



Summary of Benefits

Radiology Partners, Inc.

All Radiology Partners Teammates Earning More Than \$135,000 and Physician

Short Term Disability, and Long Term Disability

Issued by The Prudential Insurance Company of America

This is a summary of benefits and does not include all plan provisions, exclusions and limitations. If there is a discrepancy between this document and the group contract issued by The Prudential Insurance Company of America, the terms of the group contract will govern.

Short Term Disability

100% Teammates Paid

- ▶ Your weekly Short Term Disability benefit will be 60% of your weekly pre-disability earnings, up to the maximum of \$2,000, less deductible sources of income. No medical questions asked - if enrolling when first eligible. The minimum weekly benefit is \$25.
- ▶ Deductible sources of income may include benefits from statutory plans, unemployment income and salary continuation.
- ▶ If you meet the definition of disability, your benefits will begin on the 15th day following a non-occupational injury or the 15th day following a non-occupational sickness. The benefit duration is 11 weeks. You are considered disabled when, because of injury or sickness, you are under the regular care of the doctor, are unable to perform the material and substantial duties of your regular occupation and your disability results in a loss of weekly income of at least 20%.
- ▶ STD benefits will not be paid for a disability that begins within 12 months of your coverage effective date and is due to a pre-existing condition. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the 3 months prior to your effective date of coverage.
- ▶ You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction.

Long Term Disability

100% Teammates Paid

- ▶ Your monthly Long Term Disability benefit will be 60% of your monthly pre-disability earnings, up to the maximum of \$15,000, less deductible sources of income. No medical questions asked - if enrolling when first eligible. The minimum monthly benefit is the greater of \$100 or 10% of your gross monthly benefit.
- ▶ Deductible sources of income may include benefits from statutory plans, Social Security to you and your dependents, workers' compensation, unemployment income and other income.
- ▶ If you meet the definition of disability, your benefits will begin 90 days following an accidental injury or sickness. The benefit duration is up to your normal retirement age under the Social Security Act. However, if you become disabled at or after age 65 benefits are payable according to an age-based schedule. Refer to the Booklet-Certificate for details.
- ▶ You are considered disabled when, because of injury or sickness, you are under the regular care of a doctor, you are unable to perform the material and substantial duties of your regular occupation and your disability results in a loss of income of at least 20%.
- ▶ Disabilities due to mental illness are limited to 24 months of benefits during your lifetime. Examples of mental illness include schizophrenia, depression, manic depressive or bipolar illness, anxiety, somatization, substance related disorders (including drug and alcohol abuse), and/or adjustment disorders. Disabilities due to mental illness have a combined limited pay period during your lifetime.
- ▶ LTD benefits will not be paid for a disability that begins within 12 months of coverage effective date and is due to a pre-existing condition. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the 3 months prior to your effective date of coverage.
- ▶ During the first 12 months of part-time work while disabled, you can receive full benefits as long as your combined income and disability benefits do not exceed your monthly pre-disability earnings.
- ▶ If you die while collecting disability benefits, a lump sum payment may be paid to your eligible survivors.
- ▶ You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction.

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

North Carolina residents: THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

© 2023 Prudential Financial, Inc. and its related entities.

Prudential, the Prudential logo, and the Rock Symbol are service marks of Prudential Financial, Inc., and its related entities, registered in many jurisdictions worldwide.



Rate Sheet

Radiology Partners, Inc.

All Radiology Partners Teammates Earning More Than \$135,000 and Physician Issued

by The Prudential Insurance Company of America (Prudential) Effective:

01/01/2024

Cost of Short Term Disability

Use the chart below to find the cost of Short Term Disability insurance. Follow the steps below to calculate your coverage cost. Your maximum weekly benefit amount is \$2,000. Your coverage level is limited to the salary of \$173,333.

Teammates's Age	Teammates's Rate
Under 30	\$0.26
30-34	\$0.25
35-39	\$0.20
40-44	\$0.23
45-49	\$0.27
50-54	\$0.41
55-59	\$0.55
60-64	\$0.69
65-100	\$0.82

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

How to calculate your total STD Monthly cost

Step 1	Indicate your weekly earnings.	= \$
Step 2	Multiply your weekly earnings by 60%	= \$
Step 3	If the amount in Step 2 is greater than \$2,000, indicate \$2,000. Otherwise, indicate the amount from Step 2.	= \$
Step 4	Multiply the amount in Step 3 by the rate for your age and divide by 10 to obtain your total STD monthly cost.	= \$

Long Term Disability - Teammates Monthly cost per coverage amount

Use the chart below to find the cost of Long Term Disability insurance. If your salary is not noted, follow the steps below. Your maximum monthly benefit amount is up to \$15,000. All salaries of \$300,000 and above have a monthly cost of \$313.25.

Annual Income	Monthly Benefit	LTD Cost	Annual Income	Monthly Benefit	LTD Cost
\$12,000.00	\$600.00	\$12.53	\$155,000.00	\$7,750.00	\$161.85
\$13,000.00	\$650.00	\$13.57	\$160,000.00	\$8,000.00	\$167.07
\$14,000.00	\$700.00	\$14.62	\$165,000.00	\$8,250.00	\$172.29
\$15,000.00	\$750.00	\$15.66	\$170,000.00	\$8,500.00	\$177.51
\$20,000.00	\$1,000.00	\$20.88	\$175,000.00	\$8,750.00	\$182.73
\$25,000.00	\$1,250.00	\$26.10	\$180,000.00	\$9,000.00	\$187.95
\$30,000.00	\$1,500.00	\$31.33	\$185,000.00	\$9,250.00	\$193.17
\$35,000.00	\$1,750.00	\$36.55	\$190,000.00	\$9,500.00	\$198.39
\$40,000.00	\$2,000.00	\$41.77	\$195,000.00	\$9,750.00	\$203.61
\$45,000.00	\$2,250.00	\$46.99	\$200,000.00	\$10,000.00	\$208.83
\$50,000.00	\$2,500.00	\$52.21	\$205,000.00	\$10,250.00	\$214.05
\$55,000.00	\$2,750.00	\$57.43	\$210,000.00	\$10,500.00	\$219.28
\$60,000.00	\$3,000.00	\$62.65	\$215,000.00	\$10,750.00	\$224.50
\$65,000.00	\$3,250.00	\$67.87	\$220,000.00	\$11,000.00	\$229.72
\$70,000.00	\$3,500.00	\$73.09	\$225,000.00	\$11,250.00	\$234.94
\$75,000.00	\$3,750.00	\$78.31	\$230,000.00	\$11,500.00	\$240.16
\$80,000.00	\$4,000.00	\$83.53	\$235,000.00	\$11,750.00	\$245.38
\$85,000.00	\$4,250.00	\$88.75	\$240,000.00	\$12,000.00	\$250.60
\$90,000.00	\$4,500.00	\$93.98	\$245,000.00	\$12,250.00	\$255.82
\$95,000.00	\$4,750.00	\$99.20	\$250,000.00	\$12,500.00	\$261.04
\$100,000.00	\$5,000.00	\$104.42	\$255,000.00	\$12,750.00	\$266.26
\$105,000.00	\$5,250.00	\$109.64	\$260,000.00	\$13,000.00	\$271.48
\$110,000.00	\$5,500.00	\$114.86	\$265,000.00	\$13,250.00	\$276.70
\$115,000.00	\$5,750.00	\$120.08	\$270,000.00	\$13,500.00	\$281.93
\$120,000.00	\$6,000.00	\$125.30	\$275,000.00	\$13,750.00	\$287.15
\$125,000.00	\$6,250.00	\$130.52	\$280,000.00	\$14,000.00	\$292.37
\$130,000.00	\$6,500.00	\$135.74	\$285,000.00	\$14,250.00	\$297.59
\$135,000.00	\$6,750.00	\$140.96	\$290,000.00	\$14,500.00	\$302.81
\$140,000.00	\$7,000.00	\$146.18	\$295,000.00	\$14,750.00	\$308.03
\$145,000.00	\$7,250.00	\$151.40	\$300,000.00	\$15,000.00	\$313.25
\$150,000.00	\$7,500.00	\$156.63			

Rates may change if plan experience requires a change for all insureds.

How to calculate your total LTD Monthly cost

Step 1	Indicate your monthly earnings.	= \$
Step 2	If your monthly earnings are greater than the maximum monthly covered earnings of \$25,000.00, indicate \$25,000.00. Otherwise, indicate the amount from Step 1.	= \$
Step 3	Multiply the amount in Step 2 by the rate of \$0.01253 to obtain your total LTD monthly cost.	= \$

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

North Carolina residents: THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

© 2023 Prudential Financial, Inc. and its related entities.

Prudential, the Prudential logo, and the Rock Symbol are service marks of Prudential Financial, Inc., and its related entities, registered in many jurisdictions worldwide.