

EMPLOYEE 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" data-bbox="483 558 1027 814"> <tr> <td>Coverage</td> <td>Deductible/Out of Pocket Maximum (Calendar Year)</td> </tr> <tr> <td>Single</td> <td>\$1,000/\$5,000</td> </tr> <tr> <td>Family</td> <td>\$3,000(\$1,000 per family member)/\$10,000(\$5,000 per family member)</td> </tr> </table> <ul style="list-style-type: none"> • Office Visits - \$30 copay (per visit) • Routine Preventive Care – Covered 100% (deductible does not apply) • Other Services – Preferred One pays 80% of eligible charges. You pay 20% of charges after plan deductible. <table border="1" data-bbox="354 1100 1027 1759"> <tr> <td>Prescription Drugs</td> <td>In-Network Copay</td> </tr> <tr> <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>Tier 1</td> <td>\$10</td> </tr> <tr> <td>Tier 2</td> <td>\$25</td> </tr> <tr> <td>Formulary brand drugs</td> <td>\$50</td> </tr> <tr> <td>Non-formulary brand drugs</td> <td>Member pay 50% after deductible</td> </tr> <tr> <td colspan="2">Mail order drugs for up to a 93 day supply</td> </tr> <tr> <td>Generic drugs</td> <td></td> </tr> <tr> <td>Tier 1</td> <td>\$25</td> </tr> <tr> <td>Tier 2</td> <td>\$60</td> </tr> <tr> <td>Formulary brand drugs</td> <td>\$125</td> </tr> <tr> <td>Non-formulary brand drugs</td> <td>Not Covered</td> </tr> <tr> <td>Specialty drugs/injectable drugs</td> <td>Covered 50% after deductible</td> </tr> </table> <p>Preferred One has partnered with a variety of organizations to provide discount programs and services</p>	Coverage	Deductible/Out of Pocket Maximum (Calendar Year)	Single	\$1,000/\$5,000	Family	\$3,000(\$1,000 per family member)/\$10,000(\$5,000 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		Tier 1	\$10	Tier 2	\$25	Formulary brand drugs	\$50	Non-formulary brand drugs	Member pay 50% after deductible	Mail order drugs for up to a 93 day supply		Generic drugs		Tier 1	\$25	Tier 2	\$60	Formulary brand drugs	\$125	Non-formulary brand drugs	Not Covered	Specialty drugs/injectable drugs	Covered 50% after deductible	<p>Monthly: (divided between two checks per month)</p> <p><u>Employee Only</u> 100% paid by RDR</p> <p><u>Family</u> Employees pay the total cost for dependents</p>
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	<p>to help members on the road to better health.</p> <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: www.preferredone.com/fitnessadvantage</p> <p>Midwest 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>GUARDIAN</p> <table border="1" data-bbox="354 905 1029 1482"> <tr> <th data-bbox="354 905 691 940">Option 1 –Base/Core Plan</th> <th data-bbox="691 905 1029 940">Option 2 – Buy Up Plan</th> </tr> <tr> <td data-bbox="354 940 691 1052">\$1,500 maximum for dental use per person per year</td> <td data-bbox="691 940 1029 1052">\$1,500 maximum for dental use per person per year</td> </tr> <tr> <td data-bbox="354 1052 691 1230">Employee -\$50 deductible per covered person each year Family Limit – 3 per family</td> <td data-bbox="691 1052 1029 1230">Employee -\$50 deductible per covered person each year Family Limit – 3 per family</td> </tr> <tr> <td data-bbox="354 1230 691 1409"> <table border="0"> <tr><td colspan="2">Charges Covered</td></tr> <tr><td>Preventive Care</td><td>100%</td></tr> <tr><td>Basic Care</td><td>20%</td></tr> <tr><td>Major Care</td><td>0%</td></tr> </table> </td> <td data-bbox="691 1230 1029 1409"> <table border="0"> <tr><td colspan="2">Charges Covered</td></tr> <tr><td>Preventive Care</td><td>100%</td></tr> <tr><td>Basic Care</td><td>80%</td></tr> <tr><td>Major Care</td><td>50%</td></tr> </table> </td> </tr> <tr> <td data-bbox="354 1409 691 1482">Maximum Rollover: No</td> <td data-bbox="691 1409 1029 1482">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 –Base/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	<table border="0"> <tr><td colspan="2">Charges Covered</td></tr> <tr><td>Preventive Care</td><td>100%</td></tr> <tr><td>Basic Care</td><td>20%</td></tr> <tr><td>Major Care</td><td>0%</td></tr> </table>	Charges Covered		Preventive Care	100%	Basic Care	20%	Major Care	0%	<table border="0"> <tr><td colspan="2">Charges Covered</td></tr> <tr><td>Preventive Care</td><td>100%</td></tr> <tr><td>Basic Care</td><td>80%</td></tr> <tr><td>Major Care</td><td>50%</td></tr> </table>	Charges Covered		Preventive Care	100%	Basic Care	80%	Major Care	50%	Maximum Rollover: No	Maximum Rollover: Yes	<p>Monthly: (divided between two checks per month) RDR pays a portion of the premium</p>
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<p>Pre-Tax Medical Premiums</p>	<p>If you are enrolled in a medical plan, your medical premiums will be deducted on a “pre-tax” basis</p>	<p>Company Provided</p>																										

<p>Medical Spending Account</p>	<p>Enables you to be reimbursed with pre-tax dollars for expenses, which are not covered by our medical plan. Maximum amount of contributions per year cannot exceed \$2,600.</p> <p>If you have unused amounts credited to your health care and dependent care expense accounts as of December 31, you may use those amounts for expenses incurred through March 15 of the following year. You will have until April 30 to submit your claims for reimbursement for expenses incurred between January 1 through March 15. Any amounts remaining in your health care and dependent care expense accounts as of April 30 will be forfeited.</p> <p>**You cannot itemize the same medical expenses on your taxes if you get them reimbursed here. The effective date of Medical Spending Account coverage and term insurance is the first day of the calendar month following 30 days of employment.</p>	<p>Divided equally between two checks per month. Taken out on a pre-tax basis.</p>
<p>Dependent Care Spending Account</p>	<p>Enables you to be reimbursed for dependent care expenses with pre-tax dollars. Maximum amount of contribution per year cannot exceed \$5,000.</p> <p>If you have unused amounts credited to your health care and dependent care expense accounts as of December 31, you may use those amounts for expenses incurred through March 15 of the following year. You will have until April 30 to submit your claims for reimbursement for expenses incurred between January 1 through March 15. Any amounts remaining in your health care and dependent care expense accounts as of April 30 will be forfeited.</p> <p>**You cannot itemize the same dependent care expenses on your taxes if you get them reimbursed here. The effective date of Medical Spending Account coverage and term insurance is the first day of the calendar month following 30 days of employment.</p>	<p>Divided equally between two checks per month. Taken out on a pre-tax basis.</p>
<p>Basic Term Life Insurance</p>	<p>\$25,000 Policy for employee Up to \$25,000 AD&D policy \$5,000 Policy for spouse \$2,000 Policy for children ages 14 days to 23 (25 if full time student)</p>	<p>100% Company Paid</p>

	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(post-tax) 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		
Short Term Disability	The plan will pay 60% of salary to a maximum \$500 per week. **The disability must be due to a non-occupational accident or illness. <ul style="list-style-type: none"> • Maximum length is 13 weeks • Benefits start: <ul style="list-style-type: none"> ➤ Accident – Day one ➤ Illness – Day eight 	100% Company Paid		
401(k) Retirement Plan	<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. <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. <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. <u>Vesting:</u> An employee is 100% vested in any amounts contributed by RDR on the employee's behalf.	You may contribute from 1% to 100% of eligible pay up to the maximum amount allowable by the IRS.		
Paid Time Off (PTO)	Employees accrue PTO at the following rate: <table border="1" style="margin-left: 20px;"> <tr> <td>Years of Completed Service</td> <td>Rate (hours accrued each hour worked, excluding</td> </tr> </table>	Years of Completed Service	Rate (hours accrued each hour worked, excluding	100% Company Paid
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Holidays	<p>Seven (7) paid holidays per year</p> <ul style="list-style-type: none"> • New Year’s Day • Memorial Day • Independence Day • Labor Day • Thanksgiving Day • Christmas Day • Employee’s Birthday - This holiday must be taken 30 days before or 30 days after your actual Birthday. If it is not used during this time frame, the holiday will be forfeited. <p>In addition to the holidays identified above, FT Employees are also provided three (3) floating holidays per year.</p> <p>At three (3) years of completed service employees will be provided with one (1) additional floating holiday, this gives an employee a total of 4 floating holidays a year there after.</p> <p>At eight (8) years of completed service employees will be provided with one (1) additional floating holiday, this gives an employee a total of 5 floating holidays a year there after.</p>	100% Company Paid								
Funeral Leave	<p>FT employees are entitled up to three (3) eight (8) hour days of paid funeral leave per year for deaths in the immediate family.</p> <p>Immediate family is defined to include: spouse, child, stepchild, parent, step-parent, mother or father-in-law, siblings, step-siblings, grandparents and grandchildren.</p>	100% Company Paid								
Jury Duty	<p>Hourly/Non-exempt employees will continue to receive their regular pay during the first two weeks of jury duty (less any amounts (excluding mileage) received by the Court for such jury duty). Employees may use accrued PTO, if any, for unpaid jury duty.</p> <p>Salary/Exempt employees should see their supervisor regarding receipt of pay for time off for jury service.</p>	100% Company Paid								

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.
Employee Discount Benefit at SkinFitNessMD	50% off most cosmetic services and vein services Cosmetic Supplies – you can purchase at cost plus 5%.
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 www.verizonwireless.com/ryl if they have an @rdradiology.com 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.
Reading of X-Rays	Any person in your family that could be covered under the medical plan, reading of X-Rays there is no charge.
Rasmussen College	10% tuition discount on any program