

January 2026 – December 2026

2026 BENEFITS ENROLLMENT

YOUR BENEFITS, YOUR STORY

Benefits to fit your unique situation

5 WAYS TO SAVE

On healthcare expenses

3 TIPS

For an easy enrollment



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Mirayah Hagemeyer
800-373-1327
mhagemeyer@ebs-tpa.com
www.ebs-tpa.com

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Wellmark BlueCross BlueShield
Customer Service
800-524-9242
www.wellmark.com

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Employee Benefit Systems (EBS)
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www.ebs-tpa.com

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Delta Dental
Customer Service
877-423-3582
www.deltadentalia.com

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800-628-8600
www.standard.com

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Customer Service
800-327-4692
www.efr.org

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Brittany White
319-538-6868
B7_White@us.Aflac.com

TrueAdvocate Team – for questions regarding:

- Deductibles
- Copays
- ID Cards
- Claims Questions
- Benefit Changes

Phone:

888-655-9980

Email:

trueadvocate@truenorthcompanies.com

Disclaimer

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract. The information in this booklet is proprietary. Please do not copy or distribute to others.

Created by TrueNorth Companies, LC for **Radiology Consultants of Iowa**

THINGS TO KNOW

5 WAYS TO SAVE

1. THINK ABOUT HOW YOU WILL USE YOUR BENEFITS.

- Do you have a chronic condition?
- Do you have surgery planned for this year?
- Are you adding any new dependents to your plan?

Consider these questions when choosing a plan.

2. MANAGE MEDICATION COSTS.

Ask your doctor to prescribe you generic medications. They can be just as effective and typically cheaper!

3. TRY TELEMEDICINE OR URGENT CARE.

Telemedicine and urgent care can cost you much less than going to the ER and usually save you a lot of time.

4. STAY IN-NETWORK FOR CARE.

Think of it as an exclusive club. You may pay higher amounts if you go Out-of-Network.

5. PREVENTION IS KEY.

Prevention is key to catching disease or illness early on. Plus, preventive exams are often free or cost less than a normal doctor's visit.

The plan information outlined in this enrollment guide is intended to be a snapshot of the benefits and does not provide full plan details. For complete plan information and any policy restrictions, refer to your plan document. If any discrepancy exists between the summary displayed in this guide and the policy, the policy will govern.

3 TIPS FOR EASY ENROLLMENT

1. DON'T WAIT!

This is your one chance to choose your benefits until our annual enrollment period. After this enrollment period, the only way you'll be able to change your plans before the following enrollment period is if you have a **qualifying life event**, such as getting married or having a baby.

2. TO ENROLL

RCI will utilize electronic enrollment through TMS ConneXion for 2026. You will receive an email with a link that will take you to the program. To login, your username will be your employee ID and your password is 123456. When you login for the first time, you will be prompted to change pw. Your new password should contain a minimum of 8 characters.

Open Enrollment elections must be completed by Friday, Nov. 21st at 5:00 pm

If you are newly enrolling in Medical, Dental or Vision you will also need to complete a corresponding carrier form.

3. UP YOUR BENEFITS IQ

Have questions about your benefit options? Not sure what is right for you? Don't forget about the TrueAdvocate Team! They are available from 7:30 a.m. - 5 p.m. CST to answer your benefits questions. Just call 888-655-9980 OR email trueadvocate@truenorthcompanies.com.

BENEFITS BASICS

WELCOME TO YOUR 2026 BENEFITS!

Radiology Consultants of Iowa benefits add value beyond your paycheck. They can make health care more affordable, provide income during a disability, and help you achieve financial goals.

As an employee of Radiology Consultants of Iowa, you have a total compensation package - a combination of pay and benefit programs that is among the best in our industry. This guide describes the key features of our health, life and additional program offerings. They are designed to give you choices about the types and levels of protection that you want. As your needs change, you can continue to design a benefits program that best fits your life. Each year, you have the opportunity to review your choices and make new decisions.

This guide provides a brief summary of your Radiology Consultants of Iowa benefits. Please take the time to review your options and learn about the coverages that will best work for you and your family!

This information is a highlight of our benefit program. In the event of any discrepancy or omission, actual benefits will be determined by the applicable governing plan documents. Radiology Consultants of Iowa reserves the right to change or end any benefit at any time to the extent allowed by the law.

ELIGIBILITY

If you are a full-time employee or are working the required hours as a part time associate, you are eligible for the employee benefits program. You can also enroll your dependents for coverage, including:

- Your legal spouse.
- Your children up to age 26.

DEPENDENT ELIGIBILITY

As part of the responsibility and management of our benefit plan, we have to ensure that all covered dependents meet the eligibility requirements. We are asking all employees to certify that their dependents meet the definition of an eligible dependent prior to adding them to our plans.

Benefit Basics Definition of an eligible dependent:

- A lawful spouse of an employee, including a common law spouse if recognized by your state
- Children of an employee up to age 26
- Children age 26 or older who are mentally or physically handicapped
- A legally adopted child, a step-child, or a child placed in your care by court order, all under 26 years of age.
- Falsification of the eligibility will result in coverage for the dependent being rescinded and may result in medical claims being denied.
- Wellmark is no longer covering new domestic partners starting January 2026.

QUALIFYING LIFE EVENTS

Generally, you may only make or change your existing benefit elections during the open enrollment window. However, you may change your benefit elections during the year if you experience an event such as:

- Gain or loss of other coverage
- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for health coverages
- New entitlement to Medicare or Medicaid

Go to [healthcare.gov](https://www.healthcare.gov) for a full list of qualifying life events.

You must **notify Human Resources within 30 days** of a qualifying life event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next open enrollment window to make changes.

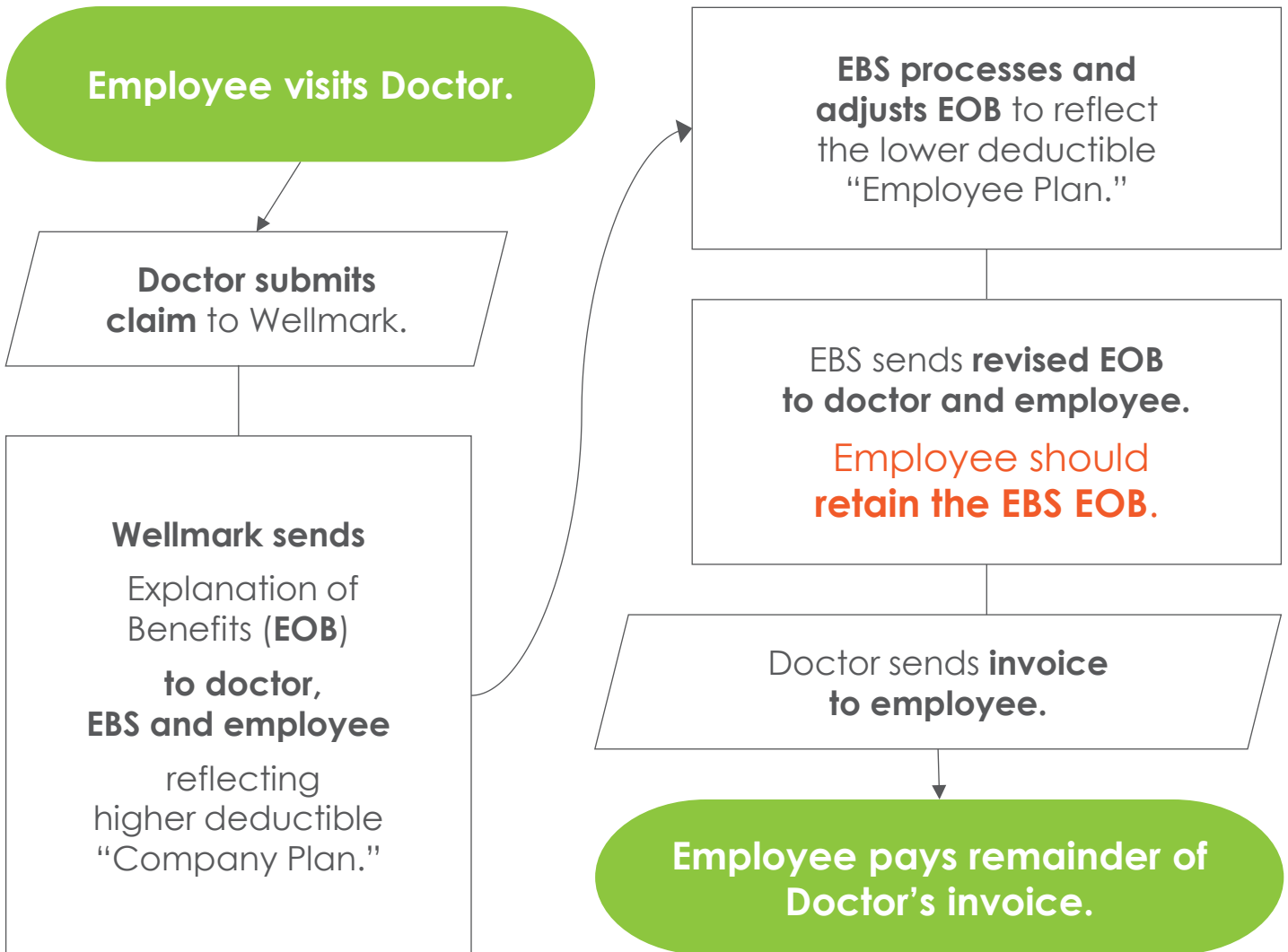


Partial Self-Funding

WHAT DOES THAT MEAN?

It means that Radiology Consultants of Iowa pays for a higher deductible plan from Wellmark (“Company Plan”) but offers you a lower deductible plan (“Employee Plan”). This plan is lower in cost to you than other plans available through Wellmark.

To utilize a partially self-funded plan, we have contracted with a Third-Party Administrator named EBS.



Wellmark PPO

WELLMARK | 800-524-9242

WWW.WELLMARK.COM

HOW TO FIND A NETWORK PROVIDER.

1. Visit the site provided and click on Menu in the upper left-hand corner
2. Choose "Find a Provider or Facility" under the Quick Links.
3. Click "Find a provider or facility" and enter applicable search criteria.
4. The network you will choose is "Wellmark Blue PPO"

IN-NETWORK BENEFITS	Wellmark PPO Benefits	Partial Self-Funded Plan (What the Employee Sees)
Deductible	\$6,000 Single \$12,000 Family	\$1,750 Single \$3,500 Family
Coinsurance	You pay 80%, plan pays 20%	You pay 80%, plan pays 20%
Out of Pocket Maximum	\$8,550 Single \$17,100 Family	\$5,000 Single \$10,000 Family
Office Visit Copay	\$10 Doctor on Demand \$25 PCP \$25 Specialist \$30 Urgent Care	\$10 Doctor on Demand \$25 PCP \$25 Specialist \$30 Urgent Care
Preventive Office Copay	Covered at 100%	Covered at 100%
Emergency Room Copay	\$250 copay	\$250 copay
Inpatient Hospital/ Outpatient Surgery	You pay 20% after deductible, plan pays 80%	You pay 20% after deductible, plan pays 80%
Prescription Drug		
Deductible	\$100 Single / \$200 Family Waived for Tier 1	\$100 Single / \$200 Family Waived for Tier 1
Tiers	\$10 / \$35 / \$50 / \$150	\$10 / \$35 / \$50 / \$150

*Please note office visit copays and prescription costs do not apply towards your funded down plan out-of-pocket maximum total.

Wellmark HMO

WELLMARK | 800-524-9242

WWW.WELLMARK.COM

HOW TO FIND A NETWORK PROVIDER.

1. Visit the site provided and click on Menu in the upper left-hand corner
2. Choose "Find a Provider or Facility" under the Quick Links.
3. Click "Find a provider or facility" and enter applicable search criteria.
4. The network you will choose is "Wellmark Blue HMO"

IN-NETWORK BENEFITS	Wellmark HMO Benefits	Partial Self-Funded Plan (What the Employee Sees)
Deductible	\$6,000 Single \$12,000 Family	\$1,750 Single \$3,500 Family
Coinsurance	You pay 80%, plan pays 20%	You pay 80%, plan pays 20%
Out of Pocket Maximum	\$8,550 Single \$17,100 Family	\$5,000 Single \$10,000 Family
Office Visit Copay	\$10 Doctor on Demand \$20 Designated PCP \$25 PCP \$25 Specialist \$30 Urgent Care	\$10 Doctor on Demand \$20 Designated PCP \$25 PCP \$25 Specialist \$30 Urgent Care
Preventive Office Copay	Covered at 100%	Covered at 100%
Emergency Room Copay	\$250 copay	\$250 copay
Inpatient Hospital/ Outpatient Surgery	You pay 20% after deductible, plan pays 80%	You pay 20% after deductible, plan pays 80%
Prescription Drug		
Deductible	\$100 Single / \$200 Family Waived for Tier 1	\$100 Single / \$200 Family Waived for Tier 1
Tiers	\$10 / \$35 / \$50 / \$150	\$10 / \$35 / \$50 / \$150

*Please note office visit copays and prescription costs do not apply towards your funded down plan out-of-pocket maximum total.

HMO NETWORK

Enrollees in the HMO plan will have access to In-Network providers within the state of Iowa. There is no coverage for out-of-network providers on this plan. As an enrollee, you must also designate a Primary Care Physician in order to pay the lower copay.

Wellmark PPO HDHP

WELLMARK | 800-524-9242

WWW.WELLMARK.COM

HOW TO FIND A NETWORK PROVIDER.

1. Visit the site provided and click on Menu in the upper left-hand corner
2. Choose "Find a Provider or Facility" under the Quick Links.
3. Click "Find a provider or facility" and enter applicable search criteria.
4. The network you will choose is "Wellmark Blue PPO"

IN-NETWORK BENEFITS	Wellmark PPO HDHP Benefits
Deductible	\$6,350 Single \$12,700 Family
Coinsurance	You pay 0%, plan pays 100%
Out of Pocket Maximum	\$6,350 Single \$12,700 Family
Office Visit Copay	Deductible \$61 Doctor on Demand
Preventive Office Copay	Covered at 100%
Emergency Room Copay	Deductible
Inpatient Hospital/ Outpatient Surgery	Deductible
Prescription Drug	
Tiers	Deductible

*The family deductible amount is reached from amounts accumulated on behalf of any family member or combination of family members and the entire family deductible must be met before benefits are payable.

The HDHP plan is considered non-creditable coverage through CMS. This means that you may pay a penalty if you do not join a Medicare drug plan when you first become eligible after turning age 65.

Radiology Consultants of Iowa values its ability to significantly subsidize employee premiums, as well as the funding down of the medical plan in order to provide an affordable health care option for its employees.

Save on Prescriptions with Mail Service



MAIL SERVICE MADE EASY.

The convenient, cost-effective way to get your prescription.

What if you never had to wait in line again to drop off or pick-up your prescriptions?

Easy and convenient, you can enjoy delivery of your medications to your home or any location with Mail Service Pharmacy. Have up to a 90-day supply of maintenance medication, including refills, mailed directly to you.

THE BENEFITS OF MAIL SERVICE



CONVENIENT

SAVE TIME— Your 90-day supply of medication using mail service means fewer trips to a retail pharmacy.



COST-EFFECTIVE

SAVE MONEY— A 90-day supply using mail service typically costs less than multiple copayments of the same quantity dispensed at a retail pharmacy. Check your benefits on myWellmark for details.



Registered pharmacists make sure your order is right, and check for potential drug allergies and interactions. They're also available by phone to answer any questions.



Enjoy the extra convenience of automatic refills.

Save extra time with ReadyFill at Mail™. This automatic prescription refill and renewal program is a no-cost service provided by CVS/caremark Mail Service Pharmacy. The work of ordering is done for you, so you don't have to spend time online, on the phone or filling out a form. Sign up for this at the same time when you register for mail service at caremark.com.



Ask for Generic Drugs and Save

An easy way to save money is to buy generic medications when available and appropriate. Although generic drugs have the same active ingredients as the brand-name, they typically cost much less.

Your order will be reviewed to see if a generic medication is available. Unless otherwise noted by your prescriber or state law, you will get the generic equivalent when available to help you save money.



With home delivery service from CVS/caremark, your medicine arrives safely at your door in plain packaging – at no extra cost to you. You will also be told when a shipment is on the way so you can make changes or cancel at any time.

So, what do you do next?

IT'S EASY TO START AND EASY TO SAVE. HERE ARE TWO WAYS TO GET YOUR PRESCRIPTIONS USING MAIL SERVICE:



ONLINE AT CAREMARK.COM



CALL US AT 866-611-5961

Virtual Doctor Visits – Doctor on Demand

It's now easier than ever to meet your providers online. All you need is a smartphone, tablet, or computer/laptop to have a successful online doctor visit.

USE TELEMEDICINE WHEN:

- You don't have time to wait a week to see a doctor
- You don't want to infect (or be infected by) another person
- You need a lower-cost option.

USE TELEMEDICINE FOR:

- Urgent care issues like colds, coughs, and stomach aches
- Mental health treatment, including online therapy, counseling, and medication management
- Recurring conditions like migraines or urinary tract infections
- Skin conditions
- Prescription management



How To Register

1 BE READY TO ACCESS

To get started, visit www.DoctorOnDemand.com or phone 800-997-6196 to **register and set up your account**

2 DOWNLOAD THE DOCTORS ON DEMAND APP to your mobile device and access your new account.

3 WHEN YOU NEED CARE

- Find a well-lit, private spot with good signal on your device
- Have your Wellmark member ID card ready
- Create an account or sign in



Watch the video to learn more.
<https://flimp.live/telemedicine2021>

Flexible Spending Accounts



EMPLOYEE BENEFIT SYSTEMS (EBS)

319-758-8456

AN FSA CAN HELP YOU

use pretax money to pay for certain out-of-pocket health expenses or dependent care expenses.

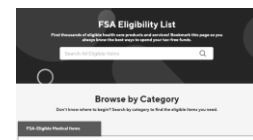
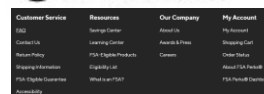
FLEXIBLE SPENDING ACCOUNT (HEALTHCARE, LIMITED, DEPENDENT CARE)

Eligibility rules	If you are enrolled in a High Deductible Health Plan (HDHP) you can only enroll in a Limited Flexible Spending Account		
Maximum contributions	Healthcare: \$3,400 Limited: \$3,400 Dependent Care: \$7,500		
Pre-tax contributions?	Yes		
Eligible Expenses Beyond your plan coverage	<ul style="list-style-type: none"> • Medical • Dental • Vision • Prescription • Dependent care 	For Health Care and Limited FSAs download a full list from the IRS - Publication 502 . 	For information on Child and Dependent Care Expenses download the IRS Publication 503 
Availability of funds	Healthcare and Limited: Available on day 1 Dependent Care: Funds must accumulate before using		
Use it or lose it?	Yes, however the Healthcare FSA allows you to rollover unused money up to \$660 for 2025 to 2026 plan year and \$680 for 2026 to 2027 plan year. Dependent care does not allow you to rollover unused money.		
Employer Contribution?	The company will once again make a dollar-for-dollar matching contribution of up to \$500 on the Medical FSA		
Can take it with you if you leave the company?	No		

START WITH THE RIGHT TOOLS:

FSAs.com provides lists of eligible purchases using your account, as well as help to understand, manage and USE this great benefit!

Getting Started



FSAs.com/FSA-Eligibility-List.aspx

Health Savings Account

If you would like to open a Health Savings Account (HSA) to coincide with your enrollment into the high deductible health plan, you may do so by contacting your local bank or credit union to discuss their Health Savings Account process. Locally, both Wells Fargo and Cedar Rapids Bank & Trust offer options for Health Savings Accounts

AN HSA CAN HELP YOU

lower your taxes, cover some expenses your plan doesn't, and even help save for retirement.

HEALTH SAVINGS ACCOUNT (HSA)

To be eligible you must:

***Note:** If your eligible dependent is covered under Medicare, you can continue contributing to the HSA

- Be covered under a High Deductible Health Plan (HDHP)
- Not be claimed as a dependent on someone else's tax return
- Not maintain a Healthcare FSA
- Not be enrolled in Medicare*
- Not have received VA benefits within the past three months
- Not have a spouse with an FSA plan through their employer

Maximum contributions

Single: \$4,400
Family: \$8,750
Catch-up: \$1,000 (those 55+)

Pre-tax contributions?

- Tax deductions when you contribute to your account
- Tax-free withdrawals for qualified medical expenses

Eligible Expenses

Beyond your plan coverage

More common examples:

- Medical
- Dental
- Vision
- Prescription

Less common examples:

- Special education
- Seeing eye dog
- Braille literature
- Hair loss pieces

Download a full list from the IRS - [Publication 502](#).



Availability of funds

Funds must accumulate before using

Use it or lose it?

No, unused funds roll over from year to year

Can take it with you if you leave the company?

Yes

HSA CASE STUDY 1: JUSTIN

Profile: Age 28, single, very active
Event: Nothing unexpected yet

Annual deductible: \$1,500

YEAR 1 HSA CONTRIBUTION \$1,000

Total Expenses: -\$150

HSA ROLLOVER TO YEAR 2 \$850

HSA BALANCE: (\$850) + YEAR 2 CONTRIBUTION \$1,850

Total Expenses: -\$300

HSA ROLLOVER TO YEAR 3 \$1,550

Total paid out-of-pocket \$0

HSA ROLLOVER TO YEAR 3 \$1,550

HSA CASE STUDY 2: THE BENNETS

Profile: Married, higher medical expenses
Events: Daughter asthma; Son broken bones

Family deductible: \$5,000

YEAR 1 HSA CONTRIBUTION \$2,000

Total Expenses: -\$900

HSA ROLLOVER TO YEAR 2 \$1,100

HSA BALANCE: (\$1,100) + YEAR 2 CONTRIBUTION \$3,100

Total Expenses: -\$500

HSA ROLLOVER TO YEAR 3 \$2,600

Total paid out-of-pocket \$0

HSA ROLLOVER TO YEAR 3 \$2,600

HSA CASE STUDY 3: ANGELA

Profile: Age 62, divorced, good health
Event: Car accident

Annual deductible: \$2,500

YEAR 1 HSA CONTRIBUTION \$2,000

Total Expenses: -\$350

HSA ROLLOVER TO YEAR 2 \$1,650

HSA BALANCE: (\$1,650) + YEAR 2 CONTRIBUTION \$3,650

Total Expenses: -\$3,650

Health plan coverage after deductible (80% x \$10,050) \$8,040

Total paid out-of-pocket \$860

HSA ROLLOVER TO YEAR 3 \$0

Dental Plan

DELTA DENTAL | 877-423-3582

WWW.DELTADENTALIA.COM

MEDICAL INSURANCE DOESN'T ALWAYS COVER OTHER TYPES OF CARE.

That's why we offer you the option to enroll in a separate dental plan. Please see a summary of your plan below and review the full plan summary or Certificate of Coverage for details.

HOW TO FIND A NETWORK PROVIDER.

1. Visit the site above, click "Find a Provider"
2. Choose from the "Delta Dental Network Dentist".



SERVICES	PPO DENTIST	PREMIER DENTIST
Preventive Services	100% covered	100% covered
Deductible	\$50	\$75
Basic Services	You pay 30% coinsurance (after deductible), plan pays 70%	You pay 40% coinsurance (after deductible), plan pays 60%
Major Services	You pay 50% coinsurance (after deductible), plan pays 50%	You pay 50% coinsurance (after deductible), plan pays 50%
Annual Maximum	\$1,200 per person per year	\$1,200 per person per year
Orthodontic For dependent children up to age 19	Not Covered	Not Covered

**deductible is waived for diagnostic & preventive services*

Vision Plan

AVESIS | 800-828-9341

WWW.AVESIS.COM

MEDICAL INSURANCE DOESN'T ALWAYS COVER OTHER TYPES OF CARE.

That's why we offer you the option to enroll in a separate vision plan. Please see a summary of your plan below and review the full plan summary or Certificate of Coverage for details.

HOW TO FIND A NETWORK PROVIDER.

1. Visit the site below, click above.
2. Click on "Provider Search" from the top menu..



SERVICES	IN-NETWORK MEMBER COST
Exam 1 every 12 months	Covered under Health Insurance
Contacts 1 every 12 months	Please note: Contact lenses are in place of lenses and frame. <ul style="list-style-type: none">• \$150 plan allowance• Medically necessary covered in full
Frames 1 every 24 months	\$150 plan allowance
Lenses 1 every 12 months	\$15 copay

Per Pay Period Premium Rates Health Insurance Plans

MEDICAL PLANS			
	PPO	HMO	HDHP PPO
EMPLOYEE ONLY	\$130.00	\$82.00	\$66.00
EMPLOYEE & FAMILY	\$318.00	\$192.00	\$152.00

Member Physicians, as owners of the company, pay the full Wellmark premium without an employer subsidy

DENTAL PLAN	
EMPLOYEE ONLY	\$5.18
TWO PERSON	\$9.54
FAMILY	\$17.27

VISION PLAN	
EMPLOYEE ONLY	\$1.84
EMPLOYEE & SPOUSE	\$3.35
EMPLOYEE & CHILD(REN)	\$3.93
EMPLOYEE & FAMILY	\$4.94

Life and AD&D Insurance

THE STANDARD | 800-628-8600

WWW.STANDARD.COM



EMPLOYER-PAID LIFE AND AD&D

Life insurance pays a benefit (called a death benefit, which is usually a lump sum) to a beneficiary (whomever you choose to receive the benefit) after your death. If you have a life insurance policy on a family member (such as your spouse or your child(ren)), you would receive the money if that family member died. This money can help replace your income. **100% of the cost of this benefit is covered by Radiology Consultants of Iowa.**



EMPLOYEE-PAID LIFE AND AD&D

You have the option to purchase a greater amount of Life and AD&D coverage. Decide whether this extra benefit is worth the cost of coverage for you and your family. To figure this out, ask a few questions:

How would your family's finances be affected if you died?

How much of your paycheck is used for monthly living expenses?



LIFE AND AD&D BENEFIT*

Life and Accidental Death & Dismemberment

Employee: 1 x annual earnings, rounded to the next higher multiple of \$1,000 up to \$50,000

Spouse: Flat \$5,000 (AD&D not available)

Child(ren): Flat \$2,500 (AD&D not available)

*Employee must work a minimum of 35 hours per week to be eligible for the spouse and/or dependent benefits

EMPLOYEE-PAID LIFE AND AD&D BENEFITS

Employee

Increments of \$10,000 up to \$500,000 or 6 times earnings.

Guaranteed Issue up to \$50,000.

Spouse

Increments of \$5,000 up to \$250,000 or 100% of employee.

Guaranteed Issue up to \$10,000.

Children

Increments of \$1,000 for children up to \$10,000.

Guaranteed Issue up to \$10,000.

New Hire Guaranteed Issue is the amount you can elect before you are required to complete a health questionnaire, otherwise known as **Evidence of Insurability (EOI)**.

Monthly Voluntary Life Insurance Plans

Monthly Employee
Premium per \$1,000 coverage

Age	Life/AD&D	Age	Life/AD&D
<30	\$0.060	50-54	\$0.329
30-34	\$0.064	55-59	\$0.423
35-39	\$0.084	60-64	\$0.647
40-44	\$0.124	65-69	\$1.200
45-49	\$0.217	70+	\$4.955

Monthly Spouse
Premium per \$1,000 coverage

Age	Life	Age	Life
<30	\$0.060	50-54	\$0.329
30-34	\$0.064	55-59	\$0.423
35-39	\$0.084	60-64	\$0.647
40-44	\$0.124	65-69	\$1.200
45-49	\$0.217	70+	\$4.955

Coverage	Monthly Premium (no matter how many children being covered)
Per \$1,000	\$0.18

Employee Assistance Programs

EMPLOYEE ASSISTANCE PROGRAM (EAP)

You have access to easy, **convenient and confidential** experienced clinicians and professional staff **24 hours a day**.

The Employee Assistance Program (EAP) is **available to all employees and members of your household**, whether you are enrolled in a medical plan or not.

The EAP can help with challenges like:

- mental wellness
- financial planning
- retirement planning
- stress & anxiety
- substance abuse
- and more



CALL: Employee and Family Resources (EFR)

Toll-free 800-327-4692

- Virtual Counseling
- 6 sessions face to face sessions per year
- Timely appointment
- Immediate in Emergencies
- Toll-free, 24/7 nationwide: 800-327-4692

Employee Assistance Programs



EFA EMPLOYEE & FAMILY RESOURCES

Radiology Consultants of IA

Call (800) 327-4692 to Access Your Benefit

Employee Assistance Program

Get To Know Your Benefits

Your Employee Assistance Program (EAP) provides a variety of counseling, consultations, resources, and coaching benefits for you and your family members. Your EAP benefits are **cost-free** to you, **confidential**, and available **24/7/365**.

We Can Help With:

- Stress Management
- Relationship Concerns
- Personal Growth
- Anxiety or Depression
- Legal Issues
- Identity Theft
- Tax Questions
- Elder Care
- Financial Concerns
- Budgeting and Debt

EAP Benefit Summary

Phone-Based Support

unlimited

Call us any time you have an issue, concern, or question. You have 24/7 access to masters-level clinicians.

In-Person or Telehealth Counseling

6 sessions per issue per year

Arrange in-person counseling sessions with a licensed mental health therapist near your home or work. Each family member is eligible.

Telephonic Life Coaching

6 sessions per year

Speak with a life coach and receive tailored advice on matters involving time management, work-life integration, goal setting, communication skills, and other areas of personal growth.

Telephonic Financial Consultation

1 30-min session per issue

Speak with a financial professional about each separate issue, and access a free financial check-up, financial library, and a variety of other financial tools by visiting efr.org.

In-Person or Telephonic Legal Consultation

1 30-min session per issue

Meet with a licensed attorney with expertise in your area of need. Visit efr.org for more information regarding retention and self-help legal documents.

Eldercare Resources

as needed

Access information, referral resources, and support involving the care for an aging family member.

Childcare Resources

as needed

Receive childcare resource referrals where locally available. All referrals are state licensed/certified childcare providers.

Identity Theft Resolution Services

as needed

Receive assistance with restoring identity and good credit from a highly trained FCRA certified fraud resolution specialist or licensed attorney.

Additional Benefits

provided regularly

Stay up-to-date by reading our monthly newsletter, watching our webinars, and/or completing self-assessments. Visit efr.org for more information.

Life Happens. We're Here to Help.

Get Connected:



505 Fifth Ave, Suite 600

efr.org



Scan the QR Code below to see the Aflac Insurance Plans

Aflac helps with expenses
health insurance doesn't cover,
so you can care about
everything else.



Or, visit your benefits page at:
www.aflacenrollment.com/Radiology
ConsultantsoflowaRCI/CD88809269
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Aflac's family of insurers American Family Life Assurance Company of Columbus and/or American Family Life Assurance Company of New York, and/or Continental American Insurance Company (CAIC) and/or Continental American Life Insurance Company.

Aflac | WWHQ | 1932 Wynnton Road | Columbus, GA 31999

Aflac New York | 22 Corporate Woods Boulevard, Suite 2 | Albany, NY 12211

Continental American Insurance Company | Columbia, SC

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Your benefits aren't complete without Aflac



- 1 Aflac helps with expenses health insurance doesn't cover:** Health insurance pays doctors and/or hospitals. Aflac pays cash directly to you, unless assigned otherwise. You can use your benefits your way — whether it's for leftover medical bills or any other expense that affects your financial security.
- 2 Aflac belongs to you, not your company:** When you have an Aflac insurance policy, it's yours. You own it. Even if you change jobs or retire, you can take your Aflac policy with you.
- 3 Aflac is affordable:** Our policies are designed to help meet individual needs and budgets. We'll be there to help in your time of need when you're hurt or sick. And, Aflac rates don't go up even when you file a claim.
- 4 Aflac processes claims quickly:** Aflac provides prompt service and fast payment of qualified claims to help you pay your bills. While you're focusing on your health, we focus on getting you cash as quickly as possible.
- 5 Aflac is accountable:** Aflac has been named to Ethisphere's list of World's Most Ethical Companies¹ 17 years in a row *and* FORTUNE's list of World's Most Admired Companies 22 times.²
- 6 Aflac cares:** For more than 28 years, Aflac has made helping children and families facing pediatric cancer and other blood disorders a key component of its mission to give back to the community. Aflac's more than \$165 million commitment has positively affected both childhood cancer and rare blood disorders, including sickle cell disease. Much of Aflac's support comes from its independent sales agents who donate from their monthly commission checks, as well as Aflac employees who contribute each month through payroll deduction.

To learn more, contact your Aflac benefits advisor, **Brittany White**, local representative, at **319.538.6868** or **B7_White@us.aflac.com**.



¹Ethisphere Magazine, March 2023.

²FORTUNE 2023. World's Most Admired Companies are registered trademarks of Time Inc. and are used under License. FORTUNE and Time Inc. are not affiliated with, and do not endorse products or services of Aflac.

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DO YOU HAVE QUESTIONS ABOUT YOUR BENEFIT PROGRAMS AND AREN'T SURE WHO TO CONTACT?

The TrueNorth TrueAdvocate Team is here to help!

Monday - Friday | 7:30 a.m. to 5:00 p.m. CT

Our team can assist with:

- Benefit coverage questions
- Ordering an ID card
- Claim questions and explanation
- Finding a form
- Provider search
- Choosing a plan that works for you



(888) 655-9980



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@truenorthcompanies.com



