

# 2021 BENEFITS SUMMARY

## Medical Plan Options

All plans administered by Wellmark Blue Cross Blue Shield and utilize worldwide network.

|   | Light                |                    | Basic                 |                    | Choice Savings       |                    | Premier           |                    |
|---|----------------------|--------------------|-----------------------|--------------------|----------------------|--------------------|-------------------|--------------------|
| <b>Preventative Care</b>                | 100% in-network      |                    | 100% in-network       |                    | 100% in-network      |                    | 100% in-network   |                    |
| <b>Doctor on Demand</b> (virtual visit) | \$0 routine visit    | \$25 mental health | \$0 routine visit     | \$25 mental health | \$0 routine visit    | \$25 mental health | \$0 routine visit | \$25 mental health |
| <b>Office Visit</b>                     | \$20 co-pay          |                    | \$30 after deductible |                    | \$0 after deductible |                    | \$25 co-pay       |                    |
| <b>Deductible</b>                       | \$5,000 Single       | \$10,000 Family    | \$3,000 Single        | \$6,000 Family     | \$2,500 Single       | \$5,000 Family     | \$0 Single        | \$0 Family         |
| <b>Co-Insurance</b>                     | 50% after deductible |                    | 20% after deductible  |                    | 0% after deductible  |                    | 10%               |                    |
| <b>Out-of-Pocket Maximum (OPM)</b>      | \$6,850 Single       | \$13,700 Family    | \$4,500 Single        | \$9,000 Family     | \$2,500 Single       | \$5,000 Family     | \$2,000 Single    | \$4,000 Family     |

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, +Child(ren), or Family elections share the higher family deductible and out-of-pocket maximums.

7) Virtual visits outside of the Doctor on Demand resource will apply to the plan's deductible or copay.

## Prescription Drug

All medical plans include prescription drug coverage.

|                                 | Light                            | Basic-Preventive                             | Basic-All others  | Choice Savings-Preventive                    | Choice Savings-All others        | Premier                                      |
|---------------------------------|----------------------------------|--|---|--|----------------------------------|--|
| <b>Tier 1- Generic</b>          | \$15                             | \$20 or 25%<br><i>(whichever is greater)</i> | \$20 or 25%<br><i>(whichever is greater after deductible)</i> | \$15 or 25%<br><i>(whichever is greater)</i> | \$0<br><i>(after deductible)</i> | \$10 or 25%<br><i>(whichever is greater)</i> |
| <b>Tier 2- Select Brands</b>    | 50%<br><i>(after deductible)</i> | \$35 or 25%<br><i>(whichever is greater)</i> | \$35 or 25%<br><i>(whichever is greater after deductible)</i> | \$35 or 25%<br><i>(whichever is greater)</i> | \$0<br><i>(after deductible)</i> | 25%  |
| <b>Tier 3- All Other Brands</b> | 50%<br><i>(after deductible)</i> | \$50 or 25%<br><i>(whichever is greater)</i> | \$50 or 25%<br><i>(whichever is greater after deductible)</i> | \$45 or 25%<br><i>(whichever is greater)</i> | \$0<br><i>(after deductible)</i> | 25%  |
| <b>Specialty Drugs</b>          | 50% <i>(after deductible)</i>    | 20% <i>(after deductible)</i>                |   | \$0 co-pay <i>(after deductible)</i>         |                                  | 10% co-insurance                             |

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](http://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.

|   | Standard Dental  |                                  | Premier Dental   |                                  |
|---|--|----------------------------------|--|----------------------------------|
|   | Premier Network  | PPO Network                      | Premier Network  | PPO Network                      |
| <b>Preventative Care</b>  | 20% co-insurance                                       |                                  | 0% co-insurance  |                                  |
| <b>Annual Deductible</b>  | \$50   | \$25                             | \$25   | \$15                             |
| <b>Basic Care</b>   | 20%<br><i>(after deductible)</i>                       | 10%<br><i>(after deductible)</i> | 20%<br><i>(after deductible)</i>                       | 10%<br><i>(after deductible)</i> |
| <b>Major Care</b>   | 50% <i>(after deductible)</i>                          |                                  | 50% <i>(after deductible)</i>                          |                                  |
| <b>Dental Maximum</b>   | \$1,000/year/person                                    |                                  | \$2,000/year/person                                    |                                  |
| <b>Orthodontia</b><br><i>(children age 19 and younger only)</i> | \$50 ortho. deductible<br>50%<br>Lifetime max: \$1,000 |                                  | \$50 ortho. deductible<br>50%<br>Lifetime max: \$1,500 |                                  |

\*Out-of-Network rates are subject to Usual Customary & Reasonable charges (UCR).

## Vision

Plans administered by VSP and utilize the VSP Signature network.

|  | Plan Allowance |
|--|----------------|
| <b>Annual Exam</b>   | \$40           |
| <b>Glasses or Contacts</b><br><i>(one or the other, once per year)</i> | \$125          |

1) Network providers offer discounts up to a 20% on goods and services.

2) Members are responsible for charges over the annual plan allowances.

**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.

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Additional details are available at [www.ruan.com/benefits](http://www.ruan.com/benefits) or on the Hub

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