



BENEFITS BOOK 2024



RADIOLOGY CONSULTANTS
9601 BAPTIST HEALTH DRIVE #1100
501-227-5240 | WWW.RADCONLR.COM

HATCHER ENROLLMENT CALL CENTER

The Hatcher Call Center mission is to provide “Outrageous Service” to clients by conducting efficient and effective enrollment.

Open Enrollment can be daunting and sometimes confusing. For that reason, we have a local Enrollment Call Center dedicated for our clients who want to call in and have a licensed agent explain their benefits and enroll them over the phone!

**The Call Center is open Monday - Friday from 9 am - 5 pm.
Central Standard Time/CST**

The Call Center number is (501) 943-4182



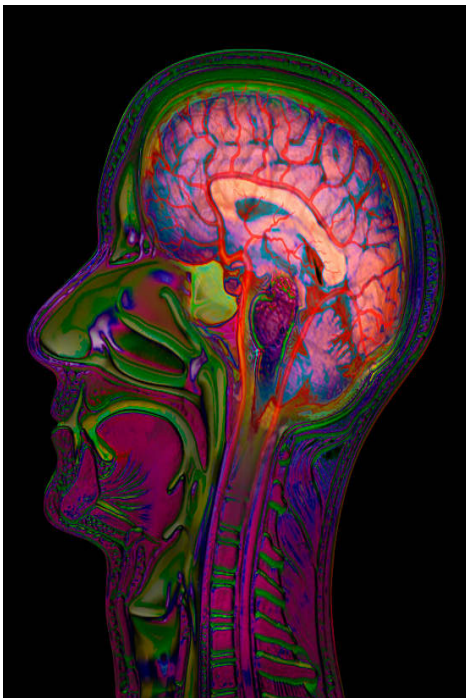
Before you call in, please have the following information ready:

1. Your full name
2. The company that you work for
3. Life Insurance Beneficiaries
4. Child and/or Spouse SS#'s
5. Child and/or Spouse dates of birth

*Without this information, our Enrollers cannot enroll you in your benefits

TABLE OF CONTENTS

1	Your Service Team
2	Benefit Overview
3	Terms To Know
4	Medical Benefits
5	UMR and Southern Scripts
6	HSA- Consolidated Admin Services
7-8	HSA and Benny Pre-Paid Benefits Card
9-10	HSA/FSA Eligible and Ineligible Expenses
11-13	Dental Benefits
14-15	Vision Benefits
16-18	Short and Long Term Disability Insurance
19	Life and AD&D
20-21	5 Star Life Insurance
22-23	Cancer Insurance
24-25	Accident Insurance
26-27	Legal Shield and ID Shield
28-29	Frequently Asked Questions
30	Contact Information



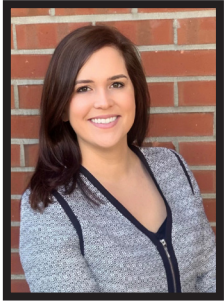
Need more information?
Important Contact and Carrier information can be found on page 30.

DISCLOSURES AND DISCLAIMER

This benefit booklet was designed to help you better understand your benefits and benefit choices. At the request of the plan administrator at **Radiology Consultants** the word employee has been used to describe you (the employee) in this benefit book when detailing benefits, benefit options, and rates. The outlines in this benefit booklet are only benefit summaries and are designed to provide a brief overview of your coverages. For a full schedule of benefits and complete outline of coverage please review your insurance certificate of coverage, policy, or summary plan description.

Active Employment (*applies to group insurance products*) You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by **Radiology Consultants** for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation. **Actively at Work** Being actively at work means on the day you apply for coverage, you are working at **Radiology Consultants** for the required minimum hours each week. If you are applying for coverage on a day that is not one of your scheduled work days, then you'll be considered actively at work if you meet this definition as of your last scheduled workday. Employees are not considered actively at work if their normal duties are limited or altered due to their health, or if they are on a leave of absence. **Additional Information** (*applies to all individually owned policies*) This material is intended to be a brief description of the policy. The policy definitions, exclusions, and limitations will be used to determine actual benefit decisions. Product availability and provisions may vary by state.

YOUR SERVICE TEAM



Kayla Haynes,
Lead Account Executive

C: (501) 258-7646
E: Kayla@hatcheragency.com



Christy Cingolani,
Account Executive

C: (501) 326-1277
E: christy@hatcheragency.com



Greg Hatcher,
CEO

C: (501) 519-4734
E: Greg@hatcheragency.com



The Hatcher Agency is proud to be the insurance broker for the employees at **Radiology Consultants**. It is our promise to find you the lowest price each and every year with carriers that are the best in class. In addition to providing you the very best value for your coverage, it is our goal to deliver all of you Outrageous Service. Please feel free to contact any of your representatives shown if you ever have customer service questions in regard to your plan or if we can help you in any way. Our mission is to work for you and help you get the most out of your benefits.

(501) 375-3737 | www.hatcheragency.com

BENEFIT OVERVIEW

BENEFITS	FUNDING WEEKLY Y	COVERAGE OPTIONS
*Medical Insurance by UMR	SHARED FUNDING	<ul style="list-style-type: none"> Provides benefits for office visits, preventative care, prescription drugs, and hospital services
*Dental Insurance by Delta Dental	SHARED FUNDING	<ul style="list-style-type: none"> Provides benefits for preventative services, periodontics, root canals, and x-rays
*Vision Insurance by Delta Dental	EMPLOYEE PAID	<ul style="list-style-type: none"> Provides benefits for eye exams, lenses, frames, and/or contacts
Life Insurance Benefits by Equitable	EMPLOYER PAID	<ul style="list-style-type: none"> This life benefit equals your annual earnings plus 25%. It will pay a minimum benefit of \$30,000 and a maximum of \$250,000.
Group Short Term Disability Insurance by Equitable	EMPLOYEE PAID	<ul style="list-style-type: none"> Benefits will pay 60% of pre-disability earnings to a maximum of \$1,500 per week Benefits begin after 7 days of disability
Group Long Term Disability Insurance by Lincoln	EMPLOYER PAID	<ul style="list-style-type: none"> Benefits will pay 60% of pre-disability earnings to a maximum of \$10,000 a month for Class II Benefits begin after 90 days of disability
Permanent Term to Age 121 Life Insurance by 5Star Life	EMPLOYEE PAID	<ul style="list-style-type: none"> Permanent term life insurance to age 121 for you, your spouse, and children Rates remain the same throughout policy life and do not increase with age
* Manhattan Life Cancer Insurance	EMPLOYEE PAID	<ul style="list-style-type: none"> Payments are made directly to you in event of a claim
* Manhattan Life Accident Insurance	EMPLOYEE FUNDED	<ul style="list-style-type: none"> Payments are made directly to you in event of a claim
Legal and ID Shield	EMPLOYEE PAID	<ul style="list-style-type: none"> This pre-paid legal and/or Identity Theft protection plan helps protect you and your family for an affordable price

* The following deductions may be withheld pre-tax saving you approximately 30%.

TERMS TO KNOW

INSURANCE TERMINOLOGY TO KNOW

Benefits wordage can sometimes be daunting. Review the list of common terms below for a little help!

Qualified High Deductible Health Plan (HDHP) & Health Savings Account (HSA) – a high deductible health plan can be combined with a Health Savings Account (HSA), allowing you to pay for certain medical expenses with money free from state and federal taxes, and saving you money. All claims, medical and pharmacy, apply to the deductible and coinsurance. Wellness is still covered at 100%.

Deductible – the insurance deductible is the amount of money you will pay in an insurance claim before the insurance coverage kicks in and the company starts paying. **Radiology Consultants** deductible begins on January 1st.

Prior Authorization - PA is a requirement that your physician obtain approval from your prescription drug plan to prescribe a specific medication or procedure for you.

Quantity Limit - QL defines how much of a particular drug, patients can get during a specific time period or the maximum days supply that patients can get at once.

Premiums - the amount of money you pay on a regular basis to have coverage on your policy. Premiums are usually lower in a High Deductible Health Plan in comparison to a PPO plan.

Step Therapy - the patient begins medication for a medical condition with the most cost effective drug therapy and progresses to other more costly or risky therapies only if necessary. Step Therapy is an approach intended to control costs and risks posed by some prescription drugs.

Out-of-Pocket Maximum – OOP maximum is the most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits. Your OOP maximum will be lower In Network versus Out of Network.

What does "Aggregate" Deductible mean on our Healthcare Plan?

Example: Sometimes referred to as "Non-Embedded". The total family deductible must be met before the plan coinsurance starts to pay at 100%.



MEDICAL BENEFITS



Below is a brief summary of the **In-Network Benefits** available to you. For a detailed description and information on Out-of-Network benefits, please refer to the plan summaries available to you at your **Hatcher Agency Portal**

Plan Options		
	PLAN 1: PPO	PLAN 2 HDHP/HSA (NON-EMBEDDED DED)
DEDUCTIBLE Individual Family	\$500 \$1,000	\$2,500 \$5,000
COINSURANCE: Percentage you are responsible for after your deductible has been met	20%	0%
OUT OF POCKET MAXIMUM This includes your deductible	Individual: \$2,000 Family: \$4,000	Individual: \$2,500 Family: \$5,000

Covered Services		
	PLAN 1 : YOU PAY	PLAN 2 : YOU PAY
OFFICE VISITS Primary Care Doctor Specialist	\$25 Co-pay 20% after deductible	Deductible + 0% Deductible + 0%
WELLNESS SERVICES	0% Covered in full	0% Covered in full
EMERGENCY MEDICAL CARE Emergency Room Urgent Care Clinic	20% after deductible 20% after deductible	Deductible + 0% Deductible + 0%
AMBULANCE	20% after deductible	Deductible + 0%
HOSPITAL SERVICES Inpatient Out Patient	20% after deductible 20% after deductible	Deductible + 0% Deductible + 0%
PRESCRIPTION BENEFITS (In Network) Generic Preferred Non- Preferred Specialty	\$10 \$30 \$50 \$100	You pay the negotiated Prescription cost. This applies toward your deductible. Once you meet your deductible you are covered at 100% for In Network Expenses.

I.R.S. Mandated Maximum H.S.A. Contribution per year 2024: Individual: \$4,150 / Family: \$8,300

Any funds remaining in your

Health Savings Account at the end of every calendar year roll over and can be used on eligible expenses.

* Age 55+ \$1,000 Catch Up Contribution

*Any HSA accounts are true bank accounts, therefore banking fees could apply

*Overdraft fees, paper statements, etc are to be covered by the participant, see the last question on page 7

Your Cost (Includes Medical & Rx)		
Per Pay Period (24)	PLAN 1	PLAN 2
Employee Only	\$0	\$0
Employee + Family	\$159.39	\$159.39

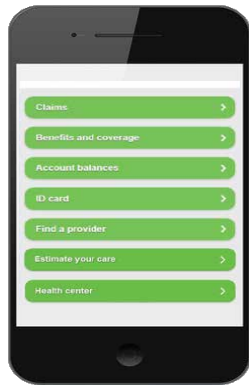
UMR AND SOUTHERN SCRIPTS

Check your health benefits **on the go**



A UnitedHealthcare Company

As a UMR member, you can access your benefit and claim information anytime using your mobile device. There's no app to download. Simply log in to umr.com on your smart phone using the same username and password you use for our full site.



GO THERE NOW

Use the QR code reader on your smart phone to view our mobile site.



Postal Prescription Services – Mail Order Pharmacy Contact Information

Name: Postal Prescription Services
Pharmacy NPI: 1528003910
Web Site: <https://www.ppsrx.com>
Frequently Asked Questions: <https://www.ppsrx.com/topic/postal-prescription-service-faqs>
Phone: 1-800-552-6694
Hours: Monday-Friday, 6 AM - 6 PM PST and Saturday 9 AM - 2 PM PST

Creating an Online PPS Account

First you will need to create your online account

1. Select "Register" from the upper right-hand corner of the PPS website
2. Enter your email address, create a password
3. Select "Create Account"

Ordering New or Transferred Prescriptions

Once you have added a patient to your online PPS account, it is easy to add new prescriptions or transfer prescriptions from another pharmacy

1. Select "Add a Prescription" from the left navigation menu and follow the on-screen steps for PPS to request a new prescription from your doctor or a transferred prescription from another pharmacy
2. Your doctor can send a new prescription to PPS by electronic prescribing, fax, phone, or mail
3. Or, if your doctor has given you a paper prescription, you should mail it to PPS at:

PPS Prescription Services
PO BOX 2718
PORTLAND, OR 97208-2718

Generally, it takes about 3-5 business days for PPS to contact your prescriber or pharmacy to obtain your prescription(s). If you requested a fill of these prescriptions, they will be sent as soon as the prescriptions are received and filled.

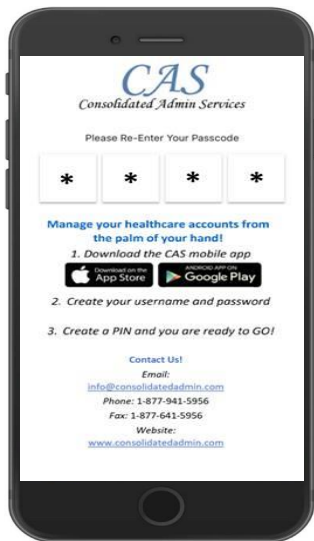
HSA - CONSOLIDATED ADMIN SERVICES

MANAGE YOUR HEALTH BENEFITS ON-



Take control of your health benefits with the CAS Mobile
Get secure, around-the-clock information at your

Top Reasons to Use the CAS Mobile



View account activity and check balance



Update your information



Enter and track expense



Make a payment from your account



File claims with receipt images



Scan or view eligible expenses, and more!

To get started, follow these three simple

1

Download CAS Mobile APP by searching Consolidated Admin Services in App Store or

2

Click "New User? Set Up Your Account" – Complete Setup & Security

*You will need to use social to setup account, or contact our office for

3

Login to begin using the Mobile

CAS

Consolidated Admin Services

www.consolidatedadmin.com

Call 1-877-941-5956 or Email info@consolidatedadmin.com for assistance

HEALTH SAVINGS ACCOUNT (HSA) FAQ'S

Q: What is a Health Savings Account?

A: A health savings account (HSA) is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a High-Deductible Health Plan (HDHP). The funds contributed to an account are not subject to federal income tax at the time of deposit.

Q: Can anyone open a HSA?

A: No. In order to open an HSA you must be enrolled in a Qualified High Deductible Health Plan. (QHDHP)

Q: How much can I contribute each year?

A: **IRS limits on a Health Savings Account (HSA) plan for 2024 are \$4,150 per year (Employee Only) or \$8,300 for Family (Employee + 1).** If you are 55 or older, you can also make "catch-up" contributions of up to \$1,000 per year above those limits. If at the end of the plan year, you have contributed more than the recommended maximum, and you were not covered under a HDHP for the entire calendar year, your extra contribution may be taxed as income. This amount is also subject to a penalty tax.

Q: How much can I spend each year from my HSA account?

A: The only spending limit is your HSA account balance. Just like your regular bank account, you can only withdraw up to the amount in your account at that point in time. Any unused funds will roll over from year to year. You do not lose any funds if they are not used by the end of the year.

Q: What can I spend my HSA funds on?

A: You can use HSA funds for any expense accepted by the IRS as a legitimate medical expense, such as doctor visits, therapy, hospitalization, prescriptions, vision care, dental etc. To be eligible, the expense must be incurred on or after the date the HSA account was opened. HSA funds can also be used for health insurance premiums such as COBRA and TEFRA/Medicaid.

Q: Can I spend HSA funds on family members who are not on my health plan?

A: If you have Employee Only (HDHP) coverage, and your spouse or dependents have separate health coverage that is not a High-Deductible Health Plan, you can still use your available HSA funds to pay their medical expenses as long as you file a Federal tax return that includes that person as a joint filer or dependent. Your dependent is not allowed to file a claim with their FSA and with your HSA.

Q: I'm going to become eligible for Medicare late this year. Can I still have a HSA?

A: If any part of Medicare is elected, you cannot contribute any more money after your Medicare effective date. However, you may continue to use up any funds previously contributed.

Q: If I elected a HSA for 2024, but drop my medical coverage later in the year, can I continue to use my HSA funds?

A: Yes. However, you will no longer be able to contribute money to your HSA account unless you are enrolled in a qualified High Deductible Health Plan.

Q: How are office visits and prescriptions charged on my HSA Health Plan?

A: On the HSA Health Plan option, you will pay 100% of the allowed charge for the visit or drug, until you reach your maximum out-of-pocket. Once you fulfill the deductible/maximum out-of-pocket your office visit copays and prescription costs are covered 100% in network by the plan.

Q: Are there any fees associated with my HSA?

A: Yes, however **Radiology Consultants** is covering the administrative fees for active employees.

**Any HSA accounts are true bank accounts, therefore banking fees could apply.*

**Overdraft fees, paper statements, etc. are to be covered by the participant.*

www.consolidatedadmin.com

Call 1-877-941-5956 or Email

info@consolidatedadmin.com for assistance

The CAS Mobile App is compatible with iOS devices (iPhone, iPod Touch, iPad) and Android-powered devices.

**This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.*

BENNY PREPAID BENEFITS CARD FSA FAQ'S

What if I am not covered or I do not have my dependents covered under my company's health insurance plan?

You and your family can still participate in the Health Flexible Spending Account (FSA) or Dependent Care Assistance Plan (DCAP) reimbursement account.

Why should I participate in the Health FSA when I already have health insurance?

This account is used to pay for expenses that are not covered by insurance. For example, your insurance may not cover annual physicals, co-payments, eye exams, glasses, contacts, orthodontics, prescription drugs, dental care, or certain over-the-counter items, just to name a few.

What if I have a claim early in the plan year and do not have enough money in my account?

You are eligible for 100% of your election at the start of the plan year for your Health FSA. This is referred to as the "Uniform Coverage Rule." It gives you the ability to budget your expenses and spread them out over the entire year. Your elected payroll deductions will continue throughout the plan year to catch up on the expenses you have been advanced. For the DCAP account, you will be reimbursed as your deductions are deposited with your employer.

How do I figure how much to put into my medical expense account?

Look at your receipts or check register for the last year or two to see what you spent on medical expenses for yourself and qualified family members. Or, try to think about what you expect to spend on medical expenses during your plan year.

What is the minimum I can put into my account(s)?

The amount specified in your Summary Plan Description as determined by your employer.

What is the maximum I can put into my account(s)?

The maximum for each type of account is:

- **FSA Medical: Radiology Consultants** allows you to contribute **\$3,050** per participant per plan year
- **Dependent Care: \$5,000** per plan year and calendar year for the head of household or married filing joint tax return; \$2,500 per plan year and calendar year for married filing separate tax return.

Can expenses be reimbursed from the DCAP account at the beginning of the month for care that will be provided during that month?

No, regulations require that DCAP claims can only be reimbursed when a service has actually been incurred. So, even though you may pay for the whole month at the beginning of the month, you are not entitled to the reimbursement until the care has actually been provided.

Q: Can an employee who participates in DCAP also claim the dependent care tax credit?

A: There is no 'double-dipping.' If you are using a DCAP you may not also elect the tax credit on the same money. Please consult with your accountant or flex administrator for further review.

Q: What is proof of payment/required documentation?

A: This would be a copy of your statement, invoice, visit record, explanation of benefits (EOB), or similar document. It should show the date, type of service, the amount charged, and the provider. Voided or canceled checks are not qualified receipts.

Q: Can I change my contributions during the year?

A: Only if you experience a qualified change of status, such as marriage, divorce, birth, adoption, or a change in your or your spouse's employment status.

Q: How do I access my funds?

A: You will receive a **CAS Debit Card** that is linked to your FSA account. This is a limited-purpose card which is coded for medical providers only. Swipe the card just as you would any credit card. Although you have the option of setting a PIN, no PIN is required. The card lets you cover expenses without having to pay out-of-pocket first and then wait for reimbursement. If your medical provider does not accept credit cards or for whatever reason you did not use your **CAS Debit Card** to pay the expense, then you can submit a claim for reimbursement.

Q: Are there any fees associated with my FSA?

A: Yes, however **Radiology Consultants** is covering the administrative fee for active employees.

The logo for Consolidated Admin Services, featuring the letters 'CAS' in a large, blue, serif font.

Consolidated Admin Services

www.consolidatedadmin.com

Call 1-877-941-5956 or Email

info@consolidatedadmin.com for assistance

The CAS Mobile App is compatible with iOS devices (iPhone, iPod Touch, iPad) and Android-powered devices.

ELIGIBLE HSA/FSA EXPENSES

HSA Eligible Expenses

For additional information, please contact Consolidated Admin Services at info@consolidatedadmin.com or by phone at 1-877-941-5956

BABY/CHILD TO AGE 13

- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby / Well Child Care

DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

HEARING

- Hearing Aids and Batteries
- Hearing Exams
- Lab Exams / Tests
- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet
- Necklace Nebulizers
- Oxygen*
- Orthopedic Shoes*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement & Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor) Transportation*

MEDICATIONS

- Insulin
- Prescription Drugs

OBSTETRICS

- Breast Pumps and Lactation Supplies
- Doulas*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

Additional HSA Eligible Expenses

- Medicare Insurance Premiums
- COBRA Premiums
- Long Term Care Premiums

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

ELIGIBLE AND INELIGIBLE HSA/FSA EXPENSES

Eligible Over-the-Counter Medicines and Drugs

Please Note: With the passage of the CARES Act (COVID-3 Stimulus Bill), effective 1/1/2020, the IRS will allow Over-the-Counter (OTC) medicines or drugs to be purchased with Health Care FSA or HSA funds without a prescription.

- Acid controllers
- Acne medications
- Allergy & sinus
- Antibiotic products
- Antifungal (Foot)
- Antiparasitic treatments
- Antiseptics & wound cleansers
- Anti-diarrheals
- Anti-gas
- Anti-itch & insect bite
- Baby rash ointments & creams
- Baby teething pain
- Cold sore remedies
- Contraceptives
- Cough, cold & flu
- Denture pain relief
- Digestive aids
- Ear care
- Eye care
- Feminine antifungal anti-itch
- Fiber laxatives (bulk forming)
- First aid burn remedies
- Foot care treatment
- Hemorrhoidal preps
- Homeopathic remedies
- Incontinence protection & treatment products
- Laxatives (non-fiber)
- Medicated nasal sprays, drops, & inhalers
- Medicated respiratory treatments & vapor products
- Motion sickness
- Oral remedies or treatments
- Pain relief (includes aspirin)
- Skin treatments
- Sleep aids & sedatives
- Smoking deterrents
- Stomach remedies
- Unmedicated nasal sprays, drops & inhalers
- Unmedicated vapor products

Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

Please Note: OTC items that are not medicines or drugs remain eligible for purchase with FSAs. You can use your benefits card for these items.

Baby Electrolytes and Dehydration

Pedialyte, Enfalyte

Contraceptives

Unmedicated condoms

Denture Adhesives, Repair, and Cleansers

PoliGrip, Benzodent, Plate Weld, Efferdent

Diabetes Testing and Aids

Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products

Diagnostic Products

Thermometers, blood pressure monitors, cholesterol testing

Ear Care

Unmedicated ear drops, syringes, ear wax removal

Elastics/Athletic Treatments

ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts

Eye Care

Contact lens care

Family Planning

Pregnancy and ovulation kits

First Aid Dressings and Supplies

Band Aid, 3M Nexcare, non-sport tapes

Foot Care Treatment

Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles

Glucosamine &/or Chondroitin

Osteo-Bi-Flex, Cosamin D, Flex-a-min
Nutritional Supplements

Hearing Aid/Medical Batteries

Home Health Care (limited segments)

Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs

Incontinence Products

Attends, Depend, GoodNites for juvenile incontinence, Prevail

Prenatal Vitamins

Stuart Prenatal, Nature's Bounty Prenatal Vitamins

Reading Glasses & Maintenance Accessories

INELIGIBLE EXPENSES - The IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs, as they are not prescribed by a physician for a specific ailment.

- Contact Lens or Eyeglass Insurance
- Cosmetic Surgery/Procedures
- Electrolysis
- Insurance Premiums and Interest
- Marriage or Career Counseling
- Personal Trainers
- Sunscreen (spf less than 30)
- Swimming Lessons

DENTAL BENEFITS



DELTA DENTAL PLAN	IN NETWORK
DEDUCTIBLE Calendar Year	\$50 (3x) Per Person (maximum up to \$150)
PREVENTIVE SERVICES Cleanings, Exams, X-Rays, Fluoride treatments (children to 19), Sealants	100% Covered Deductible does not apply (Employee and their family pays 0%)
BASIC SERVICES Simple Extractions, Endodontics (root canal) Fillings, Oral Surgery	80% Covered After deductible has been met (Employee and their family pays 20%)
MAJOR SERVICES Periodontics Surgery (gum disease) Dentures, Crowns, Bridges	50% Covered After deductible has been met (Employee and their family pays 50%)
ANNUAL MAXIMUM	\$1,000 per person
Orthodontic Services (for children to age 19)	Child and Adult Orthodontic Rider 50% (Lifetime Max \$2,000 per person)

Maximum Carryover: If at least one Covered Service is applied toward your Maximum Payment in a Benefit Year and the total Benefit paid does not exceed \$499.00 in that Benefit Year, up to \$250.00 will carry over to the next Benefit Year's Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next, not to exceed \$1,000.

** Evidence based dentistry : DDAR covers additional routine cleanings or periodontal maintenance procedures for up to four per benefit period per year for Participants with diabetes, heart disease, who are pregnant or have a history of periodontal disease.*

Your Cost Per Pay Period (24)	
Employee Only	\$0
Family	\$17.43

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

THE DELTA DIFFERENCE

Delta Dental of Arkansas is proud to offer you quality dental insurance, and we hope you will take advantage of your benefits to receive the best care possible for your smile. For more information about your dental insurance plan, contact Delta Dental Customer Service at [1-800-462-5410](tel:1-800-462-5410).

SAVE MONEY

Delta Dental has the largest network of dentists across the nation, which means you will find quality care wherever you are. While you are free to see the dentist of your choice, it works to your advantage to choose a dentist from one of the two Delta Dental networks: Delta Dental Premier and Delta Dental PPO. To obtain the deepest discounts and the least amount of out-of-pocket expenses, choose a dentist from the Delta Dental PPO network.

LOCATE A DENTIST

Locate a participating dentist near you, by visiting <http://www.deltadentalar.com> to use the online directory. The directory will create a list of dental offices that match your search and will also provide maps and directions to a selected office.



INCREASE YOUR ANNUAL MAXIMUM

Delta Dental's Carryover Benefit allows you to carryover a portion of your unused benefits each year giving you the opportunity to grow your coverage.

If you need a procedure that costs more than your annual maximum, you can pay the difference with carryover benefits.

You will qualify to **carryover \$375 or 25%** of your annual maximum each year if you meet the following requirements:

- You must submit at least one claim for covered services during the calendar year.
- Your paid claims must be less than half (\$750) of your annual maximum (\$1,500) for the Accumulation Year.

Lastly, the amount accumulated under the Carryover Benefit cannot exceed the amount of the member's annual maximum (\$1,500).

EVIDENCE BASED DENTISTRY

Through evidence based dentistry, Delta Dental encourages patients to receive the dental care that is most appropriate for certain medical conditions.

For covered members with diabetes, heart disease, have a history of periodontal disease or who are pregnant, Delta Dental will cover up to four routine cleanings or periodontal maintenance procedures per year.

The additional benefits may not be combined for patients with more than one of the above conditions.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

DELTA DENTAL MOBILE APP



Delta Dental Mobile

Manage your benefits anytime, anywhere

Your dental health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Access dentist search, schedule appointments, check claims and coverage, view ID cards and more, right on your mobile device.



Getting Started

Delta Dental's mobile app is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. You will need an internet connection in order to download and use most features of our free app.

Using the App Without Logging In

Anyone can use Delta Dental Mobile without logging in to access our Dentist Search, Toothbrush Timer, LifeSmile Score risk assessment and Cost Estimator.

Logging In to View Benefits

Delta Dental subscribers can log in using the username and password they use to log in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via Delta Dental Mobile.

VISION 175 BENEFITS

DELTA VISION 175		IN-NETWORK COPAYMENTS	
EXAM EXAM FRAMES AND/OR LENSES¹ (NO COPAY FOR CONTACTS)		\$5	
CONTACT LENS FITTING EXAM³		\$5	
		IN - NETWORK BENEFITS	OUT - OF - NET- WORK REIM- BURSEMENTS
EYE EXAM (SUBJECT TO COPAY)		Covered in Full	\$36
STANDARD LENSES (PER PAIR -SUBJECT TO COPAY)			
SINGLE VISION		Covered in Full	\$28
BIFOCAL			\$42
TRIFOCAL			\$56
LENTICULAR			\$78
PROGRESSIVE LENS UPGRADE (SUBJECT TO COPAY)		See description²	\$56
LENS OPTIONS (POLYCARBONATE FOR CHILDREN AND FACTORY SCRATCH COATING)		Covered in Full	\$0
FRAMES (SUBJECT TO COPAY)		\$175 retail allowance	\$70
CONTACT LENS FITTING (CLF) EXAM (SUBJECT TO COPAY)			
STANDARD CLF EXAM		Covered in Full	\$0
SPECIALTY CLF EXAM		\$50 Retail Allowance	\$0
CONTACT LENSES⁴			
ELECTIVE (CONVENTIONAL OR DISPOSABLE)		\$175 retail allowance	\$100
MEDICALLY NECESSARY ⁵		Covered in full	\$210



DISCOUNTS ⁶	
INSURED MATERIALS	
FRAMES	20% off amount over allowance
LENS OPTIONS (UV COAT, TINT, ETC.)	20% off retail or out-of-pocket maximums⁷
PROGRESSIVES	20% off amount over retail lined trifocal lenses⁸
ADDITIONAL SERVICES	
EXAMS, FRAMES, & PRESCRIPTION LENSES	30% off retail
LENS OPTIONS & CONTACTS	20% off retail
DISPOSABLE CONTACTS	10% off retail
REFRACTIVE SURGERY (LASIK)	15%-50% off retail

Benefit Frequency	
EYE EXAM LENSES FRAMES CONTACT LENS FITTING EXAM CONTACT LENSES	every 12 Months

Your Cost Per Pay Period (24)	
Employee Only	\$6.53
Employee + Spouse	\$11.77
Employee + Child(ren)	\$12.74
Employee + Family	\$17.63

A The State of the Optometric Profession: 2013, page 9.
https://www.aoa.org/Documents/news/state_of_optometry.pdf

- Copay applies one time to eyeglass frame and/or lenses.
- Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable copay, less any applicable discounts.
- A Contact Lens Fitting Exam has its own copay and is separate from the eye exam copay. Standard Contact Lens Fitting Exam applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty Contact Lens Fitting Exam applies to new contact wearers and/or a participant, who wears toric, gas permeable, or multi-focal lenses.
- Contact lenses are in lieu of eyeglass frame and lenses benefit.

- Medically necessary contact lenses are those prescribed for extreme visual acuity or other functional problems not treatable by eyeglass lenses. Prior authorization required.
- The Plan discount features are not insurance. All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. Discounts are subject to change without notice and do not apply if prohibited by the manufacturer. Discounts may vary by provider and location. Members should confirm a provider participates in offering discounts before receiving services, as not all providers offer discounts.
- Out-of-pocket maximums apply to certain standard options on standard plastic single vision lenses and standard lined bifocal and trifocal lenses.
- Discount over retail lined trifocal lens, including lens options.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

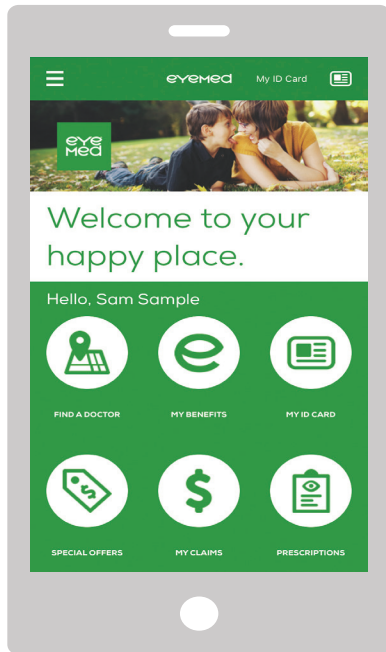
EYEMED MOBILE APP

EYEMED MOBILE APP

On the go? Now your benefits are, too.

NEW LOOK. FRESH FEATURES. SAME GREAT BENEFITS. WHENEVER YOU NEED THEM.

Our revamped EyeMed Mobile App brings you fresh new features to help you get the most from your EyeMed experience – anytime, anywhere.



The features you love plus new features to explore

- See benefits and eligibility at-a-glance
- Track your claims
- Grab special offers to help you save more
- Find an in-network eye doctor with the Provider Locator
- View your ID card at-a-shake
- Set upcoming exam and contact lens replacement reminders
- Get answers to your FAQs
- Access interactive vision guides to help you see and live your best
- Use Facial recognition, Touch ID and Apple Wallet for Apple users

USING THE OLD APP?

Make sure you download the newest version of the app to keep up with our latest features, as older versions will no longer be supported. Download the new app, enter your existing login info (no need to re-register) and you're all set.

Check out the App Store or Google Play to download the new app

**INDEPENDENT
PROVIDER
NETWORK**



LENSCRAFTERS

**PEARLE
EST. 1901
VISION**

OPTICAL



PDF-2009-M-631

SHORT TERM DISABILITY

Being unable to work should not hurt your bank account.

You are going to miss work for several weeks, even a month or two due to an accident, illness, or injury. How are you going to pay the bills? Maybe you have a week or two of sick leave or earned time off, but after that, what happens?

Fortunately, Radiology Consultants offers short term disability insurance from **Equitable**. It can pay you a percentage of your income if you become disabled due to a covered illness or **off-the-job accident**.

- During this enrollment period, if you are actively at work and work a minimum of 30 hours per week, you can apply for coverage of up to **60%** of your weekly earnings to a maximum of **\$1,500** per week for up to **12 weeks** if deemed disabled by your physician.
- *Physicians are excluded from purchasing this benefit.*

SAMPLE EQUATION FOR SHORT TERM DISABILITY RATES

STEP ONE:

(your annual salary) X .60 divided by 52 = your weekly benefit



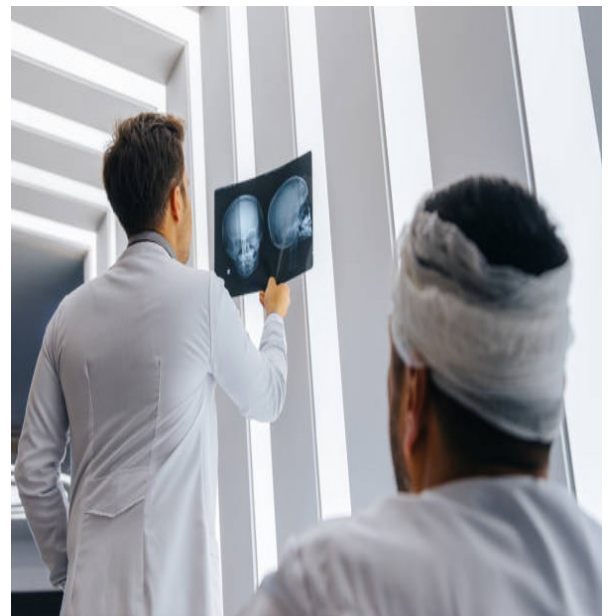
EQUITABLE

Features you will appreciate:

Elimination Period– You are eligible to receive benefits after you have been unable to work for **7 calendar days after your first full day of missed work** due to covered illness or injury. This is the period of continuous or partial disability which must be satisfied before you are eligible to receive benefits.

Benefit Duration- Your benefit duration is **12 weeks**. This is the length of time you may be eligible to receive benefits as long as you are deemed disabled by your physician.

Benefit Payment - After you satisfy your 7 day elimination period your benefit will pay up to 12 weeks as long as you are deemed disabled by your doctor.



SHORT TERM DISABILITY RATES

Equitable											
Short Term Disability (Semi-Monthly 24x)											
Monthly per \$10	\$0.86	\$0.98	\$1.08	\$0.84	\$0.70	\$0.72	\$0.86	\$1.02	\$1.24	\$1.33	\$1.33
Annual Salary	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$30,000	\$14.83	\$16.96	\$18.69	\$14.54	\$12.12	\$12.46	\$14.88	\$17.65	\$21.46	\$23.02	\$23.02
\$35,000	\$17.30	\$19.79	\$21.81	\$16.96	\$14.13	\$14.54	\$17.37	\$20.60	\$25.04	\$26.86	\$26.86
\$40,000	\$19.78	\$22.62	\$24.92	\$19.38	\$16.15	\$16.62	\$19.85	\$23.54	\$28.62	\$30.69	\$30.69
\$45,000	\$22.25	\$25.44	\$28.04	\$21.81	\$18.17	\$18.69	\$22.33	\$26.48	\$32.19	\$34.53	\$34.53
\$50,000	\$24.72	\$28.27	\$31.15	\$24.23	\$20.19	\$20.77	\$24.81	\$29.42	\$35.77	\$38.37	\$38.37
\$55,000	\$27.19	\$31.10	\$34.27	\$26.65	\$22.21	\$22.85	\$27.29	\$32.37	\$39.35	\$42.20	\$42.20
\$60,000	\$29.67	\$33.92	\$37.38	\$29.08	\$24.23	\$24.92	\$29.77	\$35.31	\$42.92	\$46.04	\$46.04
\$65,000	\$32.14	\$36.75	\$40.50	\$31.50	\$26.25	\$27.00	\$32.25	\$38.25	\$46.50	\$49.88	\$49.88
\$70,000	\$34.61	\$39.58	\$43.62	\$33.92	\$28.27	\$29.08	\$34.73	\$41.19	\$50.08	\$53.71	\$53.71
\$75,000	\$37.08	\$42.40	\$46.73	\$36.35	\$30.29	\$31.15	\$37.21	\$44.13	\$53.65	\$57.55	\$57.55
\$80,000	\$39.55	\$45.23	\$49.85	\$38.77	\$32.31	\$33.23	\$39.69	\$47.08	\$57.23	\$61.38	\$61.38
\$85,000	\$42.03	\$48.06	\$52.96	\$41.19	\$34.33	\$35.31	\$42.17	\$50.02	\$60.81	\$65.22	\$65.22
\$90,000	\$44.50	\$50.88	\$56.08	\$43.62	\$36.35	\$37.38	\$44.65	\$52.96	\$64.38	\$69.06	\$69.06
\$95,000	\$46.97	\$53.71	\$59.19	\$46.04	\$38.37	\$39.46	\$47.13	\$55.90	\$67.96	\$72.89	\$72.89
\$100,000	\$49.44	\$56.54	\$62.31	\$48.46	\$40.38	\$41.54	\$49.62	\$58.85	\$71.54	\$76.73	\$76.73
\$105,000	\$51.91	\$59.37	\$65.42	\$50.88	\$42.40	\$43.62	\$52.10	\$61.79	\$75.12	\$80.57	\$80.57
\$110,000	\$54.39	\$62.19	\$68.54	\$53.31	\$44.42	\$45.69	\$54.58	\$64.73	\$78.69	\$84.40	\$84.40
\$115,000	\$56.86	\$65.02	\$71.65	\$55.73	\$46.44	\$47.77	\$57.06	\$67.67	\$82.27	\$88.24	\$88.24
\$120,000	\$59.33	\$67.85	\$74.77	\$58.15	\$48.46	\$49.85	\$59.54	\$70.62	\$85.85	\$92.08	\$92.08
\$125,000	\$61.80	\$70.67	\$77.88	\$60.58	\$50.48	\$51.92	\$62.02	\$73.56	\$89.42	\$95.91	\$95.91
\$130,000	\$64.28	\$73.50	\$81.00	\$63.00	\$52.50	\$54.00	\$64.50	\$76.50	\$93.00	\$99.75	\$99.75



EQUITABLE



What happens if you get sick or seriously hurt?

What would happen if you were seriously injured in a car accident or diagnosed with cancer? You may eventually get better, but it could take a long time. It is possible you may never be able to return to work.

In addition to dealing with health issues, how would you make your house and car payments, buy food, clothing and other essentials? Much depends on your pay check and that is why **Radiology Consultants** provides long term disability (LTD) insurance from **Lincoln**.

It is important to **Radiology Consultants** that every employee has the best long term disability coverage and you will get the absolute best rates when purchasing LTD from the group plan. You are eligible if you are an active employee working a **minimum of 20 hours per week**.

What kind of coverage is provided?

Once you are **disabled for 90 days** as defined

- **Benefit pays a maximum monthly benefit up to \$10,000. This protects a salary of \$200,000.**
- **This plan pays 60% of salary**
- **There is a 90 day elimination period before benefits begin to pay.**
- **The definition of disability is 3 year own occupation.**
- **This benefit is employer paid, at no cost to the employee. The benefits are subject to income taxes.**

This is a brief description of your long term disability plan. Please refer to your plan administrator or your team member at The Hatcher Agency if you have questions or need more information.

How long do payments last?

Your LTD benefits are payable for the period during which you continue to meet the definition of disability. Payments continue based on how old you are when your disability occurs. If your disability occurs before age 63, benefits would be paid according to the benefit duration schedule.

Additional features included in your LTD policy:

Survivor Benefit– Your eligible survivor will receive a lump sum benefit equal to three months of your gross disability payment if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to payments under the plan.

Partial Residual Disability– Your LTD plan covers you if you are partially disabled. Please refer to your plan document for a complete explanation.

3/12 Pre-existing Conditions Clause - This applies to an illness or injury for which you received treatment within the 3 months prior to your effective date of coverage. Disabilities that occur during the first 12 months of coverage due to a pre-existing condition are excluded.

LIFE / AD&D INSURANCE



EQUITABLE

All active benefit eligible employees are provided with a Group Life and AD&D plan with **Equitable**. This benefit is covered by **Radiology Consultants** at no cost to you.

Each employee has a Life Policy equal to 1.5x's their annual salary plus an additional 25%. This benefit has a \$250,000 maximum and a minimum \$30,000 benefit.

*Age reduction schedule applies:

35% at age 70

50% at age 75

**BENEFICIARY: Please make sure your life insurance beneficiary is up to date!
You can update your beneficiary at any time throughout the plan year.**



*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

5 STAR TERM TO 121 LIFE INSURANCE



An AFBA related enterprise

Nearly
85%
of people said they thought most
people need life insurance.

Yet only
59%
said that they have
coverage themselves

And
33%
wish their spouse or partner
had more life insurance.*

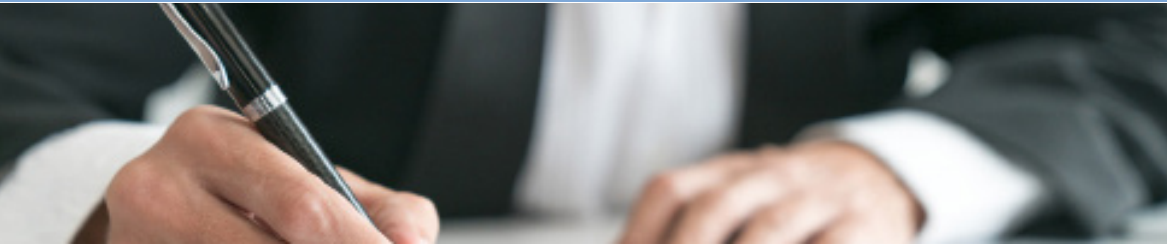
PREPARE FOR THE FUTURE. PROTECT YOUR LOVED ONES

CUSTOMIZABLE	With several options to choose from, select the coverage that best meets the needs of your family.
FAMILY COVERAGE	You can get coverage for your spouse even if you don't elect coverage on yourself. And you can cover your financially dependent children (14 days to 19 years old, 26 if full-time student) under your coverage or your spouse's. No matter what the future brings, you and your family are protected.
PORTABLE	Coverage continues with no loss of benefits or increase in cost if you terminate employment after the first premium is paid. We simply bill you directly.
TERMINAL ILLNESS ACCELERATION OF BENEFITS	Coverage pays 30% (25% in CT and MI) of the coverage amount in a lump sum upon the occurrence of a terminal condition that will result in a limited life span of less than 12 months (24 months in IL).
PROTECTION YOU CAN COUNT ON	Within one business day of notification, payment of 50% of coverage or \$10,000 whichever is less is mailed to the beneficiary, unless the death is within the two-year contestability period and/or under investigation. This coverage has no war or terrorism exclusions.
QUALITY OF LIFE RIDER	Optional benefit that accelerates a portion of the death benefit on a monthly basis up to 75% of your benefit, and is payable directly to you on a tax favored basis for the following: Permanent inability to perform at least two of the six Activities of Daily Living (ADLS) without substantial assistance or permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision.
CONVENIENT	Easy payment through payroll deduction

Scanlon, J., Terry, K., Leyes, M., 2018 Insurance Barometer Study. Retrieved from www.limra.com/Research/Abstracts_Public/2018/2018_Insurance_Barometer.aspx. Please note there is a cost associated with this research paper. Underwritten by 5Star Life Insurance Company (777 Research Drive, Lincoln, NE 68521), administered by NTT. Product not available in all states. Policy #: ICC18-GFPPPOL

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

5 STAR RATE TABLE



FPPg Rate Sheet
Semi-Monthly Rates with Quality of Life Rider
Defined Benefit



Issue Age	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
18-25	\$4.94	\$7.49	\$11.73	\$15.97	\$20.21	\$24.45	\$28.69
26	\$4.96	\$7.52	\$11.79	\$16.06	\$20.34	\$24.60	\$28.88
27	\$4.99	\$7.61	\$11.95	\$16.31	\$20.67	\$25.03	\$29.37
28	\$5.04	\$7.73	\$12.20	\$16.69	\$21.17	\$25.65	\$30.12
29	\$5.12	\$7.91	\$12.57	\$17.22	\$21.88	\$26.53	\$31.19
30	\$5.21	\$8.16	\$13.07	\$17.97	\$22.87	\$27.78	\$32.69
31	\$5.31	\$8.42	\$13.59	\$18.76	\$23.91	\$29.08	\$34.25
32	\$5.44	\$8.71	\$14.17	\$19.63	\$25.09	\$30.54	\$36.00
33	\$5.56	\$9.01	\$14.77	\$20.54	\$26.30	\$32.05	\$37.81
34	\$5.70	\$9.38	\$15.50	\$21.63	\$27.75	\$33.88	\$40.01
35	\$5.86	\$9.77	\$16.29	\$22.81	\$29.34	\$35.86	\$42.38
36	\$6.03	\$10.22	\$17.19	\$24.16	\$31.12	\$38.09	\$45.06
37	\$6.24	\$10.71	\$18.16	\$25.63	\$33.09	\$40.54	\$48.00
38	\$6.44	\$11.22	\$19.19	\$27.16	\$35.13	\$43.09	\$51.07
39	\$6.67	\$11.79	\$20.34	\$28.87	\$37.42	\$45.96	\$54.51
40	\$6.91	\$12.41	\$21.56	\$30.72	\$39.88	\$49.04	\$58.19
41	\$7.19	\$13.10	\$22.94	\$32.78	\$42.62	\$52.47	\$62.32
42	\$7.49	\$13.86	\$24.45	\$35.06	\$45.67	\$56.28	\$66.87
43	\$7.80	\$14.63	\$26.00	\$37.37	\$48.75	\$60.13	\$71.50
44	\$8.13	\$15.45	\$27.65	\$39.85	\$52.05	\$64.24	\$76.44
45	\$8.47	\$16.29	\$29.33	\$42.38	\$55.42	\$68.46	\$81.50
46	\$8.84	\$17.21	\$31.17	\$45.13	\$59.08	\$73.04	\$87.01
47	\$9.21	\$18.16	\$33.06	\$47.97	\$62.88	\$77.79	\$92.69
48	\$9.60	\$19.12	\$34.98	\$50.84	\$66.71	\$82.58	\$98.44
49	\$10.02	\$20.16	\$37.06	\$53.97	\$70.88	\$87.78	\$104.69
50	\$10.47	\$21.29	\$39.33	\$57.38	\$75.42	\$93.46	\$111.50
51	\$10.97	\$22.55	\$41.86	\$61.15	\$80.46	\$99.76	\$119.07
52	\$11.56	\$24.02	\$44.79	\$65.56	\$86.34	\$107.10	\$127.88
53	\$12.21	\$25.65	\$48.04	\$70.44	\$92.84	\$115.23	\$137.62
54	\$12.95	\$27.48	\$51.71	\$75.94	\$100.17	\$124.40	\$148.63
55	\$13.72	\$29.41	\$55.59	\$81.75	\$107.92	\$134.08	\$160.25
56	\$14.59	\$31.60	\$59.96	\$88.31	\$116.67	\$145.02	\$173.38
57	\$15.49	\$33.87	\$64.48	\$95.10	\$125.71	\$156.33	\$186.94
58	\$16.42	\$36.18	\$69.10	\$102.03	\$134.96	\$167.88	\$200.81
59	\$17.37	\$38.54	\$73.84	\$109.12	\$144.42	\$179.71	\$215.00
60	\$18.36	\$41.02	\$78.79	\$116.57	\$154.34	\$192.11	\$229.88
61	\$19.39	\$43.59	\$83.94	\$124.28	\$164.63	\$204.97	\$245.32
62	\$20.47	\$46.30	\$89.33	\$132.38	\$175.42	\$218.46	\$261.50
63	\$21.61	\$49.15	\$95.06	\$140.97	\$186.88	\$232.78	\$278.69
64	\$22.86	\$52.27	\$101.29	\$150.32	\$199.34	\$248.35	\$297.37
65	\$24.25	\$55.75	\$108.25	\$160.75	\$213.25	\$265.75	\$318.25
66*	\$24.56	\$56.53	\$109.81	\$163.09	\$216.38	\$269.66	\$322.94
67*	\$26.31	\$60.90	\$118.54	\$176.19	\$233.83	\$291.48	\$349.13
68*	\$28.29	\$65.85	\$128.46	\$191.06	\$253.67	\$316.27	\$378.88
69*	\$30.55	\$71.49	\$139.73	\$207.97	\$276.21	\$344.45	\$412.69
70*	\$33.09	\$77.84	\$152.44	\$227.03	\$301.63	\$376.22	\$450.81

Guaranteed Issue amounts are approved for eligible employees during open enrollment and for new hires.

Employee: 150,000
Spouse: \$50,000
Child/ren: \$10,000

*Coverage is available for you, your spouse, and children, but you must buy a policy on *each* individual

*Quality of Life not available ages 66-70. Quality of Life benefits not available for children.

*Available only on children of employee or spouse, 14 days to 19 years or 26 if full time student. \$1.05 monthly for \$5,000 coverage and \$2.10 monthly for \$10,000 coverage.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

CANCER INSURANCE

Hatcher Agency Exclusive Cancer Insurance

Underwritten by ManhattanLife Assurance Company of America



Ease the financial burden while healing

Fortunately, we can help with unexpected expenses

Every year, more and more people are being diagnosed with cancer.¹ Treatment of cancer can lead to unexpected expenses that create an additional financial burden. Cancer insurance helps fill in the gaps that medical insurance doesn't cover. Benefits are paid directly to the employee and may be used for any purpose - such as travel to treatment centers, medical co-pays, deductibles and experimental treatment, as well as everyday expenses like groceries, rent and ongoing household bills.

Covered Events	Benefit Paid
Prevention & Non-Invasive Cancer Related Events	
Cancer Screening Benefit	\$75/insured/year, Includes a \$75 cancer screening follow up benefit
Positive Diagnosis test	up to \$100
Initial Diagnosis of Cancer	\$6,500 for Employee, \$6,500 for Spouse, \$6,500 for Child
Treatment Benefits	
Radiation/Chemotherapy	Actual Charges up to \$15,000 per 12 month period
Blood, Plasma, Platelets	Actual Charges up to \$15,000 per 12 month period
Experimental Treatment	Actual Charges up to \$15,000 per 12 month period
Covered Inpatient Surgery	Payment based on surgical schedule in your policy
Covered Outpatient Surgery	Payment based on surgical schedule in your policy
Second Surgical Opinion	Actual charges up to \$250
Anesthesia	Actual Charges up to 25% of surgery benefit
Ambulatory Surgical Center	Actual Charges up to \$375 per day

DID YOU KNOW?

2/3 of the cost of cancer is non-medical¹

\$1,266 is the monthly average out of pocket cost for cancer²

5% increase in cancer costs every year³

62% of bankruptcies are the results of medical causes despite 76% of those claiming bankruptcy had medical insurance⁴

1 www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf;
 2 "Study Links Medical Costs and Personal Bankruptcy," Bloomberg BusinessWeek, June 4, 2009
 3 Duke University Medical Center, 2011 <http://clearhealthcosts.com/tag/duke-university-medical-center>

ENROLL TODAY

During this enrollment, you can elect coverage for you and your family:

- Convenient payroll deductions
- Portable
- Guarantee Issue: no health questions asked at enrollment
- Pre-existing Condition Limitation - 3 month look back period, 12 month exclusion period
- Waiver of Premium – if you become disabled due cancer for 60 days, premiums will be waived thereafter so long as you continue to be disabled

*continued on next page

CANCER INSURANCE CONTINUED

Hospital Confinement Benefits	
Hospital Confinement	\$250 per day
Extended Hospital Confinement	\$300 per day
Hospital Intensive Care	\$200 per day
Government or Charity Hospital	\$100 per day
Inpatient Special Nursing	Actual Charges up to \$150/day
Inpatient Drugs and Medicine	\$25 per day
Attending Doctor	Actual Charges up to \$40/day
Extended Care Facility	Actual Charges up to \$100/day
Home Health Care	Actual Charges up to \$100/day
Lodging and Transportation Benefits	
Ambulance	Actual charges up to \$200 a day (no maximum if transported to ICU)
Transportation/Companion Transportation	\$0.45 per mile or coach fare (100 miles minimum per round trip)
Outpatient and Family Member Lodging	Actual charges up to \$100/day (Limit \$4,000 per 12 month period)
Miscellaneous Benefits	
Hospice	Actual Charges up to \$150/day
Physical or Speech Therapy	Actual Charges up to \$50/day
Breast Prosthesis	incurred expenses
Skin Cancer	Actual Charges up to \$120 for first removal, \$60 each additional removal
Medical Imaging	Actual Charges up to \$250 per year
Anti-Nausea Medication	Actual Charges up to \$100 per year
Hematological Drugs	Actual Charges up to \$100 per year
Hair Prosthesis	\$25 every two years
Nonsurgical External Breast Prosthesis	Included under Breast Prosthesis
Waiver of Premium	after 60 days
Donor Benefit Bone Marrow and Stem Cell Transplant	2x Hospital confinement benefit, Actual charges for transportation, \$50/day for lodging/meals
Bone Marrow/Stem Cell transplant	Incurred expenses up to \$5,000
National Cancer Institute Evaluation	Billed Charges up to \$750
Rental/Purchase Durable Goods	up to \$500/year

Semi-Monthly (24)	
Employee	\$14.14
Family	\$25.57

INITIAL DIAGNOSIS BENEFIT

This is a once in a lifetime benefit. This one-time benefit pays **\$6,500** for the first time diagnosis of internal cancer. Any prior diagnosis at any time of internal cancer would eliminate this benefit.

ANNUAL CANCER SCREENING BENEFIT

For Employees & Covered Family Members:
This plan pays you **\$75** once per year per covered individual. See schedule for list of covered procedures.

If you or a covered family member receive an additional invasive diagnosis procedure that is recommended by your doctor due to the results of the initial cancer screening, this plan will pay you an additional **\$75**.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for Cancer Insurance at Disclosure.ManhattanLife.com.

ACCIDENT INSURANCE

Hatcher Agency Exclusive Accident Insurance Underwritten by ManhattanLife Assurance Company of America



Accidents happen

Fortunately, we can help with unexpected expenses

ManhattanLife Insurance helps offset the costs associated with both minor and major on and off-the-job accidents:

- For every covered accident, ManhattanLife can pay a benefit based on the injury you sustain and the various treatments and/or services received, regardless of what is covered by medical insurance.
- Plus, ManhattanLife will increase covered benefits by 20% for a child who has an accident while playing organized sports.*

**The child must be insured by the plan on date the accident occurred.
The child must be 18 years of age or younger.*

See next page for a schedule of paid benefits and monthly rates.

A benefit when you need it

Consider some of the unexpected costs that may result from an accident such as travel to treatment centers, child care while recovering, household expenses while you can't work, or even modifications to a home or automobile. Payments are made directly to the employee and can be used for any purpose — even everyday expenses like groceries, rent and mortgage.

Enroll today

During this enrollment, you and your family are guaranteed coverage:

- No health questions
- Family coverage available
- Convenient payroll deductions
- Portable

DID YOU KNOW?

1 out of 5 people
receive emergency room
treatment annually¹

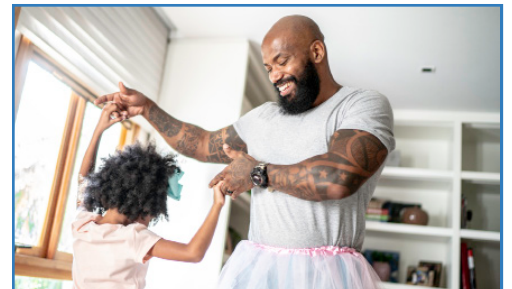
\$17,749
is the average out-of-pocket
medical bills and that's not
including the loss of earnings of the
injured and their spouses²

62% of bankruptcies
are the results of medical causes
despite 76% of those claiming
bankruptcy had medical insurance³

¹ www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf;

² "Study Links Medical Costs and Personal Bankruptcy," Bloomberg Business Week, June 4, 2009

³ Duke University Medical Center, 2011 <http://clearhealthcosts.com/tag/duke-university-medical-center>



ANNUAL WELLNESS BENEFIT

For Employees & Covered Family Members:

- This plan pays you **\$50** once per year, per covered individual for receiving one or more approved covered wellness screenings or for an annual physical / well child visit. See schedule for list of covered procedures.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for Accident Insurance at Disclosure.ManhattanLife.com.

ACCIDENT INSURANCE CONTINUED

COVERED EVENTS	BENEFITS PAID
Initial Transportation & Treatment	
Air / Ground Ambulance (<50 miles away)	\$1000/\$150
Transportation	\$500 3 x per accident
Accident ER Treatment / Urgent Care or Office	\$200/\$75
Accident Medical Expenses Benefit	\$250
Diagnostic Exam (Major) / X-ray	\$150/\$30
Injury Diagnosis	
Coma / Concussions	\$15,000/\$75
Burns (2nd Degree/3rd Degree)	\$100 for a burn that covers 15% or less of the body surface and \$500 for burn that covers more than 15% of the body surface
Burn – Skin Graft	50% of Burn benefit
Dislocations	up to \$4,400
Eye Injury	\$300
Fractures (Bone)	up to \$5,500
Knee Cartilage	\$500
Laceration	\$400
Tendon/Ligament/Rotator Cuff	\$500 to \$1,000
Brain Injury Diagnosis Benefit	\$150
Hospitalization	
Hospital Admission / ICU Admission	\$1,000/\$2,000
Hospital Confinement	\$225 per day
ICU Confinement	\$450 per day
Treatments & Family Care	
Appliance ¹ , Blood/Plasma/Platelets, Emergency Dental Work, Epidural Anesthesia for Pain, Joint Replacement, Artificial Limb, Rehabilitation Unit Confinement, Ruptured Disc Surgical Repair, Surgeries	Additional Money paid for these treatments. Please refer to plan summary for details.
Family Care ²	\$20 per day
Lodging	\$125 per day
Follow - Up	
Accident Follow-Up Visits – Doctor	\$50 per visit up to 6 visits
Chiropractic Visits	\$25 per visit up to 6 visits
Occupational or Physical Therapy	\$25 per visit up to 10 days

Semi-Monthly Rates	
Employee	\$12.91
Employee & Spouse	\$20.68
Employee & Child	\$20.80
Family	\$28.57

Accidental Death Benefit	
Employee	\$25,000
Spouse	\$12,500
Child	\$5,000
Common Carrier	\$150,000 for Employee and Spouse, \$25,000 for Child
Common Disaster	200% of AD&D
Seatbelts	\$10,000
Airbags	\$15,000

Dismemberment	
Quadriplegia	100% of AD&D
Paraplegia	50% of AD&D
Loss of Speech & Hearing	100% of AD&D
Loss of hand, foot & sight	1: 50% of AD&D 2: 100% AD&D

1 Appliance- Benefit is paid if a wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck is prescribed by a physician as necessary due to an injury sustained as the result of a covered accident. 2 Family Care- Benefit is payable for each child attending a Child Care center while the insured is confined to the hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.

LEGALSHIELD & IDSHIELD

Your LegalShield provider law firm will be there to offer advice or assistance on a variety of legal issues. Below is a brief sampling of the areas that the LegalShield Legal Plan covers.

Family Matters

- **Uncontested Adoption Representation**
- Alimony
- Child Custody
- Child Support
- Child Visitation Rights
- Conservatorship
- Domestic Violence Protection
- Guardianship
- Juvenile Court Proceedings
- **Uncontested Name Change Assistance**
- Parental Responsibilities
- Prenuptial Agreements
- School Administrative Hearing
- **Uncontested Divorce Representation**
- **Uncontested Separation Representation**

Auto

- **Drivers License Restoration**, Revocation, Suspension
- **Non-Commercial, Non-Criminal Moving Traffic Violations**
- Motor Vehicular Homicide Defense
- **Property damage claims up to \$5,000**

Estate Issues

- Codicils
- **Health Care Power of Attorney**
- Irrevocable Trust
- **Living Will**
- Revocable Trust
- **Wills**

Financial

- Affidavits
- Bankruptcy
- Consumer Credit
- Consumer Protection
- Contracts/Financial Disputes
- Debt Collection
- Durable/Financial Power of Attorney
- Estate Administration/Closing
- Inheritance Rights Protection
- Installment Sale Contracts
- **IRS Audit Protection**
- IRS Collection Defense
- Rental Agreements
- Medical Disputes
- Medicare Disputes
- Personal Property Disputes
- Promissory Notes
- Social Security Disputes
- Veterans Benefits Disputes

Home

- Building Code Disputes
- Contractor Disputes
- Deeds
- Evictions
- Foreclosure
- Neighbor Disputes/Easements
- Primary Residence Refinancing
- Purchase/Sale of House
- Real Estate Contracts/Financial Disputes
- Secondary Residence Coverage
- Security Deposits
- Smalls Claims Assistance
- Zoning Variances
- **Residential Loan Document Assistance** (Family Plan only)



LegalShield®
Worry Less. Live More.

Your Plan Covers:

- **The member**
- **The member's spouse**
- **Never-married dependent children under age 26 living at home**
- **Dependent children under age 18 for whom the member is legal guardian**
- **Never married, dependent, children who are full-time college students up to age 26**
- **Physically or mentally disabled children living at home**

All Services not highlighted are available 25% off the standard price

If you are in need of additional legal services, you may continue to use your provider law firm for legal situations that extend beyond plan coverage. The additional services are 25% off the law firm's standard hourly rates. Your provider law firm will let you know when the 25% discount applies and will go over these fees with you. Please note: Class actions, interventions, or amicus curiae filings in which you are a party or potential party are not covered by the LegalShield membership.

*Legal Services may vary by state.

Available after the membership has been consecutive for 90 days

All Services NOT highlighted in yellow are applicable for a 25% discount but are NOT covered in full by your LegalShield Plan. **Only the services highlighted in Yellow are included in your monthly premiums.**

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

LEGALSHIELD & IDSHIELD

Millions of people lose their identity every year...
 Identity theft has been the top consumer complaint filed with the FTC for 15 years straight.



MONITOR

We monitor your identity from every angle, not just your social security number, credit cards and bank accounts. We ensure everything connected to your identity is safe, even your social media accounts.

Privacy Monitoring

- Passport number monitoring
- File Sharing Network Searches
- Address Change Verification
- Fictitious Identity Monitoring
- DOB/ss# Monitoring
- Medical Identity Number monitoring
- Phone/Email/Driver License
- Black Market Website Surveillance

Security Monitoring

- Quarterly Score Tracker
- Credit Inquiry Alerts
- Payday Loan Monitoring
- Minor Identity Protection
- Court Records Monitoring
- Bank Account Number Monitoring
- Credit Monitoring
- Credit Card Number Monitoring

COUNSEL

Our identity specialists are available to provide you with a complete picture of identity theft, walk you through all the steps you can take to protect yourself and answer any questions 24/7.

Consultation

- Unlimited counsel with Investigator
- Social Security Fraud Detection
- Monthly ID Theft Updates
- Emergency assistance 24/7/365
- Sex offender registry reports
- Data breach notifications
- Identity Alert System
- Lost or Stolen wallet assistance
- Reduced pre-approved card offers

RESTORE

ID Shield is the only company with an exclusive partnership with Kroll, the world-wide leader in theft investigative services. If a compromise occurs, we will contact your licensed private investigator who will immediately begin restoring your identity.

Restoration

- Licensed Private Investigators
- Medical Identity Theft Restoration
- \$5 Million dollar Service Guarantee
- Complete Identity Restoration
- Financial Identity Theft Restoration

Coverage

- Covers up to 8 minor children
- Covers Spouse/Domestic partner

SEMI-MONTHLY COST	EMPLOYEE ONLY PLAN	FAMILY PLAN
Legal Shield	\$8.48	\$9.48
ID Shield	\$4.48	\$9.48
Both	\$12.95	\$16.95

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

FREQUENTLY ASKED QUESTIONS

Q: Who is eligible to receive insurance benefits?

A: Employees who are classified as full-time, per the Patient Protection Affordable Care Act are eligible to enroll; after all waiting periods have been met.

Q: When will my insurance go into effect?

A: Any elected coverage will be effective the first day of the month following Date of Hire. So, if your start date is January 5th, your insurance will be effective February 1st.

Q: Can I cancel or make changes to my insurance at any time?

A: Your insurance may be changed if you experience a “qualifying event”. Examples of a qualifying event are birth, adoption, marriage, death, divorce, change in work status, or loss of coverage.

Q: When can I make changes to my insurance elections?

A: You can make changes within 30 calendar days of a “qualifying event” or during the company designated open enrollment period.

Q: How do I cancel or make changes to my insurance?

A: **Please e-mail or call HR**, and provide the necessary documentation within 30 calendar days from the date of your qualifying event. HR can advise you on the documentation required for your qualifying event.

Q: Who should I contact if I have questions about my benefits?

A: Please e-mail any questions to HR or any of your Hatcher Agency Representatives. Your e-mail will be answered as soon as possible.

Q: How and when can I add or drop a dependent?

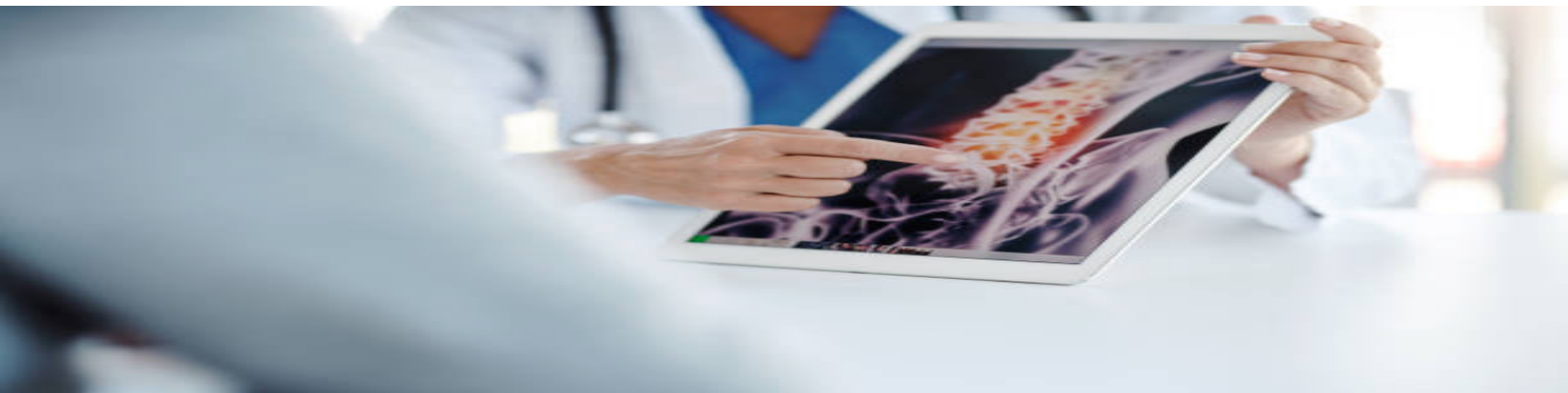
A: A dependent can only be added or dropped during an open enrollment period, unless you have an IRS qualifying event (**for a listing of qualifying events please the next page**).

Q: Can part-time employees carry insurance?

A: No.

Q: Do we need referrals to see a specialist under our medical plan?

A: No. **UMR** does not require any referrals to see an in-network provider. Please note, that some services require prior authorization from **UMR**. Please see your certificate of coverage for more information.



*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

FREQUENTLY ASKED QUESTIONS CONT.

Q: How and when do I get my insurance I.D. cards?

A: Your insurance cards are mailed directly to employees address on file from all benefit vendors. Most insurance cards are received within 2-4 weeks of the effective date.

Q: Can I carry dependents on voluntary coverages without carrying them on the medical insurance?

A: Yes. You do not have to carry medical insurance on dependents to carry them on voluntary benefits that are offered for family members. You may carry dependent coverage on any benefit you wish without carrying it on other coverages.

Q: When does the company's annual enrollment take place?

A: **Radiology Consultants** annual open enrollment is **February** of each policy year for a March effective date. Employees may make changes to any/all benefit coverages available.

Q: Can my dependents be denied coverage for pre-existing conditions?

A: Beginning as early as 2010, employer-based health plans and newly instated individual health plans will NOT be allowed to deny or exclude coverage for your child dependents (under age 19) due to preexisting health conditions including disabilities. Beginning 2014, these same health plans will NOT be allowed to deny or exclude coverage for any individual.

Q: What are considered qualifying events (make changes to insurance before open enrollments)?

A: There are several life events that qualify for a change in coverage:

- Change in marital status---marriage, death of spouse, divorce, legal separation, or annulment. Note: Proof of event is needed when a change is to be made.
- Change in number of dependents---birth, death, or adoption of a child, or placement of a child for adoption. Note: Proof of event is needed when a change is to be made.
- Change in employment status---commencement or termination of employment, strike or lockout, commencement or return from an unpaid leave of absence, change in work site, or any of these events that may apply to the employee, the employee's spouse, or the employee's dependent(s). Note: the IRS regulation specify that an employee must actually obtain coverage under the spouse's or dependent's plan for the election change to be consistent. The employee's certification that he or she either has or will obtain the coverage is sufficient proof. Note: Proof of event is needed when a change is to be made.
- Change of residence---change in the place of residence of the employee or the employee's spouse or dependent. If, for example, an employee and/or the employee's family move to another town, changing their coverage to a plan that provides coverage in the new location would be necessary. Note: Proof of event is needed when a change is to be made.
- Significant change in coverage---a significant cost increase or reduction in coverage. Under this reason, however, only the election for plan coverage may be change at midyear; medical flexible spending accounts (FSAs) may not be changed midyear on account of changes in cost of coverage. Note: Proof of event is needed when a change is to be made.
- A substantial loss of providers available in a network option may be considered a coverage decrease: however, the loss of a single physician from a network where there are other physicians available in the network and in the geographic area covered by the plan would not be considered a coverage decrease.
- If there is a significant cost decrease for a specific plan, an employee may be allowed to make a change to participate in that plan if he or she is not a current participant. Similarly, if there are significant improvements in the plan, employees may be allowed to make an election to participate.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

CONTACT INFORMATION

RADIOLOGY CONSULANTS Human Resources Team	
<p>Betsy Otwell Email Address: betsy.otwell@radconlr.com Direct Office Phone: 501-978-5409</p>	<p>Melissa Shamlin Email Address: melissa.shamlin@radconlr.com Direct Office Phone: 501-978-5410</p>

<p>Medical & Pharmacy: UMR</p> <p>Phone # (800) 625-9781 Website: www.umar.com</p>	<p>Dental: Delta Dental</p> <p>Phone # (800) 462-5410 Website: www.deltadental.com</p>
<p>Vision: Delta Dental</p> <p>Phone # (800) 462-5410 Website: www.deltadental.com</p>	<p>Southern Scripts</p> <p>Phone # (800) 710-9341 Website: www.southernscripts.com</p>
<p>Group Life: Equitable</p> <p>Phone # (866) 444-6001 Website: www.equitable.com</p>	<p>Short Term Disability: Equitable</p> <p>Phone # (866) 444-6001 Website: www.equitable.com</p>
<p>Long Term Disability: Lincoln</p> <p>Phone # (800) 487-1485 Website: www.lfg.com</p>	<p>5 Star Term to 121 Life Insurance</p> <p>Phone # (866) 863-9753 Website: www.5starlifeinsurance.com</p>
<p>Cancer & Accident: ManhattanLife</p> <p>Phone # (800) 845-7519 Website: www.manhattanlife.com</p>	<p>Consolidated Admin Services</p> <p>Phone # (877) 941-5956 Website: www.consolidatedadmin.com</p>

To view details regarding the available benefits (SBC, Certificates of Coverage, Claim forms, etc.)
 Visit your Hatcher Portal



The Hatcher Agency is proud to be the insurance broker for the employees at **Radiology Consultants**. It is our promise to find you the lowest price each and every year with carriers that are the best in class. In addition to providing you the very best value for your coverage, it is our goal to deliver all of you Outrageous Service. Please feel free to contact any of your representatives shown if you ever have customer service questions in regard to your plan or if we can help you in any way. Our mission is to work for you and help you get the most out of your benefits.

(501) 375-3737 | www.hatcheragency.com



