



# Pre-Tax Benefits Plan

## Plan Detail Document (PDD)

### Fact Sheet

#### Multiple Part Document Notice

Your complete Plan Detail Document (PPD) 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 Disclosure Document.

Part	Document Name	Description
Part #1	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 the accompanying Disclosure Document.
Part #2	Disclosure Document	The Disclosure Document provides an outline of each of the component plans as well as a detailed explanation of the rules and requirements for each component. The Disclosure Document contains information on all potential pre-tax benefits. The specific components that offered by your Employer are identified in this Fact Sheet.

## Section 1: Plan Information

<b>Plan Name:</b>	Radiology Partners Inc Pre-Tax Benefits Plan <i>The Plan Name is the overarching reference for all elements of the plan and is referred to as the "Plan" in the accompanying Disclosure Document.</i>
<b>Plan Number:</b>	502
<b>Employer/Plan Sponsor:</b>	Radiology Partners Inc <i>The Employer/Plan Sponsor is referred to as "Your Employer" in the accompanying Disclosure Document.</i>
<b>Contact Information:</b>	2330 Utah Avenue Suite 200 El Segundo, CA 90245 (424) 290-8004
<b>Affiliated Employers:</b>	None
<b>Employer Tax ID Number:</b>	46-1413340
<b>Plan Effective Date:</b>	June 1, 2014
<b>Plan Update Date:</b>	January 1, 2024
<b>Plan Year:</b>	January 1 <sup>st</sup> through December 31 <sup>st</sup>
<b>Plan Administrator:</b>	Radiology Partners Inc

	<i>The Plan Administrator has authority to control and manage the operation and administration of the Plan.</i>
<b>Agent for Service of Legal Process:</b>	Radiology Partners Inc
<b>Type of Cafeteria Plan:</b>	Regular Cafeteria Plan
<b>Coordinating Employee Benefits Plan:</b>	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>
<b>Contractor for Administrative Services:</b>	Vita Administration Company/Vita Flex 1451 Grant Road, Suite 200 Mountain View, CA 94040 (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 Disclosure Document.</i>
<b>Plan Fiduciary:</b>	Employer/Plan Sponsor
<b>Claims Fiduciary:</b>	Vita Administration Company <i>The Claims Fiduciary is responsible for confirming claims eligibility, processing claims, and retaining document of eligibility for claims. The claims fiduciary stands alone in the responsibility for making claim eligibility decisions, but this role is different from the overall Plan Fiduciary.</i>
<b>Funding Arrangement/Agent:</b>	Self-Funded <i>The Funding Agent is responsible for payment of claims and holds financial risk for claims.</i>
<b>Plan Changes or Termination:</b>	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**

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<b>Eligibility Provisions:</b>	<b>Physician Professional Expense plan:</b> No minimum hours required <b>All other plans:</b> Regular schedule must be 30 or more hours/week
<b>Initial Waiting Period:</b>	<b>Physician Professional Expense plan:</b> Employees of participating practices become eligible on the date of hire <b>All other plans:</b> Employees become eligible on the first of the month following or coinciding with the date of hire
<b>Excluded Classes of Employees:</b>	Contractors

### Section 3: Plan Components Included

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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
Commuter Benefits	<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
Physician Professional Expense Reimbursement Account	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

### Section 4: Plan Component Details

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**Premium Contributions:** Flex Credit Dollars:  Yes  No

**Federal Maximums:** This section applies to employee plan contributions and balance rollovers for health FSA plans.

Federal maximums are announced by the IRS in October or November each year for the following Plan Year. The maximum annual election amount and the maximum allowed rollover amount may not be announced until after the creation of this Fact Sheet each year and after Your Employer holds your open enrollment period. The specific maximums are outlined in other Vita Flex election materials each year. All elections that are made for the maximum amount will be adjusted to reflect any increase in the maximum amount allowed by the IRS for the next Plan Year. Elections that are made below the maximum annual election amount will not be changed.

Please refer to <http://www.vitacompanies.com/pre-tax-plan-maximums> for the most up-to-date Federal Maximums.

**Reimbursement Method:** Direct Deposit or Check

<b>Health FSA Component:</b>	Minimum Election:	\$240 per Plan Year
	Maximum Election:	Federal Maximum
	Employer Match:	None
	Debit Card Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Mobile App Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Rollover Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Rollover Maximum:	Federal Maximum rollover amount
Grace Period Provision:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Claim Incurred Deadline:	December 31 <sup>st</sup>
Claim Submission Deadline:	March 31 <sup>st</sup> (following the end of the Plan Year)
Plan Funding:	Participant contributions

**Dependent Care FSA Component:**

Minimum Election:	\$240 per Plan Year
Maximum Election:	Federal Maximum
Debit Card Provision:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mobile App Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grace Period Provision:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Claim Incurred Deadline:	December 31 <sup>st</sup>
Claim Submission Deadline:	March 31 <sup>st</sup> (following the end of the Plan Year)
Plan Funding:	Participant contributions

**Commuter Benefits Component:**

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
Employer/Plan Sponsor Contribution:	N/A
Bicycle Plan Benefit:	N/A
Plan Funding:	Participant contributions

**Health Savings Account (HSA) Component:**

Maximum Contribution:	Federal Maximums* *If age 55 or over, you may contribute an additional \$1,000 per year
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Employer/Plan Sponsor Contribution:	Employer makes monthly contributions to the HSA for Employees who are enrolled in the employer-sponsored <i>Anthem HDHP 2500</i> medical benefit plan.
	Contribution amounts are based on the Employee's HDHP enrollment level: <b>Individual</b> - \$62.50 per month <b>Family</b> - \$125.00 per month
Maximum Employer Contribution (Annual):	Individual - \$750.00 if enrolled for the full year Family - \$1,500.00 if enrolled for the full 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
Plan Funding:	Participant contributions and Plan Sponsor general assets

**Health Reimbursement Account (HRA) Component:**

Type of HRA:	<input checked="" type="checkbox"/> Integrated HRA (HRA)
Plan Integration/Underlying Health Plan Coverage Requirement:	Employee must be enrolled in the employer-sponsored <i>Anthem HDHP HRA 4000</i> benefit plan
Employer Funding:	\$1,000 per full Plan Year <i>(Employees who become eligible Feb. 1<sup>st</sup> through Dec. 1<sup>st</sup> 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 (including IRS-eligible OTC items)
Plan Year:	January 1 <sup>st</sup> through December 31 <sup>st</sup>
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 <sup>st</sup> (following the end of the Plan Year)
Unused Benefit Carryover:	No carryover to following Plan Year
Plan Funding:	Plan Sponsor general assets

**Physician  
Professional  
Expense  
Reimbursement  
Account  
Component:**

Eligible Employees:	Employees who are working full-time or part-time for a participating practice are eligible.  <i>(Employees who are independent contractors of a participating practice are <u>not eligible</u>.)</i>
Employer Contribution:	Fully funded by the Employer; annual amount varies by practice.
Proration for Mid-Year Enrollment:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Employer's contribution amount is prorated monthly, based on the number of months the Employee will be enrolled during the Plan Year. Partial months are counted as a full month.
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
Plan Year:	January 1 <sup>st</sup> through December 31 <sup>st</sup>
Claim Incurred Deadline:	The <i>earlier</i> of: Last day of the Plan Year, or the Employee's termination date
Claim Submission Deadline:	<b>Active</b> employees: January 15 <sup>th</sup> (following the end of the Plan Year)  <b>Terminated</b> employees: Within 30 days after the date of employment termination
Unused Benefit Carryover:	No carryover to following Plan Year
Plan Funding:	Plan Sponsor general assets