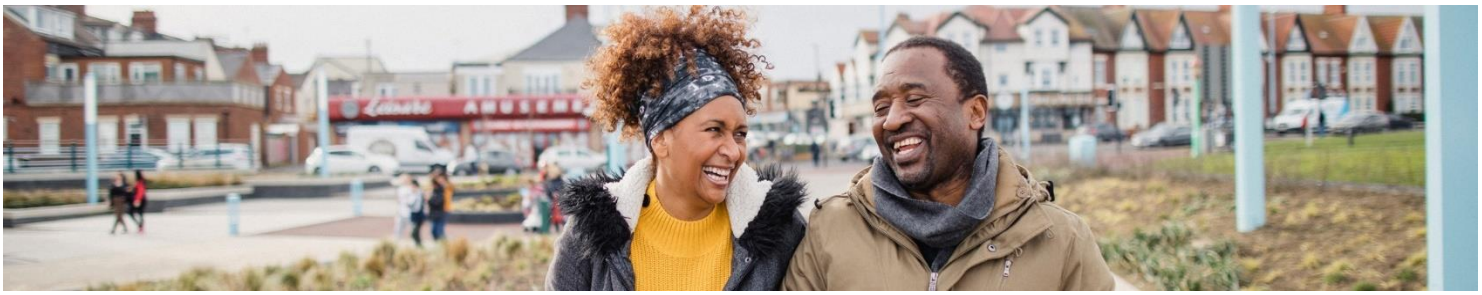
You and RAYUS share the cost of your medical benefits — RAYUS pays a generous portion of the total cost and you pay the remainder through payroll deductions. Your specific cost is based on the plan and coverage level you select.

2022 paycheck deductions per pay period (before tax)

Copay Plan	Employee	Employee +1	Family
Employee	**$103.72**	**$291.12**	**$395.65**
Employer	$224.81	$300.23	$524.22

HRA Plan	Employee	Employee +1	Family
Employee	**$43.27**	**$128.00**	**$194.29**
Employer	$280.86	$455.44	$713.29

HSA Plan	Employee	Employee +1	Family
Employee	**$33.88**	**$103.26**	**$165.53**
Employer	$280.73	$466.88	$719.22



	Copay Plan		HRA Plan		HSA Plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual deductible (in network and out-of-network accumulate separately)						
Employee/employee+1 /family	$1,000/$2,000 /$3,000	$1,000/$2,000 /$3,000	$4,000/$5,000 /$6,000	$4,000/$5,000 /$6,000	$5,000/$6,000 /$7,000	$5,000/$6,000 /$7,000
Out-of-pocket maximum (in network and out-of-network accumulate separately)						
Employee/employee+1 /family	$2,000/$4,000 /$6,000	$4,000/$6,000 /$8,000	$5,000/$6,000 /$7,000	$6,000/$8,500 /$10,000	$5,000/$6,000 /$7,000	$10,000/$12,000 /$14,000
Medical coverage						
Doctor's office visits	$35 copay	Ded. then 40% up to OOP Max	Ded. then 20% up to OOP Max	Ded. then 40% up to OOP Max	Ded. then 100%	Ded. then 20% up to OOP Max
Preventive care	100% - Ded does not apply	100% - Ded does not apply	100% - Ded does not apply	100% - Ded does not apply	100% - Ded does not apply	100% - Ded does not apply
Specialist visits	$35 copay	Ded. then 40% up to OOP Max	Ded. then 20% up to OOP Max	Ded. then 40% up to OOP Max	Ded. then 100%	Ded. then 20% up to OOP Max
Outpatient surgery	Ded. then 20% up to OOP Max	Ded. then 40% up to OOP Max	Ded. then 20% up to OOP Max	Ded. then 40% up to OOP Max	Ded. then 100%	Ded. then 20% up to OOP Max
Inpatient hospital (per stay)	Ded. then 20% up to OOP Max	Ded. then 40% up to OOP Max	Ded. then 20% up to OOP Max	Ded. then 40% up to OOP Max	Ded. then 100%	Ded. then 20% up to OOP Max
Emergency room	Ded. then 20% up to OOP Max	Ded. then 20% up to OOP Max	Ded. then 20% up to OOP Max	Ded. then 20% up to OOP Max	Ded. then 100%	Ded. then 100%
Retail prescription drugs (34-day supply)						
Generic	$10	40% coinsurance	Ded. then 20% up to OOP Max	Ded. then 40% up to OOP Max	Ded. then 100%	Ded. then 20% up to OOP Max
Brand Formulary	$50	40% coinsurance	Ded. then 20% up to OOP Max	Ded. then 40% up to OOP Max	Ded. then 100%	Ded. then 20% up to OOP Max
Non-formulary	$100	40% coinsurance	Ded. then 20% up to OOP Max	Ded. then 40% up to OOP Max	Ded. then 100%	Ded. then 20% up to OOP Max
Mail-order prescription drugs (90-day supply)						
Generic	$30	40% coinsurance	Ded. then 20% up to OOP Max	Ded. then 40% up to OOP Max	Ded. then 100%	Ded. then 20% up to OOP Max
Brand Formulary	$150	40% coinsurance	Ded. then 20% up to OOP Max	Ded. then 40% up to OOP Max	Ded. then 100%	Ded. then 20% up to OOP Max
Non-formulary	$300	40% coinsurance	Ded. then 20% up to OOP Max	Ded. then 40% up to OOP Max	Ded. then 100%	Ded. then 20% up to OOP Max

Money-saving tips

To stretch your health care dollars, remember to:

See in-network providers who have agreed to accept lower negotiated rates. Visit **https://www.empireblue.com/find-care/** to search for in-network providers near you.

Use the mail-order pharmacy to save time and money when refilling long-term prescriptions.

A closer look at the HSA Plan

The HSA Plan costs you less from your paycheck, so you keep more of your money. This rewards you for taking an active role as a health care consumer, and as a result could save you on your health care costs.

HSA plan advantages

1. Lower paycheck costs

Your per-paycheck costs are lower compared to RAYUS's other health plans, giving you the opportunity to contribute the cost savings to a tax-free (federal taxes) Health Savings Account (HSA). You pay for your initial medical costs until you meet your annual deductible, and then you may pay a percentage of any further costs until you reach the annual out-of-pocket maximum.

2. Tax-advantaged savings account

To help you pay your deductible and other out-of-pocket costs, the HSA plan provides a Health Savings Account (HSA) and allows you to make tax-free contributions directly from your paycheck. RAYUS will also contribute to your HSA.

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible health care expenses. In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave the Company or retire. After age 65, you can withdraw funds for any reason without a tax penalty — you pay ordinary income tax only if the withdrawal isn't for eligible health care expenses.

Note: You won't pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. Consult your tax advisor to learn more.

3. Free in-network preventive care

As with all RAYUS health plans, preventive care is fully covered under the plan — you pay nothing toward your deductible and no copays as long as you receive care from in-network providers. Preventive care includes routing annual physicals, well-child and well- woman exams, immunizations, flu shots, and cancer screenings.

4. Extensive provider network

The HSA plan uses Anthem/Empire Blue Cross Blue Shield's large national network of doctors and other health care providers.

Using an HSA Plan

1 Free Preventive Care	You pay nothing for in-network preventive care.
2 Deductible	You pay 100% of your medical expenses up to the annual deductible amount. Use your HSA to plan ahead for these costs.
3 Coinsurance	You and the plan may share costs once you meet your deductible, until you reach the out-of-pocket maximum.
4 Out-of-Pocket Maximum	You're protected by an annual limit on costs. The plan starts to pay 100% once you've paid this amount during the year.

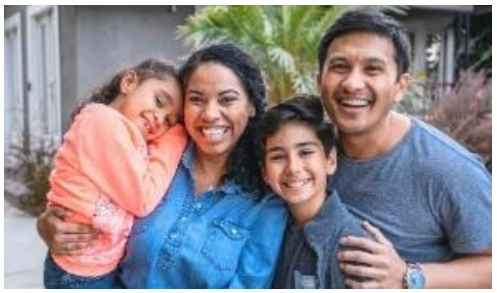
Money-saving tip

If you enroll in the HSA plan, put the money you save through lower paycheck deductions into your tax-free HSA, so you'll have money available when you need to pay out-of-pocket costs.

Health Savings Account (HSA)

Administered by Anthem/Empire BCBS paired with the HSA Medical Plan

If you enroll in the HSA Plan you are provided with an HSA. An HSA is a tax-free savings account you can use to pay for eligible health expenses anytime, even in retirement.



How does an HSA work?

- **Build tax-free savings for health care.** You can make before-tax deductions from your paycheck into your HSA, allowing you to save money by using tax-free dollars to pay for eligible medical, prescription, dental, and vision expenses. The total amount that can be contributed to your HSA each year is limited by the IRS. The following limits for 2022 include any company contributions you receive:
  - Up to $3,650 for employee only coverage.
  - Up to $7,300 if you cover dependents.
  - Add $1,000 to these limits if you're age 55 or older.
- **Receive Company contributions.** For 2022, RAYUS will make the following contributions to your account:
  - $19.23/pay period ($500/year) for employee only coverage.
  - $38.46/pay period ($1,000/year) for employee +1 coverage.
  - $57.69/pay period ($1,500/year) for family coverage.
- **Keep your money.** Unlike an FSA, the money in your HSA is always yours to keep and will be rolled over from year to year. You can take your unused balance with you when you retire or leave RAYUS.
- **Use it like a bank account**. Pay for eligible medical, prescription, dental, and vision expenses for yourself and your family by swiping your HSA debit card, or reimburse yourself for payments you've made (up to the available balance in your account). Keep in mind that you may only access money that is actually in your HSA when making a purchase or withdrawal. There's no need to turn in receipts (but keep them for your tax records).
- **Earn interest and invest for the future**. Once your interest-bearing HSA reaches a minimum balance, you can invest in a variety of no-load mutual funds similar to 401(k) investments.
- **Never pay taxes.** Contributions are made on a before-tax basis, and your withdrawals will never be subject to federal income taxes when used for eligible expenses. Any interest or earnings on your HSA balance build tax-free.*

** Money in an HSA grows tax-free and can be withdrawn tax-free if it is used to pay for qualified health care expenses (for a list of eligible expenses, see IRS Publication 502, available at www.irs.gov). If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn plus a 20% penalty tax if you withdraw the money for ineligible expenses before age 65. After age 65, withdrawals for ineligible expenses are only subject to ordinary income tax. Please review your state regulations as you may have to pay state taxes depending on your residency.*

HSA eligibility

In order to establish and contribute to an HSA, you:

- Must be enrolled in a high deductible health plan, like the HSA Plan.
- Cannot be covered by any other medical plan that is not a qualified high deductible health plan. This includes a spouse's medical coverage unless it's an HSA-qualified plan.
- Cannot be enrolled in a traditional health care FSA in 2022.
- Cannot be enrolled in Medicare, including Parts A or B, or TRICARE.
- Cannot be claimed as a dependent on another person's tax return.
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months.

Health Reimbursement Account (HRA)

Administered by Anthem/Empire BCBS paired with the HRA Medical Plan

If you enroll in the HRA Plan the Company will fund an HRA to assist you in meeting a large portion of your HRA Plan deductible. Any unused dollars left in your HRA at the end of the plan year (December 31) to a maximum of $7,500 will roll over and be available for use if enrolled in the HRA Plan the following year.

How does an HRA work?

1. **HRA pays** – Show your Anthem/Empire BCBS ID card when you obtain medical care or pick up a prescription drug. Your claim will be filed with Anthem/Empire BCBS by your network doctor or pharmacy. Anthem/Empire BCBS will process your claim and apply it to your deductible (whether that is a non-preventive medical or prescription drug claim). Once an eligible claim is incurred and processed by Anthem/Empire BCBS, you may request payment from your HRA made directly to you or to your provider
2. **You pay** – Once you have used up your HRA account balance, any remaining amount of your deductible and coinsurance will be your out-of-pocket responsibility.
3. **Insurance plan pays** – Once the out-of-pocket maximum is met for the year, all medical and prescription drug expenses are covered 100% for the rest of the year, as long as you use Anthem/Empire BCBS network providers.

Below is a diagram of how plan payments up to the out-of-pocket maximum would work for employees enrolled in the HRA Plan:

	Employee	Employee + 1	Family		
Deductible Amount	$4,000	$5,000	$6,000	Annual Deductible	100% Covered – Preventive Care
HRA Funded by the Company	$1,000	$1,500	$2,000		
Employee Portion of Deductible	$3,000	$3,500	$4,000	Coinsurance	
Coinsurance	Employee pays 20% up to $1,000 after deductible	Employee pays 20% up to $1,000 after deductible	Employee pays 20% up to $1,000 after deductible		
Plan Payments	100% In-Network Coverage after Out-of-Pocket Maximum				

HRA contributions

The Company contributes the following amounts to each employee's HRA at the beginning of each plan year. If your HRA Plan coverage begins after June 30, the Company contributes 50% of the amount to your HRA for that year.

	2022 Health Reimbursement Account Contributions HRA Plan
Employee	$1,000
Employee + 1	$1,500
Family	$2,000

Flexible Spending Accounts (FSAs)

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent day care expenses.

Rayus offers you the following FSAs:

Health Care FSA

- Pay for eligible health care expenses, such as plan deductibles, copays, and coinsurance as well as dental and vision expenses for you and your dependents.
- Contribute up to $2,500 in 2022.

Dependent Day Care FSA

- Pay for eligible dependent day care expenses, such as day care for a child or adult dependent care, so you and/or your spouse can work, look for work, or attend school full time.
- Contribute up to $5,000 in 2022, or $2,500 if you are married and file separate tax returns.

Keep in mind

- The Dependent Day Care FSA is a "use-it-or-lose-it" account. You will forfeit any amount remaining in the account at the end of the plan year.
- Up to $500 of unused funds in the Health Care FSA will roll over into the following year. Any balance above $500 will be forfeited.
- If you are also enrolled in the HRA Plan, your out-of-pocket medical and prescription drug expenses will be paid first from your HRA. Be sure to take your HRA amount into consideration when deciding how much to elect for your Health Care FSA.
- Expenses incurred before or after your coverage period are not eligible.
- The claims filing deadline for claims incurred in 2022 is March 31, 2023.

HSA vs. HRA vs. Health Care FSA: What's the difference?

	HSA	HRA	Health Care FSA
Available if you enroll in a …	**HSA Plan**	**HRA Plan**	**Copay or HRA Plan**
Who may contribute?	RAYUS and Employees	RAYUS only	Employees only
Can funds carry over?	Yes, indefinitely during a participant's lifetime	Yes, until the account reaches a max. of $7,500	Unused balances over $500 are forfeited at the end of the year
Does interest accrue?	Yes and is tax free	No	No
Money is always yours to keep	Yes	No	No

When you enroll in an FSA, you will need to submit receipts or other documentation to the FSA administrator to request reimbursement.

What's an eligible expense?

- **Health Care FSA** – Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at **www.irs.gov**.

  Dependent Day Care FSA – Child day care, babysitters, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at **www.irs.gov**.

Dental

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. Learn about the dental plans available to help you maintain your oral health.

	Low Option	High Option
Annual deductible (per person/per family)	$50/$150	$25/$75
Calendar-year maximum	$1,000/individual	$1,500/individual
Preventive/diagnostic services	100%	100%
Basic services	80%	90%
Major services*	50%	60%
Orthodontia*	50% up to $1,000 lifetime maximum	50% up to $1,500 lifetime maximum

Benefits shown are for in-network providers and are based on negotiated fees. Out-of-network coverage is based on reasonable and customary charges.

Dental 2022 per-paycheck deductions (before tax)

Plan	Employee	Employee + Spouse	Employee + Child(ren)	Family
Low Option	**$13.43**	**$30.93**	**$32.76**	**$50.28**
High Option	**$19.16**	**$42.07**	**$44.52**	**$67.47**

Search for in-network dentists at **www.metlife.com/dental;** go to "find a participating dentist" and select the PDP Plus Network. To use your dental benefits, tell your dentist you have MetLife. MetLife does not issue ID cards. The dental provider will check your eligibility using your personal information. If you elect to use a non-network dentist, they may still file the claim with MetLife for you, but you may be required to pay charges in excess of the reasonable and customary charge.

Money-saving tip

Remember, you can use your Health Savings Account or Health Care Flexible Spending Account for qualified out-of-pocket dental expenses.

Vision

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for you and your covered dependents.

	In-Network
Exam (once per calendar year)	$25 copay
Lenses (once per calendar year)	$25 copay (single vision, bifocal, trifocal, lenticular) $55 copay (standard progressive) $95-$105 copay (premium progressive)
Frames (once every other calendar year)	$25 copay $130 allowance 20% off balance over $130
Contact lenses (instead of glasses)	$50 copay (fitting) $150 allowance (elective) $25 copay (medically necessary)
	Out-of-Network Reimbursement
Exam (once per calendar year)	Up to $45
Lenses (once per calendar year)	Up to $30 single vision; up to $50 bifocal, standard and premium progressive lens; up to $65 trifocal; up to $100 lenticular
Frames (once every other calendar year)	Up to $70
Contact lenses (instead of glasses)	Up to $105 elective; up to $210 medically necessary

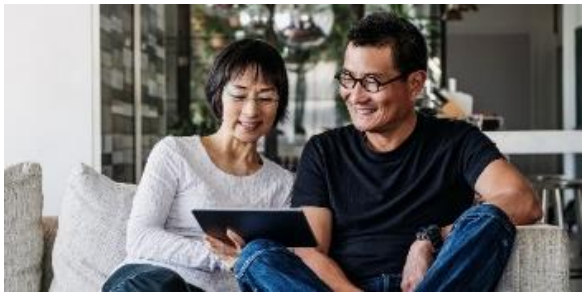
Vision 2022 per-paycheck deductions (before tax)

Plan	Employee	Employee + 1	Family
Cost	**$2.70**	**$5.41**	**$8.73**

Search for in-network vision providers at **www.vsp.com;** go to “Find a Doctor”. To use your vision benefits, tell your vision provider you have VSP. VSP does not issue ID cards. The VSP provider will check your eligibility using your personal information. If you elect to use a non-VSP provider, you will have to pay the provider up front and then file a claim with VSP for partial reimbursement to you.

Money-saving tip

Remember, you can use your Health Savings Account or Health Care Flexible Spending Account for qualified out-of-pocket vision expenses.



Focus on wellness

RAYUS is committed to helping you feel your best and live well. We offer benefits and programs that support your total health and make it easier to pursue your wellness goals.

Take advantage of preventive care benefits

Good preventive care can help you stay healthy and detect any "silent" problems early, when they're most likely to be treatable. Most in-network preventive services are covered in full, so there's no excuse to skip it.

- **Have a routine physical exam each year.** You'll build a relationship with your doctor and you can reduce your risk for many serious conditions.
- **Get regular dental cleanings.** Numerous studies show a link between regular dental cleanings and disease prevention — including lower risks of heart disease, diabetes, and stroke.
- **See your eye doctor at least once every two years**. If you have certain health risks, such as diabetes or high blood pressure, your doctor may recommend more frequent eye exams.

Get care from your couch

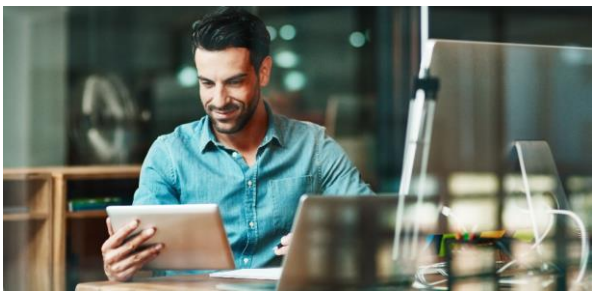
When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of your home to sit in a crowded waiting room full of other sick people. A virtual consultation, included as a covered service under your medical plan, lets you consult with a doctor from the comfort of your home or office without an appointment. When you seek care through virtual visits, you'll pay a flat copay amount, similar to an office visit. Consider a virtual visit when your doctor isn't available, you become ill while traveling, or you're considering visiting a hospital emergency room for a non-emergency health condition. To learn more and register for care, go to **livehealthonline.com** or call **1.844.784.8409.**

Employee assistance program

This confidential service provides assistance for everyday issues, at no cost to you. It's all part of our commitment to supporting your total well-being. Get help with work-life issues, referrals for clinical, legal, and financial services and more. To begin taking advantage of this valuable benefit, visit **www.guidanceresources.com**
User Name: LFGsupport
Password: LFGsupport1
or call **1.888.628.4824.**

Don't have a personal doctor? You should. Here's why.

- **Better health.** Getting the right health screenings each year can reduce your risk for many serious conditions. And remember, preventive care doesn't cost you anything.
- **A healthier wallet.** A PCP can help you avoid costly trips to the emergency room. Your doctor will also help coordinate specialist care, if needed.
- **Peace of mind.** Advice from someone you trust means a lot when you're healthy, but it's even more important when you're sick.



FINANCIAL

Your benefits include programs to help ensure financial security for you and your family. We also provide access to voluntary benefits designed to help you save money on valuable supplemental insurance coverage.

Employee Basic Life/AD&D Insurance

You automatically receive basic life and accidental death and dismemberment (AD&D) insurance so that you can protect those you love from the unexpected. There is no cost to you for this coverage. Your benefit amount will be 1 times your annual salary up to $50,000.

Voluntary Employee Life/AD&D Insurance

If you want added protection, you can purchase voluntary life and/or AD&D insurance for yourself. You may elect coverage up to 5 times your annual salary up to $500,000. Upon initial eligibility, you can elect up to $250,000 in coverage without providing proof of good health, also known as evidence of insurability (EOI).

Voluntary Spouse Life/AD&D Insurance

You may also purchase voluntary life and/or AD&D insurance for your spouse up to $250,000 (not to exceed half of your voluntary coverage). Upon initial eligibility, you can elect up to $30,000 in coverage without providing proof of good health, also known as evidence of insurability (EOI).

Life/AD&D Insurance Rates

	Voluntary Employee Life Monthly cost per $1,000	Voluntary Spouse Life Monthly cost Per $1,000
Younger than 30	$.040	$.044
30-34	$.040	$.045
35-39	$.055	$.062
40-44	$.100	$.095
45-49	$.170	$.148
50-54	$.330	$.232
55-59	$.600	$.403
60-64	$.950	$.449
65-69	$1.500	$.762
70-74	$1.350	$1.354
75 or older	$1.350	$5.135

Voluntary employee AD&D	Mo. cost / $1,000 = $.02
Voluntary employee + spouse AD&D	Mo. cost / $1,000 = $.03

Voluntary Child Life Insurance

Voluntary child life insurance provides $500 of life insurance for newborn children through 13 days old and $1,000, $5,000 or $10,000 of life insurance for children age 14 days through age 26. The rate is $0.05 per $1,000, regardless of the number of children covered.

AD&D benefits are paid in addition to any life insurance if you die in an accident or become seriously injured or physically disabled.

You may have to complete an evidence of insurability (EOI) medical questionnaire to determine whether you or your spouse is insurable for voluntary life insurance amounts. If required, one will be provided to you.

What is AD&D insurance?

Should you lose your life, sight, hearing, speech, or use of your limb(s) in an accident, AD&D provides additional benefits to help keep your family financially secure. AD&D benefits are paid as a percentage of your coverage amount — from 50% to 100% — depending on the type of loss.

Have you named a beneficiary?

Be sure you've selected a beneficiary for all your life and AD&D insurance policies. The beneficiary will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up-to-date. Visit **workforcenow.adp.com** to add or change a beneficiary. You will be automatically designated as the beneficiary for your spouse and child life/AD&D benefit.

Disability Insurance

The loss of income due to illness or disability can cause serious financial hardship for your family. Our disability insurance programs work together to replace a portion of your income when you're unable to work. The disability benefits you receive allow you to continue paying your bills and meeting your financial obligations during this difficult time.

Summary of disability benefits

	Short-Term Disability	Long-Term Disability
Who pays	Employer-paid	Employer-paid
Benefit provided	66.67%* of your weekly base pay	Up to 60 % of monthly base pay
Maximum benefit payable	N/A	$7,500 per month
Maximum benefit duration	12 weeks	Until you're no longer considered disabled or you reach normal retirement age, whichever comes first
Waiting period	7 days	90 days

*For employees working in CA, CT, MA, NJ, NY, RI or WA, your weekly benefit will be reduced to offset for state disability program payments.

Pet Insurance

Veterinary Pet Insurance provides reimbursement for veterinary expenses related to 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. Members also have free, 24/7 access to a veterinary professional through vethelpline ($150 value) for any pet question.

Legal Plan

The legal services plan through MetLife Legal offers participants and their eligible dependents access to legal advice and services from a nationwide network of attorneys with coverage for many personal legal issues. Services include telephone advice and office consultations on an unlimited number of legal matters, in addition to full representation for covered matters.

The legal plan is available for $8.72 per-paycheck after tax. Note: You don't pay an hourly rate if you use a network attorney.

Additional Benefits

As part of your Company benefits package, you have access to a variety of additional programs that can help save you money and provide important assistance with everyday needs.

Paid Time Off (PTO)

The Company offers a liberal paid-time off program and strongly encourages you to take time away from work. Your length of service determines your PTO accrual rate. PTO accrual for non-exempt employees is based on actual hours worked. To calculate your PTO accrual, use the schedule below.

PTO Accrual Scheduled		
Length of Employment	Full-Time Accrual Rate*	Annual Accrual
0-2 years	4.62 hours/pay period (.05775/hour)	15 days
3-9 years	6.16 hours/pay period (.077/hour)	20 days
10-14 years	7.70 hours/pay period (.09625/hour)	25 days
15-19 years	8.30 hours/pay period (.10375/hour)	27 days
20+ years	9.20 hours/pay period (.115/hour)	30 days

**PTO is prorated if you work a part-time schedule.*

As an example, a new employee who has completed two years of employment will move to the 3-9 year accrual rate shown in the chart above starting in the first pay period of their third year.

A maximum of 80 hours of accrued PTO can be carried forward to the next year. Any hours over 80 will be placed in a bank that can be used for future FMLA-related purposes.

Holidays and Float Holidays

The Company observes six designated holidays each calendar year:

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

Holidays falling on Saturday will normally be observed on the Friday preceding the holiday. Holidays falling on Sunday will normally be observed on the following Monday. In addition, you may select two additional days throughout the payroll year to use as Float Holidays. Employees 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 employees is prorated based on your employment status.

Paid Parental Leave

RAYUS understands the importance of caring for your newborn or newly adopted child and we want to support you in the first days with your 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 RAYUS also provides 2 weeks of paid leave for employees not eligible for STD (fathers, adoptive parents and part-time employees). The leave must be completed within 12 months after the birth or placement of the child. This will be paid at the same rate as the STD program which covers 66.67%* of your weekly base pay (*reduced for those in CA, CT, MA, NJ, NY, RI or WA to offset for state leave program payments).

Volunteer Time Off (VTO)

4 Hours Can Make A Difference! RAYUS encourages all employees to take the time to volunteer in the communities we live in. To facilitate this, employees may use up to 4 hours of paid VTO during regularly scheduled work hours each payroll year to volunteer for a charitable non-profit organization in their community. The purpose of the RAYUS VTO program is to:

- Support volunteer activities that enhance and serve the communities in which we live and work
- Support communities that are in need

Examples of appropriate uses of VTO:

- Working on a house for Habitat for Humanity
- Volunteering at a food bank, local hospital, or school event
- Cleaning up a beach, park or trail
- Spending time as a Big Brother/Big Sister
- Judging a science fair competition
- Serving on a nonprofit board

Employee Scans and Services

Employees, their legal spouse and dependent children up to age 26 may have some outpatient diagnostic imaging services performed at participating centers at no charge. If covered, this means there will be no bill issued, no credit applied toward meeting any deductibles, and no costs paid by the employee, their spouse or dependent children.

The Employee Scan and Services program is not valid at all company locations. Please contact the Revenue Cycle Management (RCM) Department at 1.866.674.9985 Buffalo or 1.800.634.4064 St. Louis Park prior to scheduling to confirm whether or not the ordered scan or procedure is covered and the desired location is participating in this program. In order for an approved procedure to be billed correctly, employees need to alert the scheduler of the employee relationship when making the appointment.

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.

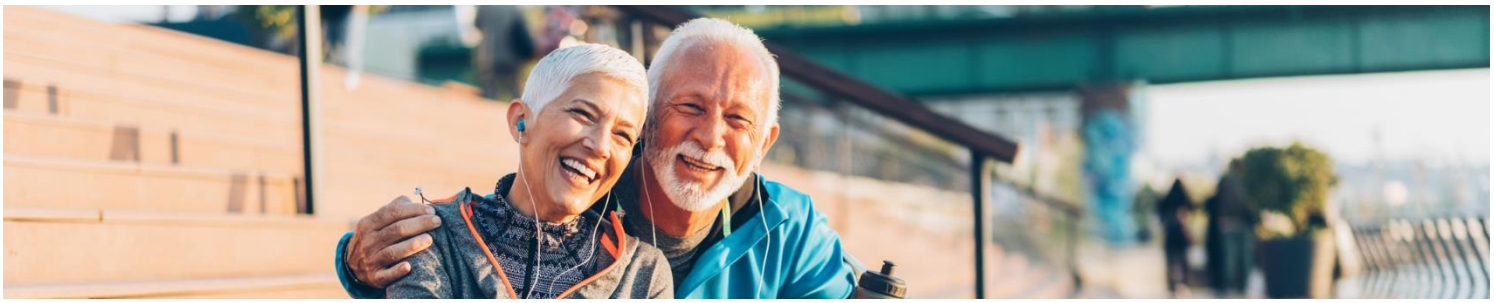
Adoption Assistance

The Company's goal is to assist employees 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.

Eligible expenses: You may receive taxable reimbursement for any of the following charges related to an adoption: legal fees, court fees, adoption agency fees (including foreign adoption fees), pregnancy expenses for the birth mother, if not covered by another source and if verifiable (surrogate parenting arrangements are not covered), temporary foster care expenses and medical examination fees for the child, if required.

Tuition Reimbursement Program

Eligible employees 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 employee's career development at the Company, to a maximum of $2,500 per calendar year.



Retirement savings

401(k) Savings Plan

Your Company 401(k) Profit Sharing Plan provides advantages you may not get with other types of savings plans and helps you meet one of life's important goals — saving for a financially secure retirement.

Your contributions

You can contribute to your 401(k) with before-tax money or Roth after-tax money. The type of contributions you make will depend on your financial goals and circumstances.

Both before-tax and Roth after-tax contributions count toward the 2022 IRS maximum of $20,500. You also may not contribute more than 60% of your income.

If you are age 50 or older, you may make additional catch-up contributions — up to $6,500.

Company matching contribution

To support your retirement saving efforts, RAYUS matches 50 cents for every dollar up to the first $3,000 you contribute per calendar year to your account. The company's matching contribution is made at the end of each plan year, and you 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 employees. If made, this contribution is a percentage of your annual compensation up to the IRS cap ($305,000 in 2022) made after the end of each plan year, and you must be employed on the last day (12/31) of each plan year to receive the profit sharing contribution for the year.

Enrollment is automatic in the profit sharing component the first of the calendar quarter after completion of one year and 1,000 hours of employment.

Vesting

The Company matching contribution and profit sharing contribution vest 25% each year you are employer. You are fully vested in the Company contributions after working four years as determined by your hire date.

Investment elections

The plan offers you a variety of investment options to choose from. It's important to carefully consider your investment goals, retirement timeframe, and risk tolerance when deciding how to invest your plan contributions. Visit **www.401k.com** to learn more about your investment options.

Enrolling in the plan

You may enroll in the plan, change your contribution %, and change your investment options anytime online at **www.401k.com**, or speak with a live Customer Service Representative at 1.800.890.4015 Monday thought Friday from 8:30am to 8:30pm Eastern time.

It's always the right time

Saving for retirement is important for your financial future, whether you are retiring soon or years from now. The Company 401(k) Profit Sharing Plan is designed to assist you in meeting your retirement goals.

After-tax contributions and ROTH in-plan conversions

After-Tax Contribution Option: Save up to an additional $18,900 each year beyond the annual IRS limits for combined pre-tax and Roth contributions ($20,500 in 2022, or $27,000 if you are age 50 or over).

Roth In-Plan Conversions: Help build tax-free retirement income by converting those after-tax contributions to Roth through a Roth In-Plan Conversion. Unlike after-tax contributions, investment earnings on Roth contributions have the potential to be withdrawn tax-free if they are part of a qualified withdrawal: it has been at least five years from your first Roth contribution or Roth In-Plan Conversion ("first Roth dollar") and you are age 59½ or over, or are disabled or deceased.

Overview of Plan Contribution Types

You control how much of your eligible pay you want to contribute to the Plan through a variety of contribution types, as outlined below.

Pre-tax contributions allow you to contribute tax-free money today and pay taxes when you withdraw in retirement. Roth contributions allow you to pay taxes today and withdraw money tax-free in retirement if part of a qualified withdrawal as described above. With the after-tax contributions, you pay taxes today and withdraw your contributions tax-free but pay taxes on any investment earnings. After-tax contributions also allow you to save beyond annual IRS limits for pre-tax and Roth contributions (up to an additional $18,900 annually).

With the Roth In-Plan Conversion feature, you can convert those after-tax contributions to Roth contributions, allowing you to withdraw both your contributions AND your investment earnings tax-free at retirement, again as long as it's been at least five years from your first Roth In-Plan Conversion and you are age 59½ or over, or are disabled or deceased. You can set up your 401(k) plan so funds coming into your aftertax account automatically convert to your plan's Roth account. Call Fidelity at 1.800.890.4015 for assistance in setting up the automated Roth In-Plan Conversion.

After-Tax Contributions*

After-tax contributions allow you to save above and beyond the annual IRS limits ($20,500 in 2022, or $27,000 if you are age 50 or over) for pre-tax and/or Roth contributions. Like Roth contributions, you pay taxes up front at your current tax rate. Upon withdrawal or conversion, taxes are due on the value of any investment earnings. After-tax contributions can be withdrawn at any time or converted to Roth contributions through the Roth In-Plan Conversion feature.

You can contribute up to $18,900 annually in after-tax contributions to your plan account. Just remember that, if you want to make after-tax contributions, make sure you ALSO maximize your pre-tax and/or Roth contributions: pre-tax and Roth contributions come with certain tax advantages that you don't get with after-tax contributions, unless you convert them to Roth.

Roth In-Plan Conversion

You have a great opportunity to build additional tax-free retirement savings when you make after-tax contributions and convert the money to Roth 401(k) contributions on a regular basis. By converting after-tax to Roth, your investment earnings can potentially be withdrawn tax-free, just like your contributions. Over time, this can add up to significant additional income in retirement because you will not need to pay taxes on any investment earnings you may have accumulated, again as long as they are part of a qualified withdrawal as described above.

To execute a Roth In-Plan Conversion, follow these steps:

Plan to save enough through pre-tax and/or Roth contributions to hit the IRS limits* ($20,500 in 2022, or $27,000 if you're age 50 or over).

Save up to an additional $18,900 in after-tax contributions.

Call a registered Fidelity representative at 1.800.890.4015. Be sure to tell them you wish to convert after-tax money to Roth after-tax money (consider setting up automated Roth In-Plan Conversion).

Pay taxes on any investment earnings from the after-tax contributions generated prior to your conversion date. You will receive a Form 1099-R from Fidelity in January following the year in which you make any conversions.

Satisfy requirements for a tax-free qualified Roth distribution on any Roth In-Plan Conversions by waiting at least five years from your first Roth contribution or Roth In-Plan Conversion and after you are age 59½, disabled or deceased.

Plan Considerations

There are a few things to think about before you convert your after-tax savings to Roth. The decision to convert needs to be made carefully and should include a consultation with your financial or tax advisor.

How will you pay taxes on the conversion? You are responsible for paying taxes on the amounts converted to Roth. For conversion of after-tax balances, you'll be responsible for taxes on the value of any earnings on your after-tax contributions. The contributions are not subject to additional taxes — as you already paid taxes on them when they were contributed to the Plan. Income taxes will not be withheld at the time of Roth In-Plan Conversion, so you should be sure you can make the payment of taxes with money held outside the 401(k) plan. You will receive a Form 1099-R from Fidelity in January following the year in which you made any conversion(s).

Do you think you'll be better off paying taxes on the money now or later? In general, the longer you have until you retire, and if you expect your tax rate in retirement to be higher than your current rate, the more likely you may benefit from Roth assets.

*Contribution limits are set by the IRS and may change from year to year. After tax contributions may be further restricted by non-discrimination testing rules.

ENROLL

After you've carefully considered your benefit options and anticipated needs, it's time to make your benefit selections. Follow the instructions to enroll yourself and any eligible dependents in health and insurance benefits for 2022.

How to enroll

You can enroll for your benefits online from any computer with internet access, 24 hours a day, seven days a week at **workforcenow.adp.com.**

New employees: Enroll within 30 days from your eligibility date.

If you don't enroll within this time period, you will not have benefit coverage, except for plans and programs that are fully paid by RAYUS, such as basic life/AD&D and disability.

Open Enrollment: Enroll before the enrollment deadline.

If you do not make changes to your coverage within the enrollment time period, your current coverage will continue. However, if you wish to participate in any of the following benefits in 2022, you must actively enroll in them during Open Enrollment:

- Health Care Flexible Spending Account (FSA)
- Dependent Day Care Flexible Spending Account (FSA)

Changes during the year

After your enrollment opportunity ends, you won't be able to change your benefits coverage during the year except within 30 days of a qualifying life event such as marriage, divorce, birth, adoption, gain/loss of other coverage, or a change in your or your spouse's employment status that affects your benefits eligibility.

Effective date of coverage

For new employees, the effective date of coverage for most plans is the first of the month following 30 days from date of hire.

For existing employees enrolling or making changes during Open Enrollment, the effective date is January 1, 2022.

Contacts

Please contact the appropriate provider listed below for information on your benefit plans.

Benefit Plan	Provider	Phone number	Website
Medical	**Anthem/Empire Blue Cross Blue Shield**	**1.833.632.0249**	**https://www.empireblue.com/login**
Health Reimbursement Account (HRA) **Health Savings Account (HSA)** **Flexible Spending Accounts (FSAs)**	**Anthem/Empire Blue Cross Blue Shield Spending Accounts**	**1.833.632.0249**	**https://www.empireblue.com/login**
Dental	**MetLife**	**1.800.942.0854**	**www.metlife.com/mybenefits**
Vision	**VSP**	**1.800.877.7195**	**www.vsp.com**
Life and AD&D Insurance **Short-Term Disability** **Long-Term Disability**	**Lincoln Financial Group**	**1.888.408.7300**	**www.mylincolnportal.com**
Legal Plan	**MetLife Legal**	**1.800.821.6400**	**www.info.legalplans.com** Access Code: legal
Pet Insurance	**Nationwide**	**1.877.738.7874**	**www.petinsurance.com/cdirad**
Employee Assistance Program (EAP)	**Lincoln Financial Group**	**1.888.628.4824**	**www.guidanceresources.com** User Name: LFGSupport Password: LFGSupport1
401(k) Profit Sharing Plan	**Fidelity Investments**	**1.800.890.4015**	**www.401k.com**
Benefit Resources and Summaries	**ADP Self Service**	**N/A**	**workforcenow.adp.com**
Payroll and Benefits Manager	**Becky Nay**	**952.525.6311**	Email: **becky.nay@rayusradiology.com**

NOTIFICATIONS

Women's Health and Cancer Rights Act Notice

On October 21, 1998 the federal government passed the Women's Health and Cancer Rights Act of 1998. As part of our plan's compliance with this Act, we are required to provide you with this annual notice outlining the coverage that this law requires our plan to provide. Our group health plan has always provided coverage for medically-necessary mastectomies. This coverage includes procedures to reconstruct the breast, on which the mastectomy was performed, as well as the cost of necessary prostheses (implants, special bras, etc.) and treatment of any physical complications resulting from any stage of the mastectomy. However, as a result of this federal law, the plan now provides coverage for surgery and reconstruction of the other breast to achieve a symmetrical appearance and any complications that could result from that surgery.

The following benefits must be provided if benefits are provided for a mastectomy:

1. Coverage for reconstruction of the breast on which the mastectomy is performed.
2. Coverage for surgery and reconstruction of the other breast to produce a symmetrical appearance with the breast on which the mastectomy is performed.
3. Coverage for prostheses and physical complications resulting from any stage of the mastectomy, including lymph edemas.

These benefits are subject to the same deductible, copayments and coinsurance that apply to mastectomy benefits under the plan.

The newborn and Mother's Health Protection Act

Group health plans and health insurance issuers offering group health insurance coverage may not, under federal law, restrict benefits or any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery, or less than 96 hours following a caesarian section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting the mother, from discharging the mother or her newborn earlier than 48 or 96 hours, as applicable. Additionally, no group health plan or issuer may require that a provider obtain authorization from the plan or insurance issuer for prescribing a stay not in excess of the above periods.

Special Enrollment Rights Notice

A federal law called HIPAA requires that we notify you about an important provision in the plan. This is your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

Continuation of Benefits Under COBRA

If a qualifying life event occurs that causes you, your spouse, or your children to lose coverage under our group health care plan, you have a legal right under COBRA to purchase a temporary extension of group health coverage. Qualifying life events include reduction in work hours, termination of employment (except for gross misconduct), death of the employee, legal separation or divorce, or loss of eligibility for child coverage.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov.**

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **NOT** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ **Phone: 1-855-692-5447**	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext. 2131
CALIFORNIA – Medicaid	**INDIANA – Medicaid**
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website:http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	**NEBRASKA – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	**NEVADA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
MAINE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740. TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/default.aspx or http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	**NEW YORK – Medicaid**
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**UTAH – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	**VERMONT– Medicaid**

Website: http://healthcare.oregon.gov/Pages/index.aspx or http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/en/famis-selecthttps://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924 Email: HIPPcustomerservice@dmas.virginia.gov
RHODE ISLAND – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137

Important Notice From CDI Management Corp. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CDI Management Corp and about your options under Medicare's prescription drug coverage. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Medica has determined that the prescription drug coverage offered by CDI Management is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose creditable prescription drug coverage through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Company coverage will not be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Company coverage, be aware that you and your dependents will not be able to get this coverage back, depending on the Company's eligibility policy. This may affect your medical coverage as well, so be sure to contact Human Resources.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with CDI Management and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

See the contact information below. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Company changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1.800.MEDICARE (1.800.633.4227).** TTY users should call **1.877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at **1.800.772.1213 (TTY 1.800.325.0778).**

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date:	October 15, 2021
Name of Entity/sender:	CDI Management Corp.
Contact:	Human Resources Benefits Manager
Address:	5775 Wayzata Boulevard, Suite 400 St. Louis Park, MN 55416
Phone Number:	952.525.6311

Employee Retirement Income Security Act (ERISA) Statement of Rights

As a participant in the Plan, you are entitled to certain rights and protection under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all Plan participants will be entitled to:

Receive Information About Your Plan and Benefits

Examine without charge, at the Plan Administrator's office and at other specified locations, such as work sites and union halls, all documents governing the Plan, including insurance contracts, and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated Summary Plan Description. The Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report

Continue Group Health Plan Coverage

Continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Summary Plan Description and the documents governing the Plan on the rules governing your continuation coverage rights.

You may receive a reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health Plan if you have creditable coverage from another Plan. You should be provided a certificate of creditable coverage, free of charge, from your group health Plan or health insurance issuer when you lose coverage under the Plan, when you become entitled to elect continuation coverage, when your continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a preexisting condition exclusion for up to 12 months (18 months for late enrollees) after your enrollment date in your coverage.

Prudent Actions by Plan Fiduciaries

In addition to creating certain rights for the Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you should disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court; however, you may not assign, convey, or in any way transfer your right to bring a lawsuit to anyone else. If it should happen that the fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds that your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory; or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue Northwest, Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Notice of Privacy Practices

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Your Rights	
Get a copy of your health and claims records	You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
	We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this
	We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
	We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	You can ask us not to use or share certain health information for treatment, payment, or our operations.
	We are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of those with whom we’ve shared information	You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
	We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
	We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	You can complain if you feel we have violated your rights by contacting us using the information on page 1.
	You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **1.877.696.6775**, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
	We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

Your Rights	
In these cases, you have both the right and choice to tell us to	Share information with your family, close friends, or others involved in payment for your care.
	Share information in a disaster relief situation.
	Contact you for fundraising efforts.
If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.	
In these cases we never share your information unless you give us written permission	Marketing purposes.
	Marketing purposes.

Other Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Other Uses and Disclosures		
How do we typically use or share your health information? We typically use or share your health information in the following ways.	We can use your health information and share it with professionals who are treating you.	Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
Run our organization	We can use and disclose your information to run our organization and contact you when necessary.	Example: We use health information about you to develop better services for you.
	We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.	
Pay for your health services	We can use and disclose your health information as we pay for your health services.	Example: We share information about you with your dental plan to coordinate payment for your dental work.
Administer your plan	We may disclose your health information to your health plan sponsor for plan administration.	Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.**

How Else Can We Use or Share Your Health Information?	
Help with public health and safety issues.	We can share health information about you for certain situations such as: • Preventing disease. • Helping with product recalls. • Reporting adverse reactions to medications. • Reporting suspected abuse, neglect, or domestic violence. • Preventing or reducing a serious threat to anyone's health or safety.
Do research	We can use or share your information for health research.
Comply with the law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	We can share health information about you with organ procurement organizations
	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	We can use or share health information about you: • For workers' compensation claims. • For law enforcement purposes or with a law enforcement official. • With health oversight agencies for activities authorized by law. • For special government functions such as military, national security, and presidential protective services.
Respond to lawsuits and legal actions	We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Health Insurance Marketplace Coverage Options and Your Health Coverage

Part A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact **Human Resources, 952.543.6500**.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **www.HealthCare.**gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Part B: Information About Health Coverage Offered By Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name	CDI Management Corp.
4. Employer Identification Number (EIN)	41-1494850
5. Employer address	5775 Wayzata Blvd., Suite 400
6. Employer phone number	952.543.6500
7. City	St. Louis Park
8. State	MN
9. ZIP code	55416
10. Who can we contact about employee health coverage at this job?	Human Resources
11. Email Address	human.resources@cdirad.com

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to some Employees. Eligible employees are employees working a minimum of 30 hours per week.

With respect to dependents, we do offer coverage. Eligible dependents are Spouse and Children up to age 26.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. If you decide to shop for coverage in the Marketplace, **www.HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **www.HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next three months?		Yes (continue).
		No (STOP and return this form to employee)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?		
14. Does the employer offer a health plan that meets the minimum value standard*?		Yes (Go to question 15)
		No (STOP and return form to employee)
15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.		
15a. How much would the employee have to pay in premiums for this plan?		
15b. How often?		
If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.		
6. What change will the employer make for the new plan year?		Employer won't offer health coverage
		Employer will start offering health coverage to employees or change the premium for the lowest cost plan available only to the employee that meets the minimum value standard*. (Premium should reflect the discount for wellness programs. See question 15.)
16a. How much will the employee have to pay in premiums for that plan?		
16b. How often?		

Required 401(k) Plan Disclosure Information

To all CDI Management Corp. 401(k) Profit Sharing Plan Participants or Eligible Employees:

You are required to receive this notice to inform you that any contributions for which you do not provide investment direction will be invested in the Plan's designated default investment option for the CDI Management Corp. 401(k) Profit Sharing Plan (the "Plan"), as further described in the following Default Fund Information chart.

Eligible employees who do not enroll themselves in the Plan may be automatically enrolled, unless they elect not to participate. You will be separately notified if you are subject to automatic enrollment provisions and provided information describing how to choose your own deferral rate. If you are automatically enrolled, pre-tax contributions are made on your behalf to the Plan at a rate of 6% of each type of eligible compensation, and will be invested in the Plan's designated default investment option. You have the right to change your contribution percentage, as well as elect to discontinue contributions to the Plan altogether.

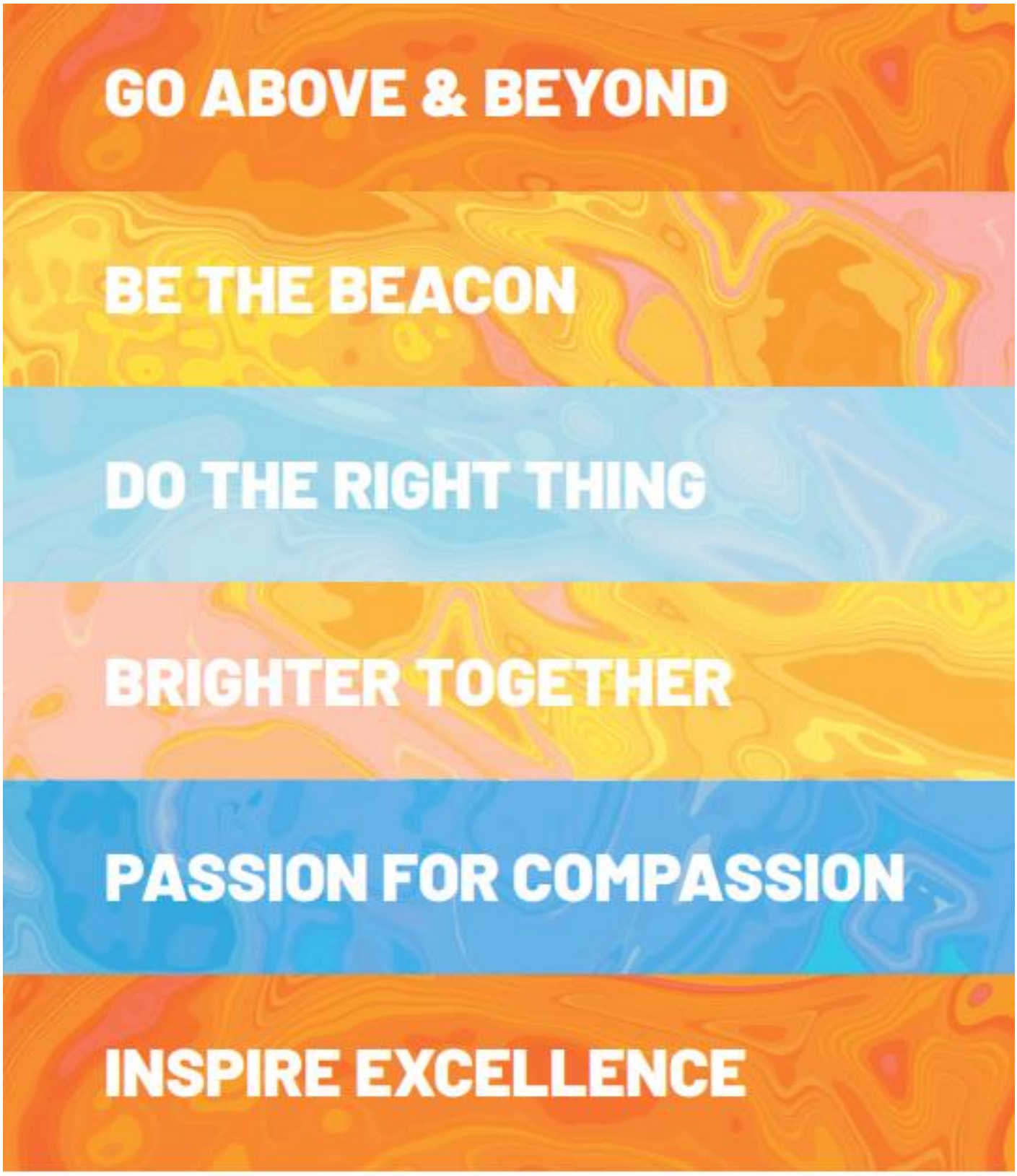
If you are satisfied with your current investment elections, no action is required on your part. You do have the right under the Plan to direct the investment of your existing balances, which includes contributions and any earnings on those contributions, and your future contributions to any of the Plan's available investment options. In the event that you have not made an investment election or the Plan Sponsor has not provided direction for a given contribution, it will be invested into the Plan's designated default investment option. If your contributions are initially invested in the designated default investment option, you have the right to transfer out of the designated default investment option to another investment option.

To obtain information about other plan investment options, please log onto NetBenefits® at **www.401k.com** or call **1.800.890.4015** to speak to a representative. You may also make changes to your investment elections for future contributions and/or exchange all or a portion of your existing balance into other options available under the Plan via NetBenefits® or by phone. We encourage you to review your investment mix and deferral percentage

DEFAULT FUND INFORMATION

Fund Name(s) and Fund Code	Description
Fidelity ® - Balanced Fund (0304)	• Objective: Seeks income and capital growth consistent with reasonable risk • Strategy: Investing approximately 60% of assets in stocks and other equity securities and the remainder in bonds and other debt securities, including lower-quality debt securities, when its outlook is neutral. Investing at least 25% of total assets in fixed-income senior securities (including debt securities and preferred stock.) Engaging in transactions that have a leveraging effect on the fund. • Risk: Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments. Fixed income investments entail interest rate risk (as interest rates rise bond prices usually fall), the risk of issuer default, issuer credit risk and inflation risk. Foreign securities are subject to interest rate, currency exchange rate, economic, and political risks. Lower-quality bonds can be more volatile and have greater risk of default than higher-quality bonds. Leverage can increase market exposure and magnify investment risk. • Short-term Redemption Fee Note: None • Expense Ratio: 0.52% as of October 30, 2020

- Footnotes: This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund
- Before investing, consider the funds' investment objectives, risks, charges, and expenses. Contact Fidelity for a prospectus or, if available, a summary prospectus containing this information. Read it carefully.
- In the event of a discrepancy between this notice and the terms of the Plan, the plan document will govern
- *For a mutual fund, the expense ratio is the total annual fund or class operating expenses (before waivers or reimbursements) paid by the fund and stated as a percentage of the fund's total net assets. Expense ratios change periodically and are drawn from the fund's prospectus. For more detailed fee information, see the fund prospectus or annual or semiannual reports.
- Fidelity Brokerage Services LLC, Member NYSE, SIPC, 900 Salem Street, Smithfield RI 02917



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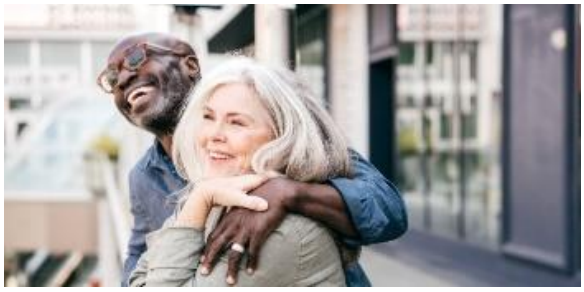

This guide is intended to describe the eligibility requirements, enrollment procedures, plan highlights, and coverage effective dates for the benefits offered by RAYUS. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While the guide is a tool to answer many of your benefit questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plans' operation. The noted plan changes in this guide may serve as a Summary of Material Modifications (SMM) to the SPD. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail.