

### ASSOCIATE BENEFITS SUMMARY SHEET

The following is a brief summary of our benefits. It is intended to give you an overview of the coverage and respective costs. Please see the summary plan description and/or policy manual for more detailed information. The applicable plan contract or document has final authority as to all matters, including eligibility, coverage and interpretation.

TYPE OF PLAN	COVERAGE	EMPLOYEE COST																														
Health Insurance	<p>PREFERRED ONE</p> <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Coverage</th> <th style="width: 70%;">Deductible/Out of Pocket Maximum (Calendar Year)</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$1,000/\$3,000</td> </tr> <tr> <td>Family</td> <td>\$2,000(\$1,000 per family member)/\$6,000(\$2,000 per family member)</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Office Visits - \$30 copay (per visit)</li> <li>Routine Preventive Care – Covered 100% (deductible does not apply)</li> <li>Other Services – Preferred One pays 80% of eligible charges. You pay 20% of charges after plan deductible.</li> </ul> <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Prescription Drugs</th> <th style="width: 60%;">In-Network Copay</th> </tr> </thead> <tbody> <tr style="background-color: black; color: white;"> <td colspan="2">Up to a 31 day supply of prescription drugs, oral contraceptives or one type of insulin</td> </tr> <tr> <td>Generic drugs</td> <td></td> </tr> <tr> <td>31 day supply</td> <td>\$12</td> </tr> <tr> <td>62 day supply</td> <td>\$24</td> </tr> <tr> <td>93 day supply</td> <td>\$36</td> </tr> <tr> <td>Formulary brand drugs</td> <td>\$40</td> </tr> <tr> <td>Non-formulary brand drugs</td> <td>Member pays the greater of \$80 or 50%</td> </tr> <tr style="background-color: black; color: white;"> <td colspan="2">Mail order drugs for up to a 93 day supply</td> </tr> <tr> <td>Generic drugs</td> <td>\$30</td> </tr> <tr> <td>Formulary brand drugs</td> <td>\$100</td> </tr> <tr> <td>Non-formulary brand drugs</td> <td>Member pays the greater of \$200 or 50%</td> </tr> </tbody> </table> <p style="margin-left: 20px;">Preferred One has partnered with a variety of organizations to provide discount programs and services to help members on the road to better health.</p>	Coverage	Deductible/Out of Pocket Maximum (Calendar Year)	Single	\$1,000/\$3,000	Family	\$2,000(\$1,000 per family member)/\$6,000(\$2,000 per family member)	Prescription Drugs	In-Network Copay	Up to a 31 day supply of prescription drugs, oral contraceptives or one type of insulin		Generic drugs		31 day supply	\$12	62 day supply	\$24	93 day supply	\$36	Formulary brand drugs	\$40	Non-formulary brand drugs	Member pays the greater of \$80 or 50%	Mail order drugs for up to a 93 day supply		Generic drugs	\$30	Formulary brand drugs	\$100	Non-formulary brand drugs	Member pays the greater of \$200 or 50%	<p>Monthly Premium: Employee and Family RDR pays at 100%</p>
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	<p>Preferred One Fitness Advantage Program- save up to \$20.00 a month at participating fitness facilities. To view facilities that are available through this network , go to: <a href="http://www.preferredone.com/fitnessadvantage">www.preferredone.com/fitnessadvantage</a></p> <p>Employee Assistance Program (EAP) Solutions (is included with your Preferred One Health Coverage) – Provides you and your family members with tools for confronting and overcoming life’s challenges. It’s a professional support service that offers free confidential assistance.</p> <p>The effective date of Medical/Health Insurance coverage and term insurance is the first day of the calendar month following 30 days of employment.</p>																											
<p>Dental Insurance</p>	<p><b>GUARDIAN</b></p> <table border="1" data-bbox="354 869 1027 1446"> <tr> <td>Option 1 – Core Plan</td> <td>Option 2 – Buy Up Plan</td> </tr> <tr> <td>\$1,500 maximum for dental use per person per year</td> <td>\$1,500 maximum for dental use per person per year</td> </tr> <tr> <td>Employee -\$50 deductible per covered person each year Family Limit – 3 per family</td> <td>Employee -\$50 deductible per covered person each year Family Limit – 3 per family</td> </tr> <tr> <td>Charges Covered Preventive Care 100% Basic Care 20% Major Care 0%</td> <td>Charges Covered Preventive Care 100% Basic Care 80% Major Care 50%</td> </tr> <tr> <td>Maximum Rollover: No</td> <td>Maximum Rollover: Yes</td> </tr> </table> <p>**If you enroll in Dental, you receive Vision Access Plan at no additional charge.</p> <p>The effective date of Dental Insurance coverage and term insurance is the first day of the calendar month following 30 days of employment.</p>	Option 1 – Core Plan	Option 2 – Buy Up Plan	\$1,500 maximum for dental use per person per year	\$1,500 maximum for dental use per person per year	Employee -\$50 deductible per covered person each year Family Limit – 3 per family	Employee -\$50 deductible per covered person each year Family Limit – 3 per family	Charges Covered Preventive Care 100% Basic Care 20% Major Care 0%	Charges Covered Preventive Care 100% Basic Care 80% Major Care 50%	Maximum Rollover: No	Maximum Rollover: Yes	<p>Monthly:</p> <p><b>Base Plan</b></p> <table border="1" data-bbox="1053 972 1432 1331"> <thead> <tr> <th>Tier</th> <th>Premium</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$ 10.58</td> </tr> <tr> <td>Employee Plus One</td> <td>\$ 32.26</td> </tr> <tr> <td>Employee Plus 2+</td> <td>\$ 62.60</td> </tr> </tbody> </table> <p><b>Buy-Up Plan</b></p> <table border="1" data-bbox="1053 1367 1432 1596"> <thead> <tr> <th>Tier</th> <th>Premium</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$ 48.59</td> </tr> <tr> <td>Employee Plus One</td> <td>\$ 106.35</td> </tr> <tr> <td>Employee Plus 2+</td> <td>\$ 187.28</td> </tr> </tbody> </table>	Tier	Premium	Employee Only	\$ 10.58	Employee Plus One	\$ 32.26	Employee Plus 2+	\$ 62.60	Tier	Premium	Employee Only	\$ 48.59	Employee Plus One	\$ 106.35	Employee Plus 2+	\$ 187.28
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<p>Basic Term Life Insurance</p>	<p>\$25,000 Policy for employee Up to \$25,000 AD&amp;D policy \$5,000 Policy for spouse \$2,000 Policy for children ages 14 days to 23 (25 if full</p>	<p>100% Company Paid</p>																										

	time student) The effective date of Basic Term Life Insurance coverage and term insurance is the first day of the calendar month following 30 days of employment.	
Voluntary Term Life Insurance	Employees may apply to purchase additional voluntary life insurance coverage for themselves and/or their spouse and dependents through the plan. The employee pays 100% of the cost of additional voluntary term life insurance, which is determined by the employees' or spouse's age and the amount of the insurance requested. The effective date of Basic Term Life Insurance coverage and term insurance is the first day of the calendar month following 30 days of employment.	100% Employee Paid
401(k) Retirement Plan	<p><u>Eligibility:</u> All employees who have completed one year of continuous service, who have attained the age of 21, and who worked at least 1,000 hours per anniversary or calendar year. Once the above eligibility requirements are met, you may enter the plan on the first day of the calendar month after an employee completes one year of continuous service.</p> <p><u>Safe Harbor:</u> All employees who have completed one year of continuous service, who have attained the age of 21, and who worked at least 1,000 hours per anniversary or calendar year. In order to maintain the safe harbor status, RDR will make a contribution equal to 3% of your compensation.</p> <p><u>Profit Sharing:</u> All employees who have completed two years of continuous service, who have attained the age of 21, and who worked at least 1,000 hours per each of the two year anniversary or calendar years are eligible to participate in the RDR Profit Sharing plan. Your share of the contribution will be determined by RDR each year.</p> <p><u>Vesting:</u> An employee is 100% vested in any amounts contributed by RDR on the employee's behalf.</p>	You may contribute from 1% to 100% of eligible pay up to the maximum amount allowable by the IRS.

#### OTHER EMPLOYEE BENEFITS

Benefit	Description
Open Door Policy	If you have questions for anyone in the company, feel free to call them or stop in and talk with them.
MN License and Renewal	RDR pays 100%
Medical Staff Dues	Paid at all hospital's where RDR provides service.
CME Allowance	RDR pays up to \$5,000 per year for dues, subscriptions, and CME. RDR's Accountant processes a direct deposit for these items with

	RDR's bi-weekly expense run if the amount is greater than \$1,000. If they are under \$1,000 the reimbursement is saved these for our distribution run.
Teleradiology Equipment	RDR will provide equipment necessary for radiologist's home including monthly line charges.
Reimbursements for meals, mileage, internet expenses and cell phone reimbursements (if you are not on our Sprint plan)	RDR will reimburse for all mileage, meals and internet expenses that are related to outreach and to business functions of RDR. Reimbursements are typically done at the same time that shareholder distribution direct deposits are cut which normal ends up being around the 15 <sup>th</sup> of the month before the end of the quarter. **Reimbursements are completed via a direct deposit to the checking/savings account in which your payroll checks are deposited. If a different account is preferred, a direct deposit form must be completed in turned in to HR. When the RDR Accountant processes a direct deposit the Accountant will send you an email to your RDR email account letting you know the amount and when the amount will be deposited.**
Partnership	Eligible for Partnership in Regional Diagnostic Radiology after two (2) years of continuous employment.
Moving/Relocation Expenses	RDR will reimburse for reasonable moving companies expenses form primary residence.
Employee Discount Benefit at SkinFitNessMD	50% off cosmetic services and vein services Cosmetic Supplies – you can purchase at cost plus 5%.
Professional Liability Insurance	Claims made with St. Paul Fire and Marine through Regional Diagnostic Radiology's insurance broker, Mahowald Insurance.
Cell Phone Discount	RDR employees can receive an 8% discount on phone service with electronic billing or a 5% discount on paper billing and 25% off phone accessories. This offer applies to existing Verizon accounts or new ones. To receive the discount.....Once an employee has an active account, they can visit <a href="http://www.verizonwireless.com/ryl">www.verizonwireless.com/ryl</a> if they have an <a href="mailto:@rdradiology.com">@rdradiology.com</a> email address. If they do not, they can visit a store with a recent paystub or ID badge for the company. The plan must be in the employee's name.