

# Medical Coverage

Ruan offers several medical options, allowing employees to choose the plan that best meets their needs.

|  | Premier                          |                                  | Choice Savings Single          |                               | Choice Savings Family          |                               |
|--|----------------------------------|----------------------------------|--------------------------------|-------------------------------|--------------------------------|-------------------------------|
|  | You Pay In-Network PPO           | You Pay Out-of-Network           | You Pay In-Network PPO         | You Pay Out-of-Network        | You Pay In-Network PPO         | You Pay Out-of-Network        |
| <b>Office Visits</b>   | \$15 co-pay                      | 30%                              | \$0<br>after<br>deductible/OPM | 0%<br>after<br>deductible/OPM | \$0<br>after<br>deductible/OPM | 0%<br>after<br>deductible/OPM |
| <b>Preventive Services*</b>  | \$0                              | 30%                              | \$0                            | \$0                           | \$0                            | \$0                           |
| Annual Exam  | \$0                              | 30%                              | \$0                            | after deductible              | \$0                            | after deductible              |
| Mammogram  |                                  |                                  |                                | \$0                           | \$0                            | \$0                           |
| Colonoscopy  |                                  |                                  |                                | after deductible              |                                | after deductible              |
| * This benefit applies to services provided based on evidence-informed preventive care, including those rated A or B in the current recommendations of the U.S. Preventive Services Task force. Does not apply to services not directly related to preventive care, even if provided during the same visit. A preventative exam or procedure that becomes diagnostic must apply to the deductible. Examples include a colonoscopy that finds and removes a polyp or a mammogram that discovers a lump. |                                  |                                  |                                |                               |                                |                               |
| <b>Annual Deductible</b>   | \$0                              |                                  | \$2,000 single                 | \$3,000 single                | \$4,000 family                 | \$6,000 family                |
| <b>Hospital Inpatient*</b>   | 10%                              | 30%                              | \$0                            | \$0                           | \$0                            | \$0                           |
| Physician Services   | 10%                              | 30%                              | after deductible               | after deductible              | after deductible               | after deductible              |
| Hospital Services  |                                  |                                  | \$0                            | \$0                           | \$0                            | \$0                           |
|  |                                  |                                  | after deductible               | after deductible              | after deductible               | after deductible              |
| *Must obtain Pre-Admission Certification. Failure to do so will result in a 50% benefit payment.   |                                  |                                  |                                |                               |                                |                               |
| <b>Hospital Outpatient</b>   | 10%                              | 30%                              | \$0                            | \$0                           | \$0                            | \$0                           |
| Physician Services   | 10%                              | 30%                              | after deductible               | after deductible              | after deductible               | after deductible              |
| Hospital Services  |                                  |                                  | \$0                            | \$0                           | \$0                            | \$0                           |
|  |                                  |                                  | after deductible               | after deductible              | after deductible               | after deductible              |
| <b>Emergency Room*</b>   | \$50 co-pay,<br>then 10%         | \$50 co-pay,<br>then 30%         | \$0                            | \$0                           | \$0                            | \$0                           |
|  |                                  |                                  | after deductible               | after deductible              | after deductible               | after deductible              |
| * Emergency Room co-pay waived if admitted to hospital. You must obtain Pre-Admission Certification within two working days following admission. Out-of-network provider claim(s) may be processed at in-network level if a true medical emergency.  |                                  |                                  |                                |                               |                                |                               |
| <b>Ambulance*</b>  | 10%                              | 30%                              | \$0                            | \$0                           | \$0                            | \$0                           |
|  |                                  |                                  | after deductible               | after deductible              | after deductible               | after deductible              |
| * Out-of-network claim(s) may be processed at in-network level if a true medical emergency.  |                                  |                                  |                                |                               |                                |                               |
| <b>Chiropractic Care</b><br>(\$400/yr limit)   | \$15 co-pay                      | 30%                              | \$0                            | \$0                           | \$0                            | \$0                           |
|  |                                  |                                  | after deductible               | after deductible              | after deductible               | after deductible              |
| <b>Maternity Care</b>  | 10%                              | 30%                              | \$0                            | \$0                           | \$0                            | \$0                           |
| Inpatient/Outpatient   | \$15 co-pay                      | 30%                              | after deductible               | after deductible              | after deductible               | after deductible              |
| Office Visits  |                                  |                                  | \$0                            | \$0                           | \$0                            | \$0                           |
|  |                                  |                                  | after deductible               | after deductible              | after deductible               | after deductible              |
| <b>Well Baby Care</b><br>(Up to 24 months)   | \$0                              | \$0                              | \$0                            | \$0                           | \$0                            | \$0                           |
| <b>Infertility Treatment*</b>  | 10%                              | 30%                              | \$0                            | \$0                           | \$0                            | \$0                           |
| Inpatient/Outpatient   | \$15 co-pay                      | 30%                              | after deductible               | after deductible              | after deductible               | after deductible              |
| Office Visits  |                                  |                                  | \$0                            | \$0                           | \$0                            | \$0                           |
|  |                                  |                                  | after deductible               | after deductible              | after deductible               | after deductible              |
| *no coverage for transfer procedures.  |                                  |                                  |                                |                               |                                |                               |
| <b>Out-of Pocket Maximum</b>   | \$2,000 single<br>\$4,000 family | \$2,500 single<br>\$5,000 family | \$2,000 single                 | \$3,000 single                | \$4,000 family                 | \$6,000 family                |

**Notations:**

- 1) Mental Health and Chemical Dependency claims are processed under the medical plan and are subject to the same office co-pays, deductibles and/or co-insurance.
- 2) Even though a facility may be in-network, some of the providers within may be out-of-network.
- 3) A complete listing of all plan benefits and exclusions is available in the Summary Plan Description (SPD).

|  | Basic Single   |   | Basic Family                            |   |
|--|--|---|---|---|
|  | You Pay In-Network PPO   | You Pay Out-of-Network                  | You Pay In-Network PPO                  | You Pay Out-of-Network                  |
| <b>Office Visits</b>                         | \$30 co-pay after deductible   | 30% after deductible                    | \$30 co-pay after deductible            | 30% after deductible                    |
| <b>Preventive Services*</b>                  | \$0  | 30% after deductible                    | \$0                                     | 30% after deductible                    |
| Annual Exam                                  | \$0  | 30% after deductible                    | \$0                                     | 30% after deductible                    |
| Mammogram                                    |  | 30% after deductible                    |   | 30% after deductible                    |
| Colonoscopy                                  |  | 30% after deductible                    |   | 30% after deductible                    |
|  | * This benefit applies to services provided based on evidence-informed preventive care, including those rated A or B in the current recommendations of the U.S. Preventive Services Task force. Does not apply to services not directly related to preventive care, even if provided during the same visit. A preventative exam or procedure that becomes diagnostic must apply to the deductible. Examples include a colonoscopy that finds and removes a polyp or a mammogram that discovers a lump. |   |   |   |
| <b>Annual Deductible</b>                     | \$3,000 single   |   | \$6,000 family                          |   |
| <b>Hospital Inpatient*</b>                   | 20% after deductible   | 30% after deductible                    | 20% after deductible                    | 30% after deductible                    |
| Physician Services                           |  |   |   |   |
| Hospital Services                            | 20% after deductible   | 30% after deductible                    | 20% after deductible                    | 30% after deductible                    |
|  | *Must obtain Pre-Admission Certification. Failure to do so will result in a 50% benefit payment.   |   |   |   |
| <b>Hospital Outpatient</b>                   | 20% after deductible   | 30% after deductible                    | 20% after deductible                    | 30% after deductible                    |
| Physician Services                           | 20% after deductible   | 30% after deductible                    | 20% after deductible                    | 30% after deductible                    |
| Hospital Services                            |  |   |   |   |
| <b>Emergency Room*</b>                       | \$100 co-pay after deductible, then 20%  | \$100 co-pay after deductible, then 30% | \$100 co-pay after deductible, then 20% | \$100 co-pay after deductible, then 30% |
|  | * Emergency Room co-pay waived if admitted to hospital. You must obtain Pre-Admission Certification within two working days following admission. Out-of-network provider claim(s) may be processed at in-network level if a true medical emergency.  |   |   |   |
| <b>Ambulance*</b>                            | 20% after deductible   | 30% after deductible                    | 20% after deductible                    | 30% after deductible                    |
|  | *Out-of-network claim(s) may be processed at in-network level if a true medical emergency.   |   |   |   |
| <b>Chiropractic Care</b><br>(\$400/yr limit) | \$30 co-pay after deductible   | 30% after deductible                    | \$30 co-pay after deductible            | 30% after deductible                    |
| <b>Maternity Care</b>                        | 20% after deductible   | 30% after deductible                    | 20% after deductible                    | 30% after deductible                    |
| Inpatient/Outpatient                         |  |   |   |   |
| Office Visits                                | \$30 co-pay after deductible   | 30% after deductible                    | \$30 co-pay after deductible            | 30% after deductible                    |
| <b>Well Baby Care</b><br>(Up to 24 months)   | \$0  | \$0                                     | \$0                                     | \$0                                     |
| <b>Infertility Treatment*</b>                | 20% after deductible   | 30% after deductible                    | 20% after deductible                    | 30% after deductible                    |
| Inpatient/Outpatient                         | \$30 co-pay after deductible   | 30% after deductible                    | \$30 co-pay after deductible            | 30% after deductible                    |
| Office Visits                                |  |   |   |   |
|  | *no coverage for transfer procedures.  |   |   |   |
| <b>Out-of Pocket Maximum</b>                 | \$4,500 single   | \$6,000 single                          | \$9,000 family                          | \$12,000 family                         |

**Important Facts About High Deductible Plans**

While both the Basic and Choice Savings plans look similar to a traditional PPO plan, there are significant differences in the way the deductible is applied. Under both plans, **ALL medical services and prescription drugs are subject to the deductible**, with the exception of preventive care services or medications.

In addition, single deductible amounts are not allowed under an Employee + One or Family election. **The family unit as a whole must reach the higher family deductible before insurance benefits will begin on any one member.**

**Coordinating High Deductible Plans with Medical Savings Accounts**

The Basic plan is a qualified high deductible plan, allowing members to voluntarily participate in a health savings account (HSA).

Employees in the Choice Savings plan are automatically enrolled in a company funded health care flexible spending account (FSA). Those eligible for the health care FSA may not contribute to an HSA.

**Locate a BlueCard PPO Network Provider**

Directories are not printed for each employee; however, a current listing is easy to access. Call 1-800-810-BLUE for a verbal listing or visit [www.bcbs.com](http://www.bcbs.com) to view and/or print a custom directory. Use prefix "RUA" when asked for the first three letters of the ID number.

**Notations:**

- 1) Mental Health and Chemical Dependency claims are processed under the medical plan and are subject to the same office co-pays, deductibles and/or co-insurance.
- 2) Even though a facility may be in-network, some of the providers within may be out-of-network.
- 3) A complete listing of all plan benefits and exclusions is available in the Summary Plan Description (SPD).

## Prescription Drug Coverage

All Ruan medical plans provide prescription coverage under the Blue Rx Preferred network. Your prescription costs depend on your medical plan and the drug classification of the medication you are taking. Covered medications are classified into three tiers. In many situations, there is more than one drug available to treat a medical condition. Therefore, as a consumer, you should consult with your provider to determine which medication is not only the most effective but also the most affordable.

|                                  | <b>Premier</b>                        | <b>Choice Savings—<br/>Preventive<sup>1</sup></b> | <b>Choice Savings—<br/>All Others</b> | <b>All Others—<br/>Preventive<sup>1</sup></b> | <b>Basic—<br/>All Others</b>                              |
|----------------------------------|---------------------------------------|---|---------------------------------------|---|---|
|                                  | <b>In-Network<sup>2</sup></b>         | <b>In-Network<sup>2</sup></b>                     | <b>In-Network<sup>2</sup></b>         | <b>In-Network<sup>2</sup></b>                 | <b>In-Network<sup>2</sup></b>                             |
| <b>Tier 1—<br/>Generic</b>       | \$10 or 25%<br>(whichever is greater) | \$15 or 25%<br>(whichever is greater)             | \$0<br>after deductible               | \$20 or 25%<br>(whichever is greater)         | \$20 or 25%<br>(whichever is greater)<br>after deductible |
| <b>Tier 2—<br/>Select Brands</b> | 20%                                   | \$30 or 25%<br>(whichever is greater)             | \$0<br>after deductible               | \$35 or 25%<br>(whichever is greater)         | \$35 or 25%<br>(whichever is greater)<br>after deductible |
| <b>Tier 3—<br/>All Other</b>     | 20%                                   | \$45 or 25%<br>(whichever is greater)             | \$0<br>after deductible               | \$50 or 25%<br>(whichever is greater)         | \$50 or 25%<br>(whichever is greater)<br>after deductible |

1) The Preventive Drug List is available at [www.ruan.com/benefits](http://www.ruan.com/benefits), the Ruan Intranet Portal or by calling Human Resources at 1-800-845-6675.

2) Out-of-network (or non-participating) pharmacy rates equal your co-pay or 50% (whichever is greater) and is subject to Usual, Customary and Reasonable charges. A complete listing of plan benefits and exclusions is available in the Summary Plan Description (SPD)

Please note that specialty drugs or self-administered injectables (i.e. Betaseron, Humira, Lovenox, Enbrel, Gleevec and others) are sometimes received through your local doctor's office, home infusion therapy provider or outpatient. However, specific specialty drugs will require you to obtain a written prescription to be filled at a retail or Caremark specialty pharmacy in order to be covered under the plan. (This does not apply to inpatient services or the Basic medical plan.) You will pay an \$85 co-pay for these drugs. If you are receiving a specialty drug or self-administered injectable, please visit [www.wellmark.com](http://www.wellmark.com) or contact customer service at 1-800-211-6773 to verify benefits or ask questions about the specialty drug program.

### Mail Order Program

The mail order program offers the convenience of filling your maintenance drugs less often and home delivery. In addition, mail order prescriptions are not subject to the "whichever is greater" clause, allowing for additional savings on high cost drugs. Maintenance medications are considered ongoing prescriptions (i.e., high blood pressure, cholesterol medication or birth control pills) that are taken on a regular basis. By using the maximum 90-day prescription (plus refills) under the Premier plan, you simply pay your three-month supply co-pay.

You also pay a flat co-payment under the Basic and Choice Savings plans IF the prescription is classified as preventative care (deductible is waived). Drugs not listed on the High Deductible Health Plan Preventive Drug List are subject to the medical plan's annual deductible. Once the deductible has been met, members under Basic pay a co-payment. After meeting your out-of-pocket maximum under the Basic or Choice Savings Plans, your prescription costs will be paid 100 percent.

|                                  | <b>Choice Savings—<br/>Preventive<sup>1</sup></b> | <b>Choice Savings—<br/>All Others</b> | <b>Basic—<br/>Preventive<sup>1</sup></b>       |                              | <b>Basic—<br/>All Others</b>                     |
|----------------------------------|---|---------------------------------------|--|------------------------------|--|
| <b>Tier 1—<br/>Generic</b>       | \$30<br>up to 90 day supply                       | \$45<br>up to 90 day supply           | \$0<br>after deductible<br>up to 90 day supply | \$60<br>up to 90 day supply  | \$60<br>after deductible<br>up to 90 day supply  |
| <b>Tier 2—<br/>Select Brands</b> | \$75<br>up to 90 day supply                       | \$90<br>up to 90 day supply           | \$0<br>after deductible<br>up to 90 day supply | \$105<br>up to 90 day supply | \$105<br>after deductible<br>up to 90 day supply |
| <b>Tier 3—<br/>All Other</b>     | \$120<br>up to 90 day supply                      | \$135<br>up to 90 day supply          | \$0<br>after deductible<br>up to 90 day supply | \$150<br>up to 90 day supply | \$150<br>after deductible<br>up to 90 day supply |

1) The Preventive Drug List is available on [www.ruan.com/benefits](http://www.ruan.com/benefits), on the Ruan Intranet or by calling Human Resources at 1-800-845-6675.

A complete listing of plan benefits and exclusions is available in the Summary Plan Description (SPD).

## Dental Coverage

The **Benefits By Choice** program includes two options through Delta Dental. The two options vary in terms of the cost to you and the deductible, co-insurance, annual maximum and lifetime orthodontia maximum. Maintenance of benefits applies to both dental options.

|  | Premier  | Standard   |
|--|--|--|
| <b>Preventative Care</b> (includes two exams and cleanings, x-rays and topical fluoride applications per year) | You Pay: 0%  | You Pay: 20%   |
| <b>Annual Deductible</b>   | \$25 per person  | \$50 per person  |
| <b>Basic Care</b> (includes cavity repair, tooth extraction, oral surgery, root canals, gum and bone disease)  | Co-insurance: 20% after deductible                                   | Co-insurance: 20% after deductible                                   |
| <b>Major Care</b> (includes restorations such as crowns, inlays and onlays, dentures and bridges)              | Co-insurance: 50% after deductible                                   | Co-insurance: 50% after deductible                                   |
| <b>Annual Plan Maximum</b>   | \$2,000 per person   | \$1,000 per person   |
| <b>Orthodontia Care</b> (dependent children under 19 only. Separate orthodontia deductible.)                   | Ortho Deductible: \$50<br>Co-insurance: 50%<br>Lifetime Max: \$1,500 | Ortho Deductible: \$50<br>Co-insurance: 50%<br>Lifetime Max: \$1,000 |

1) Coverages listed are for services done by an in-network dentist. Services from a non-network provider may be subject to Usual, Customary and Reasonable charges. A complete listing of plan benefits and exclusions is available in the Summary Plan Description (SPD).

**Dental Network** Your **Delta Premier** network provides you access to quality dental services at a discounted price. These dentists have also agreed to file your claims. Non-network dentists may have you pay the entire amount up front and then file your own claim for reimbursement. To protect yourself from paying charges that could be above Usual, Customary and Reasonable, it is best to use an in-network dentist.

**Locating a Delta Premier Dentist** Printed books are not provided to employees; however, you can access the information by calling Delta Dental at **1-800-544-0718** or visiting **www.deltadentalia.com**. Both resources provide the most current listings available. You should verify that your dentist is in-network before each visit.

## Vision Coverage

Vision coverage provides benefits for the cost of a routine exam and supplies rendered or prescribed by an ophthalmologist or optometrist once per year. Maintenance of benefits applies.

|  | Maximum Benefit <sup>1</sup> |
|--|------------------------------|
| <b>Routine Exam</b>                    | \$40 per person              |
| <b>Frames/Lenses or Contact Lenses</b> | \$125 per person             |

1) Any leftover or unused benefit will be forfeited. To ensure maximum hardware benefits, make all purchases at one time. A complete listing of plan benefits and exclusions is available in the Summary Plan Description (SPD).

**Vision Network** Your **VSP Signature Network** provides nationwide access to quality vision care and supplies at discounted rates. In addition, in-network providers agree to file claims for you. Non-network providers may not offer discounts, require you to pay for services or supplies at the time of your appointment and make you file your own claim. You have six months from the date of service to submit an itemized paid receipt to VSP for reimbursement.

**Locating a VSP Provider** Printed books are not provided to employees; however, you can access the information by calling VSP at **1-800-877-7195** or visiting **www.vsp.com**. Both resources provide the most current listings available. You should verify that your vision provider is in-network before each visit. While ID cards are not issued for the vision plan, you may print off a wallet card at **www.vsp.com**.

# Medical Savings Comparison Chart

Use this comparison chart to determine the savings option(s) available to you and your family.

|  | Health Savings Account (HSA)  | Flexible Spending Account (FSA)   |
|--|---|---|
| <b>Eligibility</b>   | Enrollment in Ruan’s Basic plan (qualified high deductible health plan, or HDHP), do not have secondary non-HDHP coverage, including Medicare, and not a dependent under another person’s tax return. <b>Note: participation in a general purpose health care FSA disqualifies a member from participation in an HSA.</b> | Any full-time employee eligible for the <b>Benefits By Choice</b> program.  |
| <b>Who Funds the Account?</b>  | The employee funds the account.   | The employee and/or the company fund the account.   |
| <b>How Are Funds Deposited?</b>  | Direct deposit from payroll into your personal account and/or individual deposits to the bank.  | Payroll deduction only.   |
| <b>Account Limits</b>  | No minimum<br>Maximum contribution per year<br>\$3,300 single coverage<br>\$6,550 family coverage<br>If coverage starts mid-year, may still contribute the maximum provided you remain in the HDHP medical plan the following year.   | Annual Minimum \$100<br>Annual Maximum \$2,500<br>(Company contributions may be added to this limit.)   |
| <b>Company Contributions</b>   | None.   | Employees enrolled in the Choice Savings medical plan are automatically enrolled. Company contributions are based on coverage levels:<br>Single: \$420 annual<br>Employee + One: \$840 annual<br>Family: \$840 annual<br>New employees starting coverage after January 1 will have a prorated amount. |
| <b>Excess Funds at End of the Year</b>                                 | Remains in the account—cannot be lost or forfeited.   | Forfeited if funds are not used up by the end of the grace period (March 15th of the following year).   |
| <b>Account Draws Interest?</b>   | It may, depending on the bank issuing the account.  | No interest on account.   |
| <b>Mid-Year Changes</b>  | Yes. May increase, decrease or stop your contributions at any time within the maximum contribution limits.  | May only make related changes following a qualified family status event.  |
| <b>Portability</b>   | Yes. May keep the account or rollover once per 12-month period.   | No.   |
| <b>Account After Death</b>   | Transferred to assigned beneficiary. A spouse may keep the account for medical expenses; other dependents will receive a cash distribution after taxes are withheld.  | Qualified expenses incurred prior to death may be submitted for reimbursement; remaining balance is forfeited.  |
| <b>Tax Benefit</b>   | Contributions pre-tax; withdrawals pre-tax for qualified medical expenses.  | Contributions pre-tax; withdrawals pre-tax for qualified medical expenses.  |
| <b>Availability of Funds</b>   | Up to current account balance only.   | Full annual pledge is available on the effective date.  |
| <b>Withdrawals</b>   | For qualified health care expenses; allows for non-medical expenses minus income taxes and 20% penalty (penalty waived if 65 or older). Funds accessed through checks or debit card.  | Exclusively for qualified health care expenses. Funds accessed through a flex debit card, claims sweep or reimbursement claim form with accompanying documentation.   |
| <b>Catch-Up Provision for Age 55 and Over</b>                          | Yes. \$1,000 for 2014 plan year.  | No.   |
| <b>Use Funds for Premium Payments?</b>                                 | Only for COBRA, health premiums while unemployed or laid off and/or long-term care.   | No.   |
| <b>Additional Fees?</b>  | There is no monthly administration fee while you are actively participating in the HSA. You are responsible for any other banking fees.   | Ruan pays the initial set-up fee for a debit card and all claims processing fees. Employee pays any fees to replace a lost or stolen debit card.  |
| <b>Can I have more than one of these accounts under the Ruan plan?</b> | No, you may not combine an HSA with a Ruan health care FSA.   | No.   |