



Employee Benefits 2011

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For More Information

If you have any questions about the benefits available to you as an employee of Insight Imaging, please feel free to contact the Human Resources Department at **949.282.6000**. You may also visit our website as well as the websites of our carriers and service providers as follows:

Insight Imaging Benefits Website

www.benefitsight.com/insight

Username: insightimaging

Password: benefits

Wellness

Anthem 360° Health: www.anthem.com/ca

Global Fit: www.globalfit.com

Carriers and Service Providers

Anthem Blue Cross: www.anthem.com/ca

Vision Service Plan: www.vsp.com

Health Advocate: www.healthadvocate.com

Charles Schwab 401(k) Plan: www.schwab.com/workplace

CIGNA: www.cigna.com

CIGNA Life AssistanceSM EAP: www.cignabehavioral.com/cgi

CIGNA Healthy Rewards (link from EAP website): u: rewards, p: savings

Important Notice

The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Consult the Summary Plan Descriptions to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plans. In case of a conflict between your plan documents and this information, the plan documents will govern. The availability of a plan or program may vary by geographic service area. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of our carriers or our broker. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. While this material is believed to be accurate as of the print date, it is subject to change. Notice of change shall be provided in accordance with applicable state and federal law.

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A Strong Tradition

Insight Imaging is committed to providing you with a comprehensive, high quality, affordable employee benefits program that meets your family's needs and serves as an integral and valuable component of your total compensation package. Designed to provide you and your dependents with protection and security, this program allows you to choose the plans and coverage that are right for you.

2011 Benefits at a Glance



Wellness Plan

The Anthem 360° Health wellness plan includes a health assessment and a variety of resources and tools to help you live a healthier life



Medical Insurance

Lumenos HSA Plan – The Lumenos HSA plan includes a Health Savings Account (HSA) feature which allows you to set aside pre-tax dollars to pay for eligible health care expenses – and with the Lumenos HSA plan, Insight Imaging will contribute up to \$650 per year for individuals and \$1,300 per year for families to your HSA



Dental Insurance

PPO Dental Plan – The PPO dental plan provides greater benefits when you receive care from a contracted dentist; you may also see non-network dentists for your dental care

Indemnity Plan – The indemnity dental plan, which allows you to receive care from the dentist of your choice, includes 100% coverage for preventive care and 50% coverage for orthodontic care



Vision Insurance

Vision Service Plan – VSP provides coverage for eye exams once each year and pays for new lenses and frames once every two years



Disability Insurance

Short-Term Disability (STD) – The STD plan is voluntary and allows you to purchase up to \$1,250 in weekly disability income benefits

Long-Term Disability (LTD) – The LTD plan covers 60% of your earnings up to \$10,000 per month, after a 180 day waiting period



Life Insurance

Basic Life – All eligible full-time employees are provided with one times their annual salary up to a maximum of \$200,000 in basic group life insurance

Voluntary Life – You may purchase additional group term life insurance in amounts up to five times your annual salary



Flexible Spending Plans

Health Care FSA – You may set aside up to \$3,000 pre-tax per year to pay for eligible health, dental and vision care expenses

Dependent Care FSA – You may pay dependent care expenses of up to \$5,000 per year on a pre-tax basis

Limited FSA – The Limited FSA allows those employees who enroll in the Lumenos HSA plan to set aside additional dollars (up to \$3,000) to cover their eligible dental, vision, and preventive expenses



Retirement Plan

401(k) Savings Plan – The 401(k) Savings Plan provides you with a wide array of investment options to help you save for a secure retirement



A Strong Commitment to Wellness

In 2011, Insight Imaging is continuing its commitment to health and wellness with Anthem 360° Health, a wellness plan designed to help you manage the most important part of your life...your health.

We applaud your willingness to become more knowledgeable about your health in the last couple of years. In 2011 we have partnered with Anthem to bring you the 360° Health programs as part of your Lumenos HSA plan. 360° Health surrounds you with programs and services that help you get healthy, stay healthy and live better.

Start Your Journey to a Healthier Lifestyle Today

Living a healthy lifestyle provides tremendous benefits from more energy, less stress and feeling better to a reduction in chronic diseases and lower medical costs. Collectively, when we live a healthier lifestyle, we all share in the benefits. A healthier workforce means less money spent on health premiums, less absenteeism and more productivity.

With the 360° Health wellness plan, healthy lifestyle changes are within your reach. 360° Health is a powerful web-based tool that provides a wide range of health and wellness programs that help you take charge of your life and your health.

Get to know your health

Looking for ways to be healthier? Just look around. Through 360° Health, you're surrounded by tools, resources and programs that can help you and your family live healthier. Best of all, there are no additional costs. It's all part of your Lumenos HSA plan. And when it comes to your health, there's no such thing as too much information. You'll find loads of reliable health information in the member section of the Anthem Blue Cross website. Always secure and confidential, this site also includes tools and resources to help you learn more about your health.

1

Register for the Program

It's easy to register. Go to the Anthem Blue Cross website (www.anthem.com/ca) and register as a member to gain access to all Anthem resources.

2

MyHealth@Anthem

Determine your body mass index, check out your risks for certain health conditions and learn more about your general health. MyHealth@Anthem can be your prime resource for information you can trust.

3

MyHealth Assessment

Get to know yourself better. Just take the MyHealth Assessment. You'll get a snapshot of your current health status. You'll also be able to zero in on potential health risks, so you can take action to lower them. The assessment is also a great resource to share with your doctor.

4

Take Advantage of the Special Offers

Saving money is good. Saving money on things that are good for you – that's even better. With our special offers, you get members-only discounts on healthy lifestyles products and services. You can save on fitness gear, health and wellness books, maternity and baby items, weight loss programs, eyeglasses, health and beauty products, gym memberships – too many discounts to list them all here.



Surround Yourself With Better Health

Find extra support when you need it the most

When it comes to tackling a health issue or reaching a health goal, there's no reason to go it alone. Recruit the assistance of a health expert who can give you the guidance you need – when you need it the most.

24/7 NurseLine

Your health concerns don't keep normal business hours. That's why 24/7 NurseLine is available to you anytime, day or night. Call the toll-free number on your ID card to talk with a nurse about a general health question or for information about an urgent health concern. Depending on your health issue, you may receive a follow-up call to make sure you've taken the necessary steps to access medical care.

MyHealth Coach

Partner with a personal nurse or health coach who can help you reach your personal health goals. Your MyHealth Coach can help answer questions about a health concern or help you navigate your benefits. You can even get educational support for conditions like high blood pressure, high cholesterol, lower back pain, certain types of cancer, hip replacements, knee replacements and more.

Future Moms

Moms-to-be are only a phone call away from a nurse who can discuss pregnancy-related matters. The Future Moms program also includes other prenatal goodies, such as a book about pregnancy, and a week-by-week pregnancy tracking tool.

Healthy Lifestyles: Online

When it comes to staying healthy, eating right and exercising, you need a plan that works for you. With Healthy Lifestyles: Online, you have access to a suite of interactive resources to help you build a personal health improvement plan based on your goals, learn about diet and nutrition tips or find information on exercises. You'll even be able to link into an online community, where you can find support to help you quit smoking or lose weight.

Healthy Lifestyles: Tobacco-Free

There's more than one way to kick the habit. Through the Healthy Lifestyles: Tobacco-Free program, you'll receive a personalized quit plan that's tailored to your unique needs. Plus, you'll never be too far from the support and motivation you need. We're there for you by telephone and the web. Nicotine replacement therapy is available, too.

Healthy Lifestyles: Healthy Weight

When it comes to maintaining a healthy weight, one size does not fit all. Through the Healthy Lifestyles: Healthy Weight program, we'll help you create a healthy weight plan that's tailored to you. Then, we'll provide telephone and online support to help keep you motivated and on track. You'll even be able to link into an online community, so you can find support from others.

Take control of a health condition

If you have a chronic health condition, you know how important it is to stay on top of it. That's why we offer personalized management programs that can help you take control.

ConditionCare

Just because you're living with a chronic condition doesn't mean you've lost control of your health. The ConditionCare program can help you better manage chronic conditions including asthma, diabetes, heart failure, coronary artery disease (CAD) and chronic obstructive pulmonary disease (COPD). Our dedicated nurse coaches work with you to help you take steps toward better health.

ComplexCare

If you are dealing with a complex health issue, such as having multiple health conditions, you may like the added support offered through the ComplexCare program. Personalized nurses will help coordinate your care, offer health and lifestyle coaching, and give you strategies that will help you better manage your health.

www.benefitsight.com/insight
username: insightimaging
password: benefits



The Insight Imaging Benefits Website

Before you enroll in the Insight Imaging benefit plans, it is important to be as informed as possible on the choices that are available to you in 2011. In an effort to make all the necessary information available and easy to access, we have a benefits website available to all employees. This website will give you access to more detailed benefit plan descriptions, eligibility rules, premium contribution schedules, enrollment information and claim forms, and an array of health and wellness resources. The information on the benefits website will help you make an informed decision about enrollment in our benefit plans.

To access the Insight Imaging benefits website, go to www.benefitsight.com/insight, the gateway to our site. Once you reach the gateway, use the following username and password to gain access:

Username: insightimaging
Password: benefits

Once you enter the Insight Imaging benefits website, navigation is easy. You will notice a menu bar across the top of the web page with links to benefit plan descriptions, health and wellness resources and a forms library with claim and enrollment forms. You can even link to the **Anthem Blue Cross website** where you can register to gain access to decision making tools, health information plus many other resources. It is also a convenient way to order new ID cards, check claims status, find out the cost of services, learn about doctors and hospitals and so much more.

You may visit the benefits website as often as you like during the plan year. Please remember to bookmark the site for future use.

Who is Eligible?

All regular, full-time employees who work at least 32 hours per week are eligible to participate in the Insight Imaging benefit plans. Your coverage will become effective on the first day of the month following 30 days of continuous employment. You must be actively at work for your coverage to be effective on your eligibility date. You may also enroll your eligible dependents in the Insight Imaging benefit plans.

Your eligible dependents include your legal spouse or your domestic partner. Eligible dependents also include your unmarried dependent children, whether natural, adopted, step, foster, or those for whom you have legal custody by court decree to the age of 26.



How Does Health Care Reform Change the Insight Imaging Benefit Plans?

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as Health Care Reform, adds new requirements to health insurance plans in the United States. The Insight Imaging plan already incorporates several features that are now, or will become, required under PPACA, including offering unlimited lifetime benefit maximums, covering preventive care at 100% and not including pre-existing condition limitations.

Changes to the Insight Imaging medical plan effective January 1, 2011, include:

Expanded Dependent Eligibility – Effective January 1, 2011, PPACA allows you to enroll your children up to age 26 in medical coverage. If your adult children already “aged off” the Insight Imaging plan, and are eligible again under the expanded dependent eligibility rules, you may enroll them for coverage effective January 1st.

FSA Changes – A Health Care FSA allows you to use pre-tax dollars to pay for your medical, dental, vision and prescription drug expenses. Effective January 1, 2011, you may no longer use your Health Care FSA money for over-the-counter medications or drugs, unless you have a prescription.

HSA Changes – Effective January 1, 2011, you may not use your HSA money for over-the-counter medications or drugs, unless you have a prescription. HSA users will face a 20% tax penalty in ineligible distributions from the HSA account (increased from 10% in 2010).

Cost of Coverage

How You Pay for Health Care Costs

You share the cost of health care services with Insight Imaging and the Lumenos HSA Plan. Please review the following types of costs:

Premium

A premium is the cost you pay for your medical insurance. You and Insight Imaging share this cost. You pay your portion through pre-tax payroll deductions. For example, in the Lumenos HSA plan, your portion of the employee only premium is \$45 per pay period.

Copay

A copay is a set payment you make for a specific service. For example, in the Lumenos HSA plan you will have a \$10 copay for a 30-day supply of a generic prescription drug, after you satisfy your deductible.

Coinsurance

When you are paying coinsurance, you are sharing a percentage of the cost of services with the medical plan. For example, in the Lumenos HSA plan, after you satisfy your deductible, you will pay 20% coinsurance for most medical care that you receive from preferred providers.

Out-of-Pocket Maximum

The annual out-of-pocket maximum protects you from major medical expenses. This is the most you would pay for eligible expenses during a plan year. Once you reach the out-of-pocket maximum, the plan pays 100% of the usual, customary and reasonable charges for covered services. For example, if you are enrolled in employee only coverage in the Lumenos HSA plan, your calendar year out-of-pocket maximum for in-network care is \$3,000.

Deductible

A deductible is the amount you must pay before the medical plan begins sharing the cost of services. You pay this full amount, if required by your plan, before the plan pays benefits. For example, if you are enrolled in employee only coverage in the Lumenos HSA plan, you must pay \$1,500 over the course of the year before the plan pays any benefits.

$$\begin{array}{r} \text{Premiums} \\ + \text{Out-of-Pocket Costs} \\ \hline = \text{Total Cost of Health Care} \end{array}$$

Your Total Cost of Health Care

Remember, your total health care cost for the year is the combination of your out-of-pocket expenses when you access medical care and the premium payments you make for your coverage.

With the Lumenos HSA plan, your out-of-pocket expenses are offset by the \$650 contribution for employee only coverage or the \$1,300 contribution for family coverage that Insight Imaging makes to your HSA. You can also reduce your out-of-pocket expenses by contributing dollars on a pre-tax basis to your HSA and using these dollars to pay for qualified health care expenses.



Medical Insurance

Medical insurance is an important component of the Insight Imaging benefits program. A quality medical insurance plan provides you with protection against the financial uncertainty that can come with treating a major illness or injury. Our medical insurance plan offers you the peace of mind of knowing you have that financial protection. Insight Imaging offers employees the Lumenos HSA plan.

The Anthem Blue Cross Lumenos HSA Plan

Anthem Blue Cross' Lumenos plan combines a high-deductible health plan with a health savings account (HSA), funded by you with pre-or post-tax contributions. You can use the money in your HSA to pay for medical care and prescriptions that go toward satisfying your annual deductible. Once you've satisfied this deductible, your traditional PPO health coverage kicks in. You'll pay the appropriate coinsurance for covered services, up to your plan's annual out-of-pocket maximum. If you've met your annual out-of-pocket maximum, the plan will pay 100% of the cost of your covered services, up to the allowed amount.

! Did you know

Once open enrollment concludes, you will be locked into the benefit elections you've made for the 2011 plan year. Therefore, we suggest that you choose your health plan carefully since you will be making an annual commitment to the plan you select. If you have any questions about which plan is best for you and your family, feel free to call the Insight Imaging Human Resources Department at **949.282.6000**.

Preventive Care is Covered

With the Lumenos HSA plan, preventive care, including routine physicals, immunizations and well child visits are not subject to the deductible and are covered at 100%.

The Lumenos HSA plan also has a preventive medication feature that provides coverage for some preventive medications without first meeting the deductible. If you have certain conditions like hypertension, high cholesterol, diabetes, asthma and osteoporosis, you may be able to get your preventive medications for the same copay or coinsurance that would normally apply once you've met your deductible. For a list of these preventive medications, visit the benefits website.

Using your Lumenos HSA plan

Getting access to care and filling a prescription is easier than you may think. Here's what to expect.

Show your ID card

After you've enrolled, you'll receive your Anthem Blue Cross ID card. Just present this ID card when you visit your provider.

Schedule a preventive care appointment

If you're receiving covered preventive care services, don't forget to tell your doctor that your plan covers up to 100% of the service — as long as you receive care from a network provider. (See your Plan Summary for details.)

Visit any licensed doctor or hospital

With Anthem's Lumenos plan, you can visit any licensed doctor, hospital or medical provider you want. However, the method of payment and the cost of the service may vary, depending on whether the doctor is in Anthem's network or not.

Network providers:

If your provider participates in Anthem's network, the office staff will usually take care of most of the work. Typically, you won't pay at the time you receive service. Instead, the office staff will photocopy your ID card and file the claim for you. It is important to allow them to file the claim on your behalf before you pay so you benefit from the network discounts.

- » After your claim is processed, Anthem will send you and your provider a Claim Recap which shows the total cost of the service, the "allowable charge" (the provider's contracted rate) and the amount you are responsible for paying.
- » Your provider will send you a bill for any charges you are responsible to pay.
- » If you have enough funds in your HSA, you can use your HSA debit card or check to pay the bill. If you do not have adequate funds in your HSA or you choose not to use your HSA, you will need to pay out of your own pocket.
- » The amount you pay on covered services will go toward your deductible and out-of-pocket maximum.

Out-of-network providers:

If you see a provider who isn't in the network, you may have to pay for your service at the time of your appointment. Keep in mind: You may be responsible for the total cost of service when using an out-of-network provider. If you have money available in your account, you can use your HSA debit card or check to pay for the service or you may pay out of pocket. Your provider may file the claim for you. Or, you may have to file the claim yourself to help ensure your covered expenses are applied to your plan's annual deductible and out-of-pocket maximum. You can get a claim form at the Anthem Blue Cross website.

A Quick Overview of the Lumenos HSA Plan and the HSA

Anthem Blue Cross Lumenos HSA Plan

- » A comprehensive medical insurance plan that lets you obtain care from the providers of your choice
- » There is never a need to use a primary care physician or obtain authorization for referrals to specialists
- » \$1,500 deductible for a single individual; \$3,000 aggregate family deductible
- » 80% in-network coverage for most covered services after you satisfy your deductible
- » 70% coverage for most covered services for care received outside of the network
- » Unlimited maximum benefits
- » Annual out-of-pocket maximum limits to protect you from high costs

The Health Savings Account

- » For single individuals, Insight Imaging will contribute \$650 over the course of the plan year to your HSA; for families, Insight Imaging will contribute \$1,300 over the course of the plan year to your HSA
- » You can contribute additional pre-tax dollars to your HSA; however the total contributions cannot exceed \$3,050 for single coverage and \$6,150 for family coverage in 2011
- » Your HSA deposits will earn interest, just like regular savings accounts
- » Insight Imaging's contributions and your contributions are federal income tax-free, and the interest on your account grows tax-free
- » Withdrawals are tax-free, as long as they are used to pay for eligible health care expenses
- » Your HSA account comes with a debit card so it's easy to pay for qualified out-of-pocket expenses

Important Notes about the Lumenos HSA Plan:

Because HSAs are tax-advantaged, the government has established specific rules about participating in and funding an HSA. Our plan guidelines also govern the method and timing of the contributions that Insight Imaging will make to your HSA. A partial listing of some of the important HSA rules follows below:

1. The Lumenos HSA plan has an aggregate family deductible and family out-of-pocket maximum. This means that if you cover your dependents, you must pay the total family deductible before the plan begins to share costs with you. You must also meet the total family out-of-pocket maximum before the plan pays 100% of the usual, customary and reasonable charges for covered services
2. There are specific rules about using or opening an HSA if you or your dependents are currently entitled to or enrolled in Medicare. Please visit the IRS website (www.irs.gov) for more information.
3. Insight Imaging's contributions to your HSA will be made at the end of each pay period. This means that you will not have access to the entire annual company contributions at the beginning of the plan year. Instead, the company contributions will accrue over the course of the year
4. You may make additional contributions to your HSA. However, the maximum amount of your HSA contributions, combined with the company HSA contributions, cannot exceed \$3,050 for single coverage and \$6,150 for family coverage in 2011
5. You must continue to be employed with Insight Imaging on a full-time basis to receive a company HSA contribution. Those who become ineligible for coverage with Insight Imaging but choose to continue their coverage in the Lumenos HSA plan under COBRA will not receive the company HSA contribution
6. You can enroll in a Limited FSA. The Limited FSA will allow you to set aside pre-tax dollars to cover your unreimbursed dental and vision expenses.
7. In a limited number of states, state income taxes will apply to your HSA contributions. Although the company contributions and your own HSA contributions will not be subject to federal income taxes, in some states you will still be responsible for state income taxes on the money deposited into your HSA. A complete listing of those states that have not yet approved the state income tax deduction for HSAs can be found on the Insight Imaging benefits website at www.benefitsight.com/insight





Medical Insurance

ANTHEM LUMENOS HSA		
Company HSA Contributions	\$25.00 per person per pay period; \$50.00 per family per pay period	
	In-Network Care	Out-of-Network Care
Calendar Year Deductible	\$1,500 per person, \$3,000 per family	
Calendar Year Out-Of-Pocket Maximum	\$3,000 per person \$6,000 per family	\$5,000 per person \$10,000 per family
Lifetime Maximum Benefit	Unlimited	
Physician Office Visit	80% after deductible	70% after deductible
Specialist Physician Office Visit	80% after deductible	70% after deductible
Preventive Care	Covered at 100%; deductible waived	70% after deductible
Inpatient Hospital Care	80% after deductible	70% after deductible
Emergency Room Services	80% after deductible	80% after deductible
Benefits for Most Covered Services	80% after deductible	70% after deductible
Retail Prescriptions	After satisfaction of the combined medical/prescription drug plan deductible, the following copays will apply: \$10 Generic \$30 Brand Formulary 50% Non-Formulary	Covered at 70% after satisfaction of the combined medical/prescription drug plan deductible and the following copays: \$10 Generic \$30 Brand Formulary 50% Non-Formulary
Mail Order Prescriptions	Covered at 2x the retail copay level for up to a 90 day supply	Not applicable
MEDICAL INSURANCE PREMIUMS		
	Pay Period Cost	Annual Cost
Employee Only	\$45	\$1,170
Employee + Spouse/Domestic Partner	\$80	\$2,080
Employee + Child(ren)	\$80	\$2,080
Employee + Family	\$140	\$3,640

Percentages shown in the above plan descriptions represent the coinsurance percentages paid by the health plan
Copays shown in the above plan descriptions are paid by the employee



Dental Insurance

Insight Imaging offers two dental insurance plans: a PPO dental plan and a traditional indemnity dental plan. Choosing the right dental plan is important. After considering your anticipated dental needs for the coming year, you can determine which dental plan will work best for you and your family by reviewing the deductibles, copays, and services covered under each plan. If your dentist is a participant in the Anthem Blue Cross PPO dental network, you may be able to take advantage of the higher benefits available within the network. If your dentist does not participate in the PPO network, you may be better off enrolling for coverage in the traditional indemnity dental plan. Both dental plans allow you to seek services from the dentist of your choice, and each member of your family can use their own dentist. Each plan offers extensive dental coverage for preventive, basic and major care. In addition, both plans offer orthodontic coverage for children and adults.

	PPO DENTAL BLUE		INDEMNITY BLUE	
	In-Network Care	Out-of-Network Care*		
Calendar Year Deductible	None	None	\$50 per person \$150 per family (Waived for preventive care)	
Calendar Year Maximum Dental Benefit	\$1,500	\$500	\$1,500	
Diagnostic and Preventive Dental Care	100%	60%	100%	
Basic Dental Care	90%	50%	80%	
Major Dental Care	60%	40%	50%	
Orthodontic Care	50%	40%	50%	
Orthodontic Care Lifetime Maximum Benefit	\$1,250	\$800	\$1,000	
DENTAL INSURANCE PREMIUMS				
	Pay Period Cost	Annual Cost	Pay Period Cost	Annual Cost
Employee Only	\$16	\$416	\$26	\$676
Employee + Spouse/Domestic Partner	\$28	\$728	\$44	\$1,144
Employee + Child(ren)	\$28	\$728	\$44	\$1,144
Employee + Family	\$44	\$1,144	\$60	\$1,560

*Benefits from non-participating providers are subject to reasonable and customary charge limits



Vision Insurance

Vision examinations not only determine the need for corrective eye wear but also may help detect other general health problems such as glaucoma, cataracts, and diabetes. Plus, eye exams for children can help detect problems that can impact learning and development.

Insight Imaging offers vision care benefits for you and your eligible family members through Vision Service Plan (VSP). **When you enroll in the Insight Imaging medical insurance plan, you will be automatically enrolled in VSP.** There are no additional premiums for you to pay to enroll for vision insurance. The coverage level you choose for medical insurance (that is employee only or family coverage) will be the same as for your vision insurance coverage.

Your VSP benefits will be highest when you use ophthalmologists, optometrists, and other eye care professionals who belong to the VSP network. Coverage is also provided for services rendered by non-participating vision care providers. Vision care services obtained from non-participating providers will be reimbursed based on a limited fee schedule. For out-of-network claims payment you may be required to pay the entire bill for the services you receive and send your itemized receipt to VSP for reimbursement.

Dollar for dollar you get the best value from your vision insurance when you visit a VSP network provider. If you decide not to see a VSP provider, the plan copays will still apply. The choice is yours – either way, your VSP benefits are a valuable part of your overall benefits.

BENEFIT DESCRIPTION	SERVICES PROVIDED BY A VSP PARTICIPATING PROVIDER
Examination copayment	\$10
Materials copayment	\$25
Single vision lenses	Paid in full
Bifocal lenses	Paid in full
Trifocal lenses	Paid in full
Frames*	Covered up to \$120
Contact lenses (instead of prescription glasses)	Covered up to \$120

* Some frames may exceed the plan allowance. However, VSP covers a wide selection of attractive frames, and your VSP benefits provide guaranteed savings whether you choose a frame that is covered in full or one that exceeds the plan allowance. If you choose a frame valued at more than the plan allowance, the difference you pay is based upon VSP's low, discounted member pricing



Disability Insurance

Insight Imaging provides two types of disability income protection: a voluntary short-term disability (STD) plan and a company sponsored long-term disability (LTD) plan.

Short-Term Disability (STD)

The Insight Imaging voluntary STD plan through CIGNA provides you with disability income benefits for disabilities resulting from a non-occupational injury or illness. The highlights of the STD plan include the following:

- » Benefits begin following 7 or 14 days of disability, depending on the plan you select
- » Benefits equal 60% of your weekly salary up to a maximum of \$1,250 per week (benefits are payable at 40% for employees in California, New York, New Jersey, Rhode Island, and Hawaii due to state disability laws)
- » Benefits are payable up to 25 weeks with the 7 day option and 24 weeks with the 14 day option, as long as you remain disabled

STD coverage is guaranteed as long as you enroll during your initial eligibility period. Those who do not enroll during their initial eligibility period will be considered late entrants and will be required to complete a health questionnaire in order to qualify for coverage. STD coverage will not take effect for late entrants until approved by CIGNA.

Long-Term Disability (LTD)

The greatest threat to your earning power is illness or injury for an extended period of time. If you are disabled for 180 days or longer due to a non-occupational illness or injury, Insight Imaging provides you with LTD benefits through CIGNA. The LTD plan is designed to provide you with a reasonable level of income replacement in case you can no longer work due to a disability. Insight Imaging pays the premiums for this plan. The highlights of the LTD plan include the following:

- » Benefits begin following 180 days of disability
- » Benefits equal 60% of your monthly salary up to a maximum monthly benefit of \$10,000
- » Benefits are payable for as long as you remain disabled or until you reach age 65 (in some cases, depending on your age, benefits may be payable beyond age 65)

Voluntary STD Plan Premiums

Because the STD plan is voluntary, you will be responsible for the required premium payments under this plan. If you would like to calculate your cost before you enroll, you can follow these steps: first, take your weekly salary and divide it by 10; then, multiply the number you've come up with by either .40 (if you live in California, New York, New Jersey, Rhode Island or Hawaii), or by .60 (if you live in any other state). Next, multiply this number by the rate from the table below based on your age, your state of residence, and the plan you've selected. This will give you your monthly premium cost for STD coverage.

COST FOR EMPLOYEES WHO RESIDE IN CALIFORNIA, NEW YORK, NEW JERSEY, RHODE ISLAND, OR HAWAII		
Plan	Age	Cost per \$10 of Monthly Benefit
Benefits begin after 7 days of disability	Less than 50	\$0.767
	50 – 59	\$0.949
	60 or older	\$1.062
Benefits begin after 14 days of disability	Less than 50	\$0.615
	50 – 59	\$0.835
	60 or older	\$0.904

COST FOR EMPLOYEES WHO RESIDE IN OTHER STATES		
Plan	Age	Cost per \$10 of Monthly Benefit
Benefits begin after 7 days of disability	Less than 50	\$0.835
	50 – 59	\$1.070
	60 or older	\$1.192
Benefits begin after 14 days of disability	Less than 50	\$0.691
	50 – 59	\$0.941
	60 or older	\$1.055



Life Insurance

Basic Life and AD&D

If you die, your family could face serious financial hardships and might need an alternative source of income to pay off debts and meet their ongoing financial responsibilities. That is the purpose of life insurance – to provide funds for those left behind.

It is also possible that an accident could cause serious injury – the loss of limbs or eyesight, for example. There is special insurance coverage which pays benefits if an accident causes loss of life, limb or sight – it is called accidental death and dismemberment (AD&D) insurance. AD&D pays an amount equal to your life insurance benefit in the event of your accidental death. It also provides benefits for certain accidental injuries. Basic life and AD&D is provided at no cost to you. As an eligible employee of Insight Imaging you are provided with life and AD&D insurance through CIGNA equal to your annual salary, rounded to the next highest \$1,000, up to a maximum of \$200,000.

Voluntary Life

In addition to the basic life insurance, you may purchase additional amounts of individual term life insurance for yourself, your spouse or your domestic partner, and your children. Employees may purchase amounts of voluntary life insurance coverage up to a maximum of \$500,000, not to exceed five times their annual salary. Spouse or domestic partner life insurance is available at 50% of the employee's benefit, not to exceed \$250,000.

Voluntary life insurance coverage for your children may be purchased in increments of \$2,000 up to a maximum of \$10,000. You should consider the following when deciding how much life insurance coverage you might need:

- » If you have dependents that rely on you, how much will they need to pay off current debts such as a mortgage, car loans, or credit card balances?
- » What will it cost your dependents to maintain their current standard of living?
- » What kind of future would you like to provide for your spouse, domestic partner or dependent children or others who rely on you for financial support?

Voluntary life insurance amounts of up to \$100,000 will be issued to you on a guaranteed basis as long as you apply during your initial eligibility period (there is no annual open enrollment period for voluntary life insurance). Coverage amounts of up to \$20,000 for dependent spouses and domestic partners and up to \$10,000 for children will also be issued on a guaranteed basis during your initial eligibility period. Additional amounts of voluntary life insurance above the guarantee issue limits, and any life insurance applied for after your initial eligibility period, are subject to medical underwriting review by CIGNA. This means that you will need to complete an evidence of insurability form when you elect coverage in excess of these guaranteed issue amounts.

Voluntary Life Monthly Premiums

Employee		Spouse/Domestic Partner		Child or Children	
Under age 30	\$0.060 per \$1,000	Under age 30	\$0.082 per \$1,000	\$2,000 per child	\$0.230 per month
30 – 34	\$0.068 per \$1,000	30 – 34	\$0.097 per \$1,000	\$4,000 per child	\$0.460 per month
35 – 39	\$0.091 per \$1,000	35 – 39	\$0.153 per \$1,000	\$6,000 per child	\$0.690 per month
40 – 44	\$0.137 per \$1,000	40 – 44	\$0.261 per \$1,000	\$8,000 per child	\$0.920 per month
45 – 49	\$0.243 per \$1,000	45 – 49	\$0.434 per \$1,000	\$10,000 per child	\$1.150 per month
50 – 54	\$0.425 per \$1,000	50 – 54	\$0.695 per \$1,000	Note: Cost for dependent children life insurance is charged on a per month basis, regardless of the number of children in your family. You will not be charged separately for each child.	
55 – 59	\$0.721 per \$1,000	55 – 59	\$0.966 per \$1,000		
60 – 64	\$1.032 per \$1,000	60 – 64	\$1.372 per \$1,000		
65 – 69	\$1.715 per \$1,000	65 – 69	\$2.049 per \$1,000		
70 – 74	\$2.687 per \$1,000				
75 or older	\$7.186 per \$1,000				

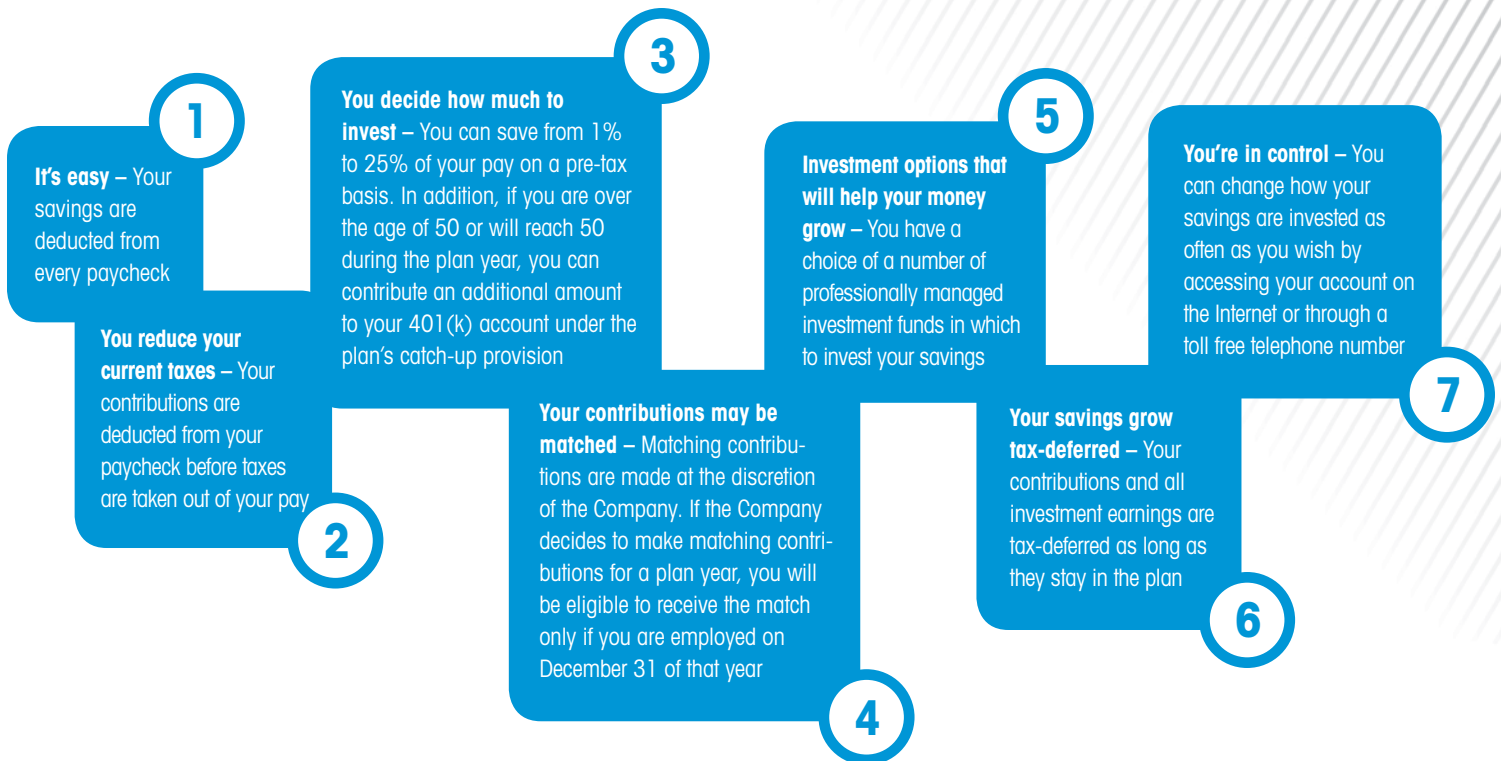
! Naming Your Beneficiary

You may name anyone you wish as the beneficiary who will receive your Life and AD&D insurance benefits in case of your death. Employees can assign their beneficiaries online through UltiPro or by contacting the Insight Imaging Human Resources Department. Once you have selected your beneficiary, your designation will remain unchanged until you update it online or submit a new beneficiary designation form to the Insight Imaging Human Resources Department. You may change your beneficiary as often as you wish.



401(k) Savings Plan

Whatever your age, it is important to prepare for your future financial security. Our 401(k) Savings Plan will help you save for retirement. Listed below are some of the highlights of our 401(k) Savings Plan:



Eligible employees who are regularly scheduled to work at least 32 hours per week may participate in the plan beginning on the first day of the month following one month of employment. Employees who are not regularly scheduled to work at least 32 hours per week must complete one year of service and work at least 1,000 hours in that year before they may participate. A full description of the 401(k) Savings Plan may be obtained from the Insight Imaging Human Resources Department.

For more information, please visit the Charles Schwab website at www.schwab.com/workplace or call, toll free, at **800.724.7526**



Flexible Spending Accounts

One of the valuable benefits Insight Imaging offers is tax savings through three flexible spending accounts (FSAs). An FSA is a type of cafeteria plan authorized under Section 125 of the Internal Revenue Code. FSAs allow employees to purchase certain benefits, such as medical or dental expenses, on a pre-tax basis. When you participate in an FSA via salary reduction you reduce your federal, FICA, Social Security, Medicare, and in some cases state taxes, and increase your take-home pay. The money that is deposited into your FSA comes straight out of your gross pay, therefore avoiding taxes.

Insight Imaging offers three FSA accounts: a Health Care Flexible Spending Account (Health Care FSA), a Dependent Care Flexible Spending Account (Dependent Care FSA), and a Limited Flexible Spending Account (Limited FSA). By funding an FSA with pre-tax dollars, you can increase your net income by lowering your taxes.

The Limited FSA

Employees who enroll for medical insurance coverage in the Lumenos HSA plan will not be eligible to enroll in the Health Care FSA. This is because the federal government specified in the legislation that created HSAs that you cannot be enrolled in a health plan other than a high deductible health plan if you are funding an HSA. Because a Health Care FSA is considered a health plan, you cannot fund an HSA and a regular FSA at the same time.

However, if you enroll for coverage in the Lumenos HSA plan, you will be eligible to participate in a special FSA known as a Limited FSA. A Limited FSA is a pre-tax account that can be used in addition to your HSA. With your HSA and the Limited FSA, you now have two ways to pay for certain out-of-pocket health care expenses that are not covered under your medical insurance plan:

- » Enroll in the Lumenos HSA plan and contribute pre-tax dollars to your HSA; use your HSA to pay your out-of-pocket health care expenses
- » Enroll in the Limited FSA and contribute additional pre-tax dollars to cover your out-of-pocket dental, vision and preventive expenses

The Limited FSA can only be used for reimbursement for a limited list of expenses that are not covered by your medical insurance or are for the following services:

- » Dental treatments and orthodontia, such as fillings, X-rays, braces, caps and mouth guards
- » Eyeglasses, contact lenses, solutions and supplies
- » LASIK eye surgery
- » Vaccinations
- » Flu shots
- » Preventive care services

The Health Care FSA

In today's society, the high cost of medical care is a fact of life. Health care costs can add up and be a significant part of your yearly expenses. Although your health care benefit plans offer you and your family considerable protection against the high cost of health care, you probably have a number of ordinary health care expenses that are not covered under any benefits plan. The Health Care FSA offers a way to better manage these expenses and gain real tax savings, as well. A Health Care FSA is a separate benefit plan that allows you to direct a part of your pay, on a pre-tax basis, into a special account that can be used throughout the year to reimburse yourself for certain out-of-pocket health care expenses. Because this money goes into your Health Care FSA before federal income or Social Security taxes are withheld, you pay less in taxes and, ultimately, have more disposable income. In most cases, your money is exempt from state and local taxes, as well.

With the Health Care FSA you can set aside up to \$3,000 each year on a pre-tax basis to pay expenses you know you're going to have, such as medical and dental plan deductibles, copays, vision care expenses, and other out-of-pocket health and dental care expenses. The dollars you contribute to your Health Care FSA are deducted from your paycheck pre-tax and are available to pay for most medically necessary health care services that are not covered by insurance.

Please note: you can only enroll in this plan if you are not enrolled in the Lumenos HSA medical plan.

The Dependent Care FSA

If your family is like many of today's families, the need for dependent care is very important. You may have dependent children who need day care so that you can work. Or perhaps there is another person living with you, such as an elderly parent, whom you claim as a dependent and who is physically or mentally incapable of self-care. This person may also need care so that you can continue working.

With the Dependent Care FSA you can set aside up to \$5,000 each year to pay for dependent care expenses you incur in order to work (if you're married but filing separately, federal regulations limit the use of a Dependent Care FSA to \$2,500 each year). As with the Health Care FSA, you can save 25% or more on your dependent care expenses, depending on your personal tax rate. You should consult your tax advisor to determine whether the Dependent Care FSA or the dependent care deduction on Internal Revenue Service (IRS) form 1040 would be more advantageous for you

In order to qualify for a Dependent Care FSA the IRS has established the following regulations:

- » An eligible dependent is any child under the age of 13 or an eligible dependent who is physically or mentally incapable of caring for his or her own needs, such as an invalid parent
- » If you claim the dependent care credit on your tax return or collect compensation through your Dependent Care FSA, you must report the name, address, and taxpayer identification number of each dependent care provider. If you do not comply, you will either lose the credit or pay taxes on the funds placed in your Dependent Care FSA

Important Information Regarding Your FSA

The "Use it or Lose it Rule"

Because of the tax-advantaged way that the Health Care FSA, Dependent Care FSA and the Limited FSA operate, the IRS has established strict guidelines for how these accounts may be used. One of these guidelines is known as the "use it or lose it" rule. This rule states that if you contribute your pre-tax dollars to an FSA and then do not use all of the dollars you deposit, you will lose any remaining balance in the account at the end of the plan year. For this reason it is essential that you plan ahead before deciding how much to contribute to your FSA accounts and that you only put in those dollars you are confident you will use.

Annual Commitment

IRS rules require you to re-enroll in your FSA each year – your current FSA contributions cannot be carried over into the new plan year. Therefore, you must make a new FSA election during open enrollment for the 2011 plan year. Once you've enrolled in the Health Care FSA, Dependent Care FSA or the Limited FSA, you cannot change your election unless you experience a change in life status during the plan year. Changes in life status may include, but are not limited to, the following:

- » Marriage, legal separation or divorce
- » Birth or adoption of a dependent child or a change in child custody
- » Death of your spouse or child
- » Change in your employment status or your spouse's employment status that affects benefits coverage
- » Loss of other group benefits coverage that you have

To make changes to your FSA elections you must contact the Insight Imaging Human Resources Department within 30 days of a life status change.

To estimate your potential tax savings by using one of the Insight Imaging FSAs, please use the Discovery Benefits FSA savings calculator which can be accessed at www.discoverybenefits.com.

Examples of Eligible Expenses for Reimbursement from your FSA

- » Deductibles and coinsurance amounts not covered by medical, dental and vision plans
- » Immunizations
- » Copays for birth control pills and other prescription drugs
- » Chiropractic expenses
- » Eyeglasses and contact lenses
- » In vitro fertilization
- » Hearing exams and hearing aids
- » Smoking cessation programs
- » Sterilization fees and surgery to reverse sterilization
- » Routine physicals and other preventive medical care services
- » Orthodontic care
- » Psychological and psychiatric care
- » Surgery to improve vision (LASIK surgery)
- » Prescription vitamins



Employee Assistance Plan

There are times when situations may prove too tough to get through by yourself and your personal concerns may interfere with relationships, job performance, and physical health. Everyone can benefit from help when these difficulties arise.

Insight Imaging offers you and your family members access to confidential, professional assistance through the Employee Assistance Program (EAP). The EAP is a professional counseling service dedicated to assisting Insight Imaging employees and their family members through a period of personal difficulty.

The Insight Imaging EAP is provided by CIGNA's Life AssistanceSM Program. Life AssistanceSM is a toolkit of personal resources and practical solutions to help make your life work better. Whether you need help managing stress or managing relationships, parenting or finding childcare, Life AssistanceSM offers a wealth of information, support and online resources. It's confidential and available 24 hours a day, 7 days a week, at no cost to you.

Our Life AssistanceSM EAP offers you:

- » Phone and online access to experienced, professional consultants – people you can talk with when you need an answer to a question
- » Three face-to-face sessions with consultants on specific issues
- » A website with online educational resources, discounts and much more
- » Referrals to resources, services, and support in your community

Our Life AssistanceSM EAP includes a legal component as well. Life AssistanceSM will provide you with a 30 minute free legal consultation for most legal issues.

You can access the Life AssistanceSM EAP online at www.cignabehavioral.com/cgi (CIGNA Healthy rewards, u: rewards, p: savings), or by phone, toll free, at **800.538.3543**. When you call the Life AssistanceSM toll free number you will be connected to a clinical specialist who will determine the most appropriate type of assistance. You may receive up to three face-to-face visits with an EAP counselor. The EAP counselor can also refer you to appropriate community resources and help you determine how to get the best coverage under the mental health benefits of your medical insurance plan.

GlobalFit

As a supplement to, and in conjunction with, the Anthem 360° Health wellness plan, Insight Imaging also offers additional resources that can help you achieve your fitness goals. Through our affiliation with GlobalFit, Insight Imaging employees now have access to the nation's largest and most comprehensive fitness benefit. GlobalFit offers memberships to health clubs nationwide at substantial savings. The GlobalFit health club network features more than 1,500 fitness clubs nationwide, including most Bally Total Fitness locations. GlobalFit offers the absolute lowest rates—up to 60% off regular monthly rates. If a participating club offers you a lower month-to-month rate than you can get through GlobalFit, GlobalFit will beat their rate, saving you an additional 10% of the difference.

To take advantage of the GlobalFit network, simply go to www.globalfit.com and enter your zip code in the box that says "Find a Fitness Club". You will then be taken to a web page that will ask you to indicate how you are eligible for the GlobalFit network. Click on the letter "I" which will take you to a list of companies that are participating employers in the GlobalFit program. Find Insight Imaging on the list of participating employers, and click on our company name. You will then be directed to a web page that will show you a list of participating fitness clubs in your local area.

Once you click on a participating fitness club, you will be given the option to register with GlobalFit. Once you've registered you will be able to take advantage of your member benefits. You will also be able to print out a guest pass for the health club of your choice, allowing you to experience the club without making a long-term commitment. As a GlobalFit member you will have access to discounted pricing on a variety of health and wellness products including home fitness videos, sporting goods, customized diet programs, and nutritional supplements. If you've made a commitment to the Anthem 360° Health wellness plan, GlobalFit can help you achieve your goal.

Health Advocate

Health Advocate is an innovative advocacy and assistance service founded to address many of the issues employees face when navigating the complex health care and health insurance system. They provide trained health care professionals to give you personalized attention, expert help and support for your health care and insurance concerns. This service is available to you via a toll free number: **866.695.8622**.

Health Advocate specializes in the following areas to assist you in getting the most out of your health care experience:

Advocates of Excellence™

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This program identifies top medical institutions and providers throughout the country to assist you in meeting your health care needs. Your Personal Health Advocate will help to arrange necessary appointments.

Physician Locator™

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For more routine needs, your Personal Health Advocate will assist you in identifying physicians, hospitals, dentists, pharmacies and related health care providers across the country. In addition, your Personal Health Advocate will arrange appointments, verify network participation and coordinate any medical record transfer. This is especially valuable to those looking for a new physician or those who have moved to a new community.

Benefits Advantage™

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Dealing with claims, health care bills and payment arrangements is no easy task. It is time consuming and can be costly if you are not familiar with navigating the health insurance system. Your Personal Health Advocate will help sort out these complex issues for you from working through coverage and clinical issues to negotiating billing overcharges.

In addition, your Personal Health Advocate can assist you in reviewing and completing the appeals process should you have clinical care denied. Health Advocate will also assist in identifying alternative coverage options when necessary.

SavingsNet

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In situations where it is determined that you or a family member are not covered for a specific service under the Insight Imaging health plan and are left entirely responsible for the cost of the service, Health Advocate will help you search for alternative options including eligibility for a government program, a community service grant, or a compassionate use program. In the event that none of these options are available, Health Advocate will also attempt to negotiate discounts from healthcare providers to obtain the lowest possible cost.

Health Cost Estimator

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Finding out how much services cost under the Lumenos HSA plan can be difficult to determine. Health Advocate can provide you with comparative cost estimates for various medical services before you go to the doctor or hospital. You will receive a report detailing cost comparisons within your local zip code area. With this information you will be better prepared to select the lowest cost option available, saving you money!

Health Advocate Care-Quest™

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This program assists employees in locating and making arrangements for special services needs such as adult day care services not covered by the employee's health plan, inpatient private duty nursing, a group home for an individual with special needs, home health needs and assisting members with completing qualification applications for individual coverage options including Medicaid and Medicare.

Enrollment Support

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Electing your benefits requires sorting through the details of each plan and making an informed decision. Each of our health insurance plan options has different levels of deductibles, copays and out-of-pocket maximums. Your Personal Health Advocate can help you understand each plan available to you and help you make the best decision for you and your family.

Health Advocate is a valuable resource. Access your Personal Health Advocate at 866.695.8622.

Did you know

In addition to covering the eligible employee, their spouse and children, Health Advocate also covers the employee's parents and in-laws all at no cost to the employee.

Annual Notices and Disclosures

Statement of Your Rights Under ERISA

As a participant in the Insight Imaging Health and Welfare Plan you are entitled to certain rights and protection under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all Plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) (if any) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration ("EBSA"), formally known as the Pension and Welfare Benefits Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description.

The Plan Administrator may make a reasonable charge for the copies. Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each Participant with a copy of the summary annual report for a Plan Year.

Continue Group Health Plan Coverage

Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

You may receive a reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a preexisting condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request, in writing, a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the requested materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or Federal court. No action at law or in equity may be brought to recover under the Plan until the appeal rights herein provided have been exercised and the Plan benefits requested in such appeal have been denied in whole or in part. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in a Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration ("EBSA"), formerly known as the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW., Washington, D.C., 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

The Newborn and Mother's Health Protection Act

Group health plans and health insurance issuers offering group health insurance 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 normal 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 or 96 hours, as applicable. Additionally, no group health plan or issuer may require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of the above periods.

Women's Health and Cancer Rights Act of 1998

The federal Women's Health and Cancer Rights Act of 1998 requires coverage of treatment related to mastectomy. If you are eligible for mastectomy benefits under your health coverage and you elect breast reconstruction in connection with such mastectomy, you are also covered for the following:

1. Reconstruction of the breast on which mastectomy has been performed
2. Surgery and reconstruction on the other breast to produce a symmetrical appearance
3. Prostheses
4. Treatment of physical complications of all states of mastectomy, including lymphedemas

Coverage for reconstructive breast surgery may not be denied or reduced on the grounds that it is cosmetic in nature or that it otherwise does not meet the coverage definition of "medically necessary." Benefits will be provided on the same basis as for any other illness or injury under your plan. Coverage is subject to applicable deductibles, copayments and coinsurance payments.



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