2020 EMPLOYEE BENEFITS SUMMARY

Full-time eligible team members start coverage after 60 days of employment. Some benefits are provided free of charge by the company, others are optional and must be elected by the employee and are paid through payroll deduction. Many benefit premiums are deducted on a pre-tax basis.

Medical
Four plans from which to choose
Administered by Wellmark Blue Cross Blue Shield Worldwide networks

Dental
Two plans from which to choose
Administered by Delta Dental of Iowa
Delta Premier or Delta PPO networks

Vision
Annual allowance for routine exam
Annual allowance toward purchase of glasses or contacts

Pre-tax Savings Plans
Health Savings Account (HSA)
Health Care Flexible Spending Account (FSA)
Dependent Care Flexible Spending Account (FSA)

Paid Time Off
Paid holidays
Vacation
Additional programs based on job category

Short-term Disability (STD)
Company paid core benefit
Optional supplemental buy-up coverage

Long-term Disability (LTD)
Company paid core benefit
Optional supplemental buy-up coverage

Life Insurance
Company paid benefit including AD&D
Optional supplemental buy-up coverage
Optional spouse and dependent coverage

Other Benefits
Wellness and tuition reimbursements
Employee assistance program
Will preparation service
Employee discounts
Referral bonus
Travel Assistance

401(k) Retirement Plan
Participation after 60 days of service
Automatic enrollment with annual step-up
Company matches 50 percent of your deferral (up to 6 percent) after one year of service
May change your deferral, investments or opt out any time

Human Resources Hotline | 1-800-845-6675 | 8:30 a.m. to 4:30 p.m. CST | benefits@ruan.com
Additional details are available at www.ruan.com/benefits or on the Hub
Medical Plan Options
All plans administered by Wellmark Blue Cross Blue Shield and utilize worldwide network.

<table>
<thead>
<tr>
<th>Light</th>
<th>Basic</th>
<th>Choice Savings</th>
<th>Premier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative Care</td>
<td>100% in-network</td>
<td>100% in-network</td>
<td>100% in-network</td>
</tr>
<tr>
<td>Office Visit</td>
<td>$20 co-pay</td>
<td>$30 after deductible</td>
<td>$0 after deductible</td>
</tr>
<tr>
<td>Deductible</td>
<td>$5,000 Single</td>
<td>$3,000 Single</td>
<td>$2,500 Single</td>
</tr>
<tr>
<td>Co-Insurance</td>
<td>50% after deductible</td>
<td>20% after deductible</td>
<td>0% after deductible</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (OPM)</td>
<td>$6,850 Single</td>
<td>$4,500 Single</td>
<td>$2,500 Single</td>
</tr>
</tbody>
</table>

1) Use of non-network providers will reduce your benefit(s) and increase your deductible and/or out-of-pocket maximum.
2) Both the Basic and Choice Savings plans are high deductible plans; you pay 100% of claims, except preventive and well-baby care, until the deductible is met.
3) Preventive Care guidelines state a preventive exam/procedure that becomes diagnostic must apply to the deductible.
4) Non-tobacco discounts must be re-elected each year.
5) A working spouse who has other coverage available through their own employer will not be eligible to enroll in an Ruan medical plan. Refer to Working Spouse Exclusion in the Employee Benefits Guide.
6) Under Choice Savings, +Spouse, +Children(ren), or Family elections share the higher family deductible and out-of-pocket maximums.

Prescription Drug
All medical plans include prescription drug coverage.

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Specialty Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>50% (after deductible)</td>
<td>50% (after deductible)</td>
<td>50% (after deductible)</td>
</tr>
<tr>
<td>Basic</td>
<td>$15</td>
<td>$20 or 25% (whichever is greater after deductible)</td>
<td>$20 or 25% (whichever is greater after deductible)</td>
</tr>
<tr>
<td>Choice Savings</td>
<td>$15 or 25% (whichever is greater)</td>
<td>$35 or 25% (whichever is greater after deductible)</td>
<td>$35 or 25% (whichever is greater after deductible)</td>
</tr>
<tr>
<td>Premier</td>
<td>$10 or 25% (whichever is greater)</td>
<td>$0 (after deductible)</td>
<td>25%</td>
</tr>
</tbody>
</table>

1) Out-of-Network benefits equal your co-pay or 50%, whichever is greater, and is subject to Usual Customary & Reasonable charges (UCR).
2) Under the Basic and Choice Savings plans, the deductible is waived for preventive medication. To see if a medication is labeled as preventive visit www.wellmark.com, click Wellmark Drug List, then select "Blue Rx Complete formulary" under Drug Lists.
3) Under the Premier plan your Rx cost share does not apply to the medical plan's out-of-pocket maximum (OPM). A separate Rx OPM of $2,000 single/$4,000 family applies.
4) There is a mail order program available for high cost maintenance drugs. For three co-pays you receive a 90 day supply without the "whichever is greater" clause, allowing additional savings.
5) Some specialty drugs or self-administered injectables will require a written prescription to be filled at a retail or Caremark Specialty pharmacy to be covered.

Dental
Plans administered by Delta Dental of Iowa and offer Delta Premier or Delta PPO networks.

<table>
<thead>
<tr>
<th>Standard Dental</th>
<th>Premier Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative Care</td>
<td>20% co-insurance</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$50</td>
</tr>
<tr>
<td>Basic Care</td>
<td>20% (after deductible)</td>
</tr>
<tr>
<td>Major Care</td>
<td>50% (after deductible)</td>
</tr>
<tr>
<td>Dental Maximum</td>
<td>$1,000/year/person</td>
</tr>
<tr>
<td>Orthodontia (children age 19 and younger only)</td>
<td>$50 ortho. deductible (50% Lifetime max: $1,000)</td>
</tr>
<tr>
<td>Monthly Premium</td>
<td>Single: $7 / $14.50 / $17 / $24.75</td>
</tr>
</tbody>
</table>

1) Network providers offer discounts up to a 20% on goods and services.
2) Members are responsible for charges over the annual plan allowances.

Vision
Plans administered by VSP and utilize the VSP Signature network.

| Plan Allowance |
|----------------|----------------|
| Annual Exam | $40 |
| Glasses or Contacts (one or the other, once per year) | $125 |
| Monthly Premium (Single/+Spouse/+Children/Family) | $7 / $13 / $15 / $20 |

Note: This handout is for informational purposes only. If there are any discrepancies between this brochure and the plan document, the plan document will govern. For more information, please consult the Employee Benefits Guide, Summary Plan Description or Employee Policy Manual.

Human Resources Hotline | 1-800-845-6675 | 8:30 a.m. to 4:30 p.m. CST | benefits@ruan.com
Additional details are available at www.ruan.com/benefits or on the Hub