



Two-Part Document Notice

Your complete Plan Description Document (PDD) consists of two parts as outlined below. This description of the two-part construction of the combined PDD is intentionally repeated at the beginning of both the Fact Sheet and the Description Document.

Part	Document Name	Description
Part 1 of 2	Fact Sheet	The Fact Sheet contains the details of the plan that are specific to your employer sponsored plan. It outlines which component plans your employer offers and defines all plan variables and terms referenced in this Description Document.
Part 2 of 2	Description Document	The Description Document provides an outline of each of the seven component plans as well as a detailed explanation of the rules and requirements for each component. The Description Document contains information on all possible pre-tax benefits. The specific components that your employer offers are identified in the Fact Sheet.

Section 1: Plan Sponsor Information

Plan Name:	Radiology Partners Inc. <i>The Plan Name is the overarching reference for all elements of the plan and is referred to as the “Plan” in the accompanying Description Document.</i>
Policy Number:	502
Employer/Plan Sponsor Name:	Radiology Partners Inc. <i>The Employer/Plan Sponsor is referred to as “Your Employer” in the accompanying Description Document.</i>
Contact Information:	2330 Utah Avenue Suite 200 El Segundo, CA 90245 (424) 290-8004
Employer Tax ID Number:	46-1413340
State of Domicile:	CA
Plan Effective Date:	June 1, 2014
Plan Update Date:	January 1, 2021
Plan Year:	January 1 st through December 31 st
Plan Administrator:	Radiology Partners Inc. <i>The Plan Administrator has authority to control and manage the operation and administration of the Plan.</i>
Agent for Service of Legal Process:	Radiology Partners Inc.
Type of Cafeteria Plan:	Regular Cafeteria Plan
Coordinating Employee Benefits Plan:	The Radiology Partners Inc. Employee Benefit Plan <i>The underlying welfare benefits plan sponsored by Employer that provides employee benefits and health coverages to plan participants.</i>
Contractor for Administrative Services:	Vita Administration Company/Vita Flex 900 North Shoreline Boulevard Mountain View, CA 94043 (650) 968-8811 <i>The Contractor for Administrative Services is retained by the Employer/Plan Administrator to handle the day to day administration of the Plan and is referred to as “Vita” in Description Document.</i>
Claims Fiduciary:	Vita Administration Group

Funding Arrangement/Agent:	Self-Funded by Radiology Partners Inc. <i>The Funding Agent is responsible for payment of claims and holds financial risk for claims.</i>
Plan Changes or Termination:	The Plan Administrator may terminate, suspend, withdraw, amend or modify any element of this Plan in whole or in part at any time, subject to the applicable provisions of the group benefit policies or corporate policies as outlined in the contracts, corporate minutes and/or bylaws.

Section 2: Eligibility Provisions

Eligibility Provisions:	Employees must be regularly scheduled to work 30 or more hours per week
Initial Waiting Period:	Employees become eligible on the first of the month following or coinciding with the date of hire
Excluded Classes of Employees:	Contractors

Section 3: Plan Components Included

Premium Contributions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Flexible Spending Account (FSA)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Dependent Care Flexible Spending Account (FSA)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Savings Account (HSA)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Reimbursement Account (HRA)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Commute Benefits	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physician Professional Expense Reimbursement Account	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Section 4: Plan Component Details

Premium Contributions	Flex Credit Dollars:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Federal Maximum plan contributions:	<p>Maximums are announced by the IRS in October or November each year for the following Plan Year; the maximum annual election amount may not be announced until after the creation of this Fact Sheet each year. Specific election maximums are outlined in other Vita Flex election materials each year. All maximum amount elections made will be adjusted to reflect any increased maximum election amount announced by the IRS for the next plan year. Elections below the maximum annual election amount will not be changed.</p> <p>Please refer to http://www.vitacompanies.com/pre-tax-plan-maximums for the most up-to-date Federal Maximums.</p>	
Health FSA	Grace Period Provision:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Rollover Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Rollover Maximum:	20% of Federal Maximum
	Debit Card Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Mobile App Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Claim Incurred Deadline:	December 31 st
	Claim Submission Deadline:	March 31 st (following the end of the Plan Year)
	Reimbursement Method:	Direct Deposit and Check
	Minimum Election:	\$240 per Plan Year
	Maximum Election:	Federal Maximum
	Employer Match:	None
Dependent Care FSA	Minimum Election:	\$240 per Plan Year
	Maximum Election:	Federal Maximum
	Mobile App Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Claim Incurred Deadline:	December 31 st
	Claim Submission Deadline:	March 31 st (following the end of the Plan Year)

Health Savings Account (HSA)	Maximum Contribution:	Federal Maximums* *If age 55 or over, you may contribute an additional \$1,000 per year
	Debit Card Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Mobile App Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Employer/Plan Sponsor Contribution:	Employer makes up to two (2) HSA contributions per year, for Employees who are enrolled in the employer-sponsored HDHP medical benefit. <u>Contribution schedule and amounts:</u> January 1st - \$375 Individual or \$750 Family <i>(Employees who become eligible Feb. 1st through June 1st will receive a prorated amount)</i> July 1st -- \$375 Individual or \$750 Family <i>(Employees who become eligible Aug. 1st through Dec. 1st will receive a prorated amount)</i>
	Maximum Employer Contribution:	Individual - \$750 if enrolled for full year <i>(proration = \$62.50/mo. for the number of months eligible)</i> Family - \$1,500 if enrolled for full year <i>(proration = \$125/mo. for the number of months eligible)</i>
	Contribution Source:	Employer and Employee Contributions combined to Federal Maximum
Health Reimbursement Account (HRA)	Underlying Health Plan Coverage Requirement:	Employee must be enrolled in the employer-sponsored Anthem PPO 4000/8000 benefit plan
	Employer Funding:	\$1,000 per full Plan Year <i>(Employees who become eligible Feb. 1st through Dec. 1st will receive a prorated amount)</i>
	Debit Card Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Mobile App Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Account Funding Timing:	Claims based funding
	Eligible Expenses for Reimbursement:	Medical and Pharmacy
	Claim Incurred Deadline:	The <i>earlier</i> of: Last day of the Plan Year, or last day of the month in which Employee's benefit is terminated
	Claim Submission Deadline:	March 31 st (following the end of the Plan Year)

Commute Benefits	Pre-Tax Parking Maximum:	Federal Maximum
	Post-Tax Parking Maximum:	No limit
	Pre-Tax Transit Maximum:	Federal Maximum
	Post-Tax Transit Maximum:	No limit
	Debit Card Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Mobile App Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physician Professional Expense Reimbursement Account	Eligible Employees:	Physicians who are working full-time or part-time for an affiliated Employer are eligible to participate. <i>(Physicians who are independent contractors of an affiliated employer are <u>not eligible</u>.)</i>
	Maximum Election:	\$25,000 per year
	Debit Card Provision:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Mobile App Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Eligible Expenses for Reimbursement:	Professional expenses that would otherwise be considered tax deductible business expenses are eligible for reimbursement <i>(Expenses are <u>not eligible</u> for reimbursement from salary reduction balances if they are otherwise reimbursed directly by the Practice in any form.)</i>
	Claim Incurred Deadline:	December 31 st
	Claim Submission Deadline:	Active Employees must submit claims no later than January 31 st (following the end of the Plan Year) Employees who terminated employment on or before the last day of the Plan Year must submit claims no later than March 31 st (following the end of the Plan Year)