PLAZA RADIOLOGY

2020 - 2021

EMPLOYEE BENEFITS OVERVIEW

WHAT'S INSIDE

This guide is designed to provide a general overview of your benefits at Plaza Radiology. It is not a contract or an official interpretation of the benefit plans. For more detailed information, please refer to your summary plan descriptions or the legal plan documents.

Should any questions or conflicts arise, the plan documents will be the final authority in determining your benefits. Plaza Radiology reserves the right to modify or discontinue the plans at any time. This document was prepared exclusively for full-time employees of Plaza Radiology. Unauthorized reproduction is strictly prohibited.

Please contact Human Resources if you have any questions regarding your benefits plan.

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ENROLLMENT CHANGES

Changes to your enrollment may be made annually during open enrollment each year. Mid-year changes may be made for the following qualifying events such as marriage/divorce, birth/adoption, death, change in job status of yourself or your spouse, and or change in Medicaid/CHIP eligibility.

However, all changes must be made within 30 days (with the exception of Medicaid/CHIP which gives you up to 60 days) of your qualifying event. You must notify Human Resources immediately when you experience a qualifying event.

SECTION 125 PLAN PREMIUM CONVERSION

Section 125 Premium Conversion Plan lets you exclude your Medical, Dental and Vision premiums from your taxable income, meaning your premiums will come out of your income pre-tax. This lowers your taxable income. By default, your premiums will be deducted pre-tax, increasing your take-home pay anywhere from a couple hundred dollars to a thousand or more annually.

You may elect to have your premiums deducted after-tax. If you wish to have your premiums deducted after-tax, please see Human Resources.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices for more details.

MEDICAL BENEFITS

BCBST | 1-800-565-9140 | www.bcbst.com | Group Number: 107404

Plaza Radiology's medical benefits are provided through BlueCross BlueShield of Tennessee.

Plaza Radiology offers plan options in the S Network. In this network, you have the flexibility to go to any provider that you choose; however, anytime you select an in-network physician or facility, you will see significant discounts and savings.

If you select an out-of-network physician or facility, you will be subject to higher deductibles and out-of-pocket maximums. You are also responsible for the difference between billed charges and the maximum allowable charge. It definitely works to your advantage to go in network whenever possible.

To find an in-network provider near you, go to www.bcbst.com and click on "Find A Doctor." Please be sure to consult either the online directory or BCBST customer service department to confirm that your provider participates in the network.

PER PAY PERIOD PREMIUMS	Option 1	Option 2
	Network S	*Network S with RX Preventive*
Employee Only	$52.81	$92.08
Employee + Family	$173.90	$263.94

MEDICAL BENEFITS CHART

EMPLOYEE AMOUNTS*		Options 1 & 2 HDHP - Network S
Deductible	Individual / Family	$5,500 / $11,000
Deductible - After HRA (80% / $2,160)	Individual / Family	$2,800 / $5,600
Out-of-Pocket Max	Individual / Family	$6,400 / $12,800
Out-of-Pocket Max - After HRA	Individual / Family	$4,240 / $ 8,480
Preventive Care		
Preventive Care Visits		100%
Office Visits		
Primary Care Provider		50% after deductible
Specialist		50% after deductible
Physical, Occupational, Speech, Audiology and Cognitive Therapy		50% after deductible
Outpatient and Group Therapy		50% after deductible
Imaging Services		
Physician's Office (x-ray, ultrasound)		50% after deductible
Non-Hospital, Independent Facility Advanced Imaging (MRI, CAT, PET)		50% after deductible
Hospital Outpatient Advanced Imaging (MRI, CAT, PET)		50% after deductible
Surgery		
Non-Hospital, Independent Facility Surgery		50% after deductible
Outpatient or Inpatient Hospital Surgery		50% after deductible
Urgent & Emergency Care		
Urgent Care		50% after deductible
Emergency Care (Includes urgent care centers at a hospital. Copay waived for inpatient hospital admissions)		50% after deductible
Other Services		
Home Health Care, Durable Medical Equipment, Prosthesis, and Most Other Covered Services		50% after deductible
Pharmacy		
Retail (Up to 30-day Supply)		50% after deductible
Retail (Up to 90-day Supply) **or Mail Order**		
Specialty Medications		
Preventive Drugs *Option #2 ONLY		
Preventive Drugs		$10 / $35 / $60 Copay
All Other (Generic/Preferred/Non-Preferred)		50% after deductible

Review plan documents for out-of-network rates, prior authorization requirements, limits on the number of visits per year and service restrictions.

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

BCBST | 1-800-565-9140 | www.bcbst.com | Group Number: 107404

To offset the rising cost of healthcare, Plaza Radiology provides a Health Reimbursement Arrangement (HRA) to all employees enrolled in the group medical plan. The purpose of the HRA is to contribute toward the payment of in-network deductible expenses incurred by you, as an employee, or for one of your covered family members.

Please note: copays are an out-of-pocket expense that count toward your out-of-pocket maximum but they are not eligible for HRA reimbursement.

Please follow along with the example below to better understand how the HRA will help pay for medical expenses. In this example, the individual incurs $50,000 in medical expenses during the plan year.

Step 1: Deductible - The individual will pay the first $2,800 of their medical expenses. Once they have paid $2,800, the remaining $2,700 of the deductible will be split between Plaza Radiology's HRA and the individual. Plaza Radiology's HRA will pay $2,160 and the individual will pay $540.

Step 2: Coinsurance / Out-of-Pocket Maximum - The individual still has $1,800 of expenses before they reach their Out-of-Pocket Maximum for the plan year. This $1,800 will be paid 50% by the BlueCross BlueShield Tennessee ($900) and 50% by the individual ($900).

Step 3: Unlimited Plan Maximum - Any eligible in-network expenses over $6,400 will be covered entirely by BlueCross BlueShield Tennessee.

In our example, the individual pays a total of **$4,240**; Plaza Radiology's HRA pays **$2,160**; and BlueCross BlueShield Tennessee pays **$900**. As you can see, the HRA plays a big role in offsetting the cost of healthcare.

VISION BENEFITS

BCBST | 1-800-565-9140 | www.bcbst.com | Group Number: 107404

Your vision plan is provided by BCBST. When using in-network providers, this PPO plan covers most exams, eyeglass and medically necessary contacts in full. Discounts are available for upgrades on covered frames and lenses, as well. BCBST has also partnered with several refractive eye surgery centers to offer discounts to its members. To find an in-network provider or surgery center, call customer service or go to www.bcbst.com and click on "Find a Doctor."

BI-WEEKLY PREMIUMS	
Employee Only	$2.78
Employee + Family	$7.22

VISION BENEFITS	In-Network	
	Frequency	Details
Vision Exam	Once every 12 months	$10 copay
Prescription Glasses		
Frames	Once every 12 months	$0 copay; $150 allowance, 20% off balance over allowance
Lenses	Once every 12 months	$25 copay
Contact Lenses Exam (instead of glasses)	Once every 12 months	
Conventional		$0 copay; $150 allowance, 15% off balance over allowance
Disposable		$0 copay; $150 allowance
Medically Necessary		Paid in full

Should you choose to see an out-of-network provider, BCBST will reimburse you up to a specified amount. Please see the plan document for the out-of-network reimbursement schedule.

DENTAL BENEFITS

BCBST | 1-800-565-9140 | www.bcbst.com | Group Number: 107404

Your dental benefits at Plaza Radiology are provided by BCBST. This dental plan is a PPO (similar to your medical plan), in that you may visit any provider that you choose, however, you will most likely see increased benefit levels if you go to a provider in network.

BI-WEEKLY PREMIUMS	
Employee Only	$17.64
Employee + Family	$52.97

DENTAL BENEFITS	In-Network
Deductible: (Aggregate) Individual / Family	$50 / $150
Benefits Paid by the Plan	
Calendar Year Maximum (applies to Coverage A, B and C	$1,000
Coverage A: Preventive - Includes exams, cleanings (2 per year), sealants, x-rays	100% no deductible
Coverage B: Basic - Fillings, periodontic services, minor oral surgery	80% after $50 deductible
Coverage C: Major - Root Canals, periodontic surgery, crowns, dentures, bridges, anesthesia	50% after $50 deductible
Coverage D: Orthodontia Coinsurance / Lifetime Maximum (up to age 18)	50% no deductible / $1,000 Lifetime Maximum

To find a provider in the network, visit www.bcbst.com and click on "Find A Doctor."

HEALTH SAVINGS ACCOUNT (HSA)

First Volunteer Bank | 1-423-668-4652 | www.firstvolunteer.com

If you are enrolled in the High Deductible Health Plan, you are eligible to participate in a Health Savings Account (HSA) through First Volunteer Bank.

An HSA is established to pay for future qualified medical, dental and vision expenses that are incurred by you or your dependents enrolled in the plan, allowing you to set aside money pre-tax.

Your contributions to the HSA will be payroll deducted and the funds deposited into a HSA account. When a qualified expense is incurred, you use your Health Savings Account debit card or request reimbursement for the expense. Unused account dollars are yours to keep, even if you retire or leave the company.

Please note: If you can't claim a child as a dependent on your tax returns, then you may not spend HSA dollars on services provided to that child.

Annual Maximum Contributions to your HSA

Employee:	$3,550
Family:	$7,100
Catch-Up Contribution for those 55+:	$1,000

EMPLOYER PAID BENEFITS

Unum | 1-866-679-3057 | www.unum.com

BASIC LIFE/AD&D INSURANCE

At Plaza Radiology, Basic Life/Accidental Death and Dismemberment (AD&D) Insurance is a provided benefit at no cost to you through Unum. The coverage amount is $15,000.

AD&D insurance pays an additional amount based on a specific list of losses such as loss of life, limb, or sight due to an accident. Please remember to contact Human Resources when you need to update your beneficiaries. Amounts are subject to age reductions beginning at age 65.

MGIS | 1-800-969-6447 | www.mgis.com

LONG-TERM DISABILITY (LTD) INSURANCE

LTD Insurance can protect your income in case of a long-term injury or illness. This coverage is provided through MGIS and paid entirely by Plaza Radiology. Your LTD benefits are equal to 60% of your basic monthly earnings not to exceed $5,000 per month and start after you have been deemed disabled for 90 days. Pre-existing condition limitations apply.

EMPLOYEE PAID BENEFITS

Unum | 1-800-538-4583 | www.unum.com

Life and AD&D Insurance Benefit

All Employees

- Minimum Hours Requirement: 30 hours per week
- Amounts: $10,000 benefit units as applied for by you and approved by Unum
- If you have reached age 70, but not age 75, your amount of life insurance will be:
  - 65% of the amount of life insurance you had prior to age 70; or
  - 65% of the amount of life insurance shown above if you become insured on of after age 70 but before age 75.
- If you have reached age 75 or more, your amount of insurance will be:
  - 50% of the amount of life insurance you had prior to your first reduction; or
  - 50% of the amount of life insurance shown above if you become insured on of after age 75.
- Evidence of Insurability is required for the amount of you insurance over $70,000
- Maximum benefit of life insurance for your spouse:
  - The lesser of:
  - 5 x annual earnings; or
  - $500,000

Spouse

- Amounts in $5,000 benefit units as applied for by you and approved by Unum
- Evidence of Insurability is required for the amount of you insurance over $25,000
- Maximum benefit of life insurance for your spouse:
  - The lesser of:
  - 100% of your amount of insurance; or
  - $500,000

Children

- Amounts in $2,000 benefit units as applied for by you and approved by Unum.
- Maximum benefit of life insurance for your children:
  - The lesser of:
  - 100% of your amount of insurance; or
  - $10,000

REMEMBER

Benefits are payable to your beneficiary.
Don't forget to assign your beneficiary!

GoodRx

GoodRx | 1-855-268-2822 | www.goodrx.com

Why do I need GoodRx?

Prescription drug prices are not regulated. The cost of a prescription may differ by more than $100 between pharmacies across the street from each other!

How can GoodRx help me?

GoodRx gathers current prices and discounts to help you find the lowest cost pharmacy for your prescriptions. The average GoodRx customer saves $276 a year on their prescriptions. GoodRx is 100% free. No personal information is required.

How do I find discounts for my drug?

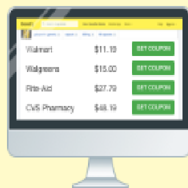
It's easy. Just go to www.gooodrx.com, type the drug name in the search field and click the "Find the Lowest Price" button. It will even help you spell the name of the prescription.

Stop paying too much for your prescriptions

Type your drug name (like Atorvastatin, Sildenafil, etc) | FIND THE LOWEST PRICE

Popular searches: Lipitor, Cialis, Neurontin, Prilosec, Synthroid, Lexapro, Cozaar | Browse All Drugs

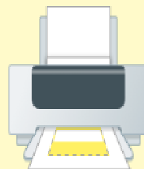
1



Compare prices

GoodRx collects prices & discounts from over 60,000 U.S. pharmacies

2



Print free coupons

Or send coupons to your phone by email or text message

3

Save up to 80%

Show the coupon to your pharmacist for massive savings on your meds

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Don't miss out on savings!

The best ways to save on your prescriptions, delivered to your inbox.

Enter your email address | Subscribe

TELEMEDICINE

PhysicianNow powered by MDLive | 1-888-283-6691
www.bcbst.com click "My Health & Wellness" tab | Mobile App: Search for PhysicianNow

Teammates enrolled in any of our medical plans receives access to PhysicianNow™ powered by MDLIVE. PhysicianNow™ powered by MDLIVE is a convenient, cost-effective alternative to the emergency room, urgent care facility or in-office doctor's appointment for most non-emergency conditions. You have quick, convenient access to locally-licensed and board-certified doctors 24/7 via phone or video!

For a **$38 per visit cost**, you may use PhysicianNow to treat conditions like allergies, asthma, bronchitis, cold and flu, sinus infections and more! Plus this $38 charge is credited towards satisfying your BCBST Deductible and Out-of-Pocket Maximum.

When to use PhysicianNow:

- When it's not an emergency
- When it's not easy to schedule with your doctor
- When you're traveling
- When you're too busy to go to your doctor's office

How to Register

1. Visit bcbst.com/blueaccess and select the My Health and Wellness tab. Click on the PhysicianNow tile.
2. Call 1-888-283-6691.
3. Download the PhysicianNow app at the App Store or Google Play.

Be sure to have your Member ID card handy when registering!

How It Works In 3 Steps

1 Activate

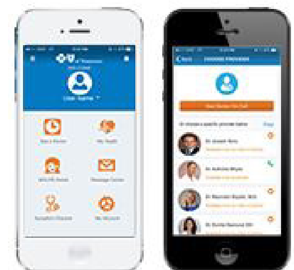
Sign up by phone, online, or download our app

2 Select

Choose from a large network of board-certified doctors or licensed therapists

3 Consult

See a doctor or therapist anytime, anywhere



PhysicianNow App

Doctor visits are easier and more convenient with the PhysicianNow Mobile App. Be prepared. Download today.

EMPLOYEE ASSISTANCE PROGRAM

MGISComplete | 1-866-301-9551 | www.guidanceresources.com

MGISComplete's employee assistance program services include counseling for marital/family, depression, addiction, stress/anger, life transitions or any issue for short term counseling for you or an immediate household family member.

- Unlimited telephonic and online support - Legal service, financial service, work-life service
- Confidential emotional support with trained clinicians
- Work-life services for assistance with child care, finding movers, kennels and pet care, vacation planning, and more.
- Free 30-minute consultation with network lawyers and a 25% reduction in fees
- Financial consultations and referrals
- Free online will preparation
- Toll-free phone and web access 24/7
- Access at:

  Call: (866) 301-9551
  TDD: (800) 697-0353
  Online: www.guidanceresources.com
  App: GuidanceResources Now
  Web ID: MGISComplete

NOTES

ANNUAL NOTICES

IMPORTANT NOTICES FROM OUR COMPANY REGARDING THE PLAN

The following notices provide important information about the group health plan provided by your employer. Please read the attached notices carefully and keep a copy for your records.

If you have any questions regarding any of these notices, please contact:

Plaza Radiology
Contact: Angela Shipp
Phone: (423) 553-1220
Mailing Address: 1710 Gunbarrel Rd.
Chattanooga, TN 37421
Distribution Date: 8/20/2020

UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT OF 1994

A Subscriber may continue his or her coverage and coverage for his or her Dependents during military leave of absence in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994. When the Subscriber returns to work from a military leave of absence, the Subscriber will be given credit for the time the Subscriber was covered under the Plan prior to the leave.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). If you have had or are going to have a mastectomy, you may be entitled to certain benefits. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, contact your Health Insurance issuer.

MASTECTOMY NOTICE

Patients who undergo a mastectomy and who elect breast reconstruction in connection with the mastectomy are entitled to coverage for:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas

In a manner determined in consultation with the attending physician and the patient. The coverage may be subject to coinsurance and deductibles consistent with those established for other benefits.

Please contact Human Resources for more information.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Newborns' and Mothers' Health Protection Act requires that group health plans and health insurance issuers who offer childbirth coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). Refer to your plan document for specific information about childbirth coverage or contact your plan administrator.

For additional information about NMHPA provisions and how Self-funded non Federal governmental plans may opt-out of the NMHPA requirements, visit http://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/nmhpa_factsheet.html.

HIPAA NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we maintain the privacy of protected health information, give notice of our legal duties and privacy practices regarding health information about you and follow the terms of our notice currently in effect.

If not attached to this document, you may request a copy of the current Privacy Practices, explaining how medical information about you may be used and disclosed and how you can get access to this information.

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

You have the right to inspect and copy, right to an electronic copy of electronic medical records, right to get notice of a breach, right to amend, right to an accounting of disclosures, right to request restrictions, right to request confidential communications, right to a paper copy of this notice and the right to file a complaint if you believe your privacy rights have been violated.

NOTICE OF SPECIAL ENROLLMENT RIGHTS TO NEW ENROLLEES

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you are decline enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents (including your spouse) in this plan. However, you must request enrollment within 60 days after you or your dependents become eligible for the premium assistance.

To request special enrollment or obtain more information, contact the plan's General Contact.

PLEASE REVIEW IT CAREFULLY.

Our Company's Pledge to You

This notice is intended to inform you of the privacy practices followed by the Our Company Health and Welfare Plan (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective in April. [Note: the effective date may not be earlier than the date on which the privacy notice is printed or otherwise published].

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the plan participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Our Company requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need

to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information. To the Plan Sponsor. We may disclose protected health information to certain employees of Our Company for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend.

Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions. However, we will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations (not for treatment) and the protected health information pertains solely to a health care item or service that has been paid for out-of-pocket and in full.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in

writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to protect the privacy of your protected health information, provide you with certain rights with respect to your protected health information, provide you with this notice about our privacy practices, and follow the information practices that are described in this notice.

We may change our policies at any time. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below. If you have any questions or complaints, please contact: Human Resources.

PATIENT PROTECTION DISCLOSURE

Our Company generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact our medical provider, listed on the medical benefits page herein.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Our Company or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact our medical provider, listed on the medical benefits page herein.

Important Notice About Your Prescription Drug Coverage and Medicare

If you or any of your eligible dependents are eligible for Medicare, or will soon become eligible for Medicare, please read this notice. If not, you can disregard this notice.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage under the health plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **We have determined that the prescription drug coverage offered by the health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.**

Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage [will or will not] be affected.

Prescription Drug Benefits for Options 1 & 2	Options 1 & HDHP - Network S
Retail or Mail Order	50% after deductible
Specialty Medications	
Preventive Drugs *Option #2 ONLY*	
Preventive Drugs	$10 / $35 / $60 Copay
All Other (Generic / Preferred / Non-Preferred)	50% after deductible

Contact your plan administrator for an explanation of the prescription drug coverage plan provisions/ options under the plan available to Medicare eligible individuals when you become eligible for Medicare Part D. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents [may or may not] be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current health plan coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage please contact the plan administrator indicated on the first page of this notice.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through your current health plan provided by the current insurer changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	August 2020
Name of Entity/Sender	Plaza Radiology
Contact -- Position / Office:	Angela Shipp
Address:	1710 Gunbarrel Rd. Chattanooga, TN 37421
Phone:	(423) 553-1220

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877- KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child- health-plan plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance- premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	**INDIANA – Medicaid**
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_co nt.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid: Website: http://www.indianamedicaid.com Phone 1-800-403-0864
IOWA – Medicaid and CHIP (Hawki)	**NEBRASKA – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	**NEVADA – Medicaid**
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	**NEW HAMPSHIRE – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	**NEW YORK – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public- assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	**NORTH CAROLINA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and- families/health-care/health-care-programs/programs-and- services/medical-assistance.jsp [Under ELIGIBILITY tab, see "what if I have other health insurance?"] Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	**OREGON – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers
for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)