

# 2024 RAYUS Radiology Benefits Overview



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

*We specialize in answers*



# Overview

The value that team members bring to our customers starts with the organization bringing the same value to team members. Along with pay, the Company provides a benefit program with real financial value. This program has been designed to support and improve the health and well-being of team members and their families.

## Health Management

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

### MEDICAL INSURANCE

The Company offers three medical plans for team members and funds a Health Reimbursement Account (HRA) or Health Savings Account (HSA) to assist with out-of-pocket medical costs, like deductibles and coinsurance, depending on the plan you elect. These plans utilize the **Anthem Empire Blue Cross Blue Shield national network**. You can review the details of these plans on pages 5 - 8.

### DENTAL INSURANCE

Good oral care enhances overall physical health, appearance and well-being. Dental Insurance is designed to provide both regular preventive check ups and additional protection to team members and their families in the event that major dental services are required during the year. The Company offers two dental options for team members through Delta Dental - a low option and a high option. While both plans cover necessary preventive and diagnostic services as well as orthodontia for dependent children under age 26, the high option also provides additional coverage for basic and major services, and higher coverage maximums.

### VISION INSURANCE

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

### FLEXIBLE SPENDING ACCOUNTS

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



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

## Risk Management

Unexpected events can change your financial situation in the blink of an eye. The Company provides team members with a robust life, disability and other voluntary insurance programs to protect team members and their families from the perils of the unexpected.

### LIFE INSURANCE

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

### DISABILITY INSURANCE

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

\*The weekly benefit for team members working in CA, CO, CT, HI, MA, NJ, NY, OR, RI and WA will be reduced to offsets for state disability programs.

### ACCIDENT, CRITICAL ILLNESS & HOSPITAL INDEMNITY INSURANCE

These voluntary insurance plans provide cash benefits that you can use for any expenses you wish if you or a covered dependent experience a covered event.

## Planning For Your Future

The Company supports team members in planning for the future and for retirement. All team members, full-time and part-time are eligible and will be automatically enrolled in the salary deferral component 30 days after date of hire. Automatic enrollment in the profit sharing component begins the first of the calendar quarter after completion of one year and 500 hours of employment.

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

## 401(k) Profit Sharing Plan

### SALARY DEFERRAL

Team members can elect to enroll immediately. Team members will automatically be enrolled at 6% of compensation (including salary, bonuses, commissions, and/or incentive payouts) after 30 days of employment, unless opted out or a different deferral amount is chosen. The 401(k) plan limits the amount of deferral to 60% of compensation to a maximum amount determined by the IRS. The 2024 combined limit for pre-tax and after-tax Roth contributions is \$23,000. Anyone age 50 and over may contribute an additional \$7,500. An after-tax contribution option with automatic Roth in-plan conversion is also available for those who will exceed the IRS maximum contribution. Pre-tax deferral contributions are deducted from W-2 Income and are not subject to state or federal income tax. Team members are always 100% vested in salary deferral contributions.

### COMPANY MATCH

The Company adds \$.50 cents for every dollar up to the first \$3,000 invested per calendar year. The Company's matching contribution is made after the end of each plan year, and vests 25% each year of employment. Team members are fully vested in the Company match contributions after working four years. Team members 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 team members. If made, this contribution is a percentage of annual compensation up to the IRS cap (\$345,000 in 2024) made after the end of each plan year, and vests 25% each year of employment. Team members are fully vested in the profit sharing contributions after working four years. Team members must be employed on the last day (12/31) of each plan year to receive the profit sharing contribution for the year.

# Additional Benefits

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

## LEGAL PLAN

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

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

No matter what the issue, the EAP offered through Lincoln Financial makes no-cost services available 24 hours a day, 7 days a week, providing confidential support, guidance, and resources.

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

## TECHNOLOGIST PROFESSIONAL ASSOCIATION MEMBERSHIP

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

## EMPLOYEE SCANS AND SERVICES

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

## PAID TIME OFF (PTO)

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

### PTO accrual schedule

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

## HOLIDAY OVERVIEW

The Company observes six designated holidays each calendar year:

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

In addition, team members may select two additional days throughout the year to use as float holidays. Team members 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 team members is prorated based on employment status.

## VOLUNTEER TIME OFF (VTO)

RAYUS Radiology encourages all team members to take the time to volunteer in the communities we live in. To facilitate this, team members 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.

**ADOPTION ASSISTANCE PROGRAM**

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

**TUITION REIMBURSEMENT PROGRAM**

Eligible team members 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 team member’s career development at the Company, to a maximum of \$2,500 per calendar year.

**PET INSURANCE**

Voluntary Pet Insurance provides reimbursement for veterinary expenses related to accidents and/or 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.

**PAID PARENTAL LEAVE**

RAYUS Radiology understands the importance of caring for a newborn or newly adopted child and we want to support team members in the first days with a new child. Our Short-Term Disability (STD) program covers the mother after the birth and fathers and adoptive parents can apply for FMLA to take unpaid leave following the birth. It can be a challenge to take time off without pay, so RAYUS Radiology also provides 2 weeks of paid leave for team members not eligible for STD (fathers, adoptive parents and Part-time < 30 team members). This will be paid at the same rate as the STD program which covers 66.67% of base pay (reduced for those in CA, CO, CT, HI, MA, NJ, NY, OR, RI or WA due to offsets for state leave programs).

**Medical insurance**

The company offers three medical plan options for eligible team members:

- Copay Plan
- HRA Plan
- HSA Plan

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

**2024 account contributions**

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

The bi-weekly team member medical insurance premiums are listed below:

**2024 bi-weekly premiums**

	Copay plan	HRA plan	HSA plan
Team member	\$108.91	\$45.43	\$35.58
Team member + 1	\$305.68	\$134.40	\$108.42
Family	\$415.43	\$204.00	\$173.81

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

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

## Copay plan

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

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

## HRA plan

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

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

## HSA plan

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