



DEDICATION THAT MOVES YOUR BUSINESS

Important Notifications and Summary of Your Rights On:

Women's Health and Cancer Rights Act

Special Enrollment Rights

Health Insurance Marketplace Coverage Options

Notice of Privacy Rights

Important FSA Deadlines

Children's Health Insurance Program Reauthorization Act

Medicare D: Prescription Drug Coverage

COBRA Continuation of Health Coverage

If you or a dependent have Medicare, or will become eligible for Medicare in the next 12 months, a new Federal law gives you more choices about your prescription coverage. Please review the "Important Notice from Ruan: Prescription Drug Coverage and Medicare."



DEDICATION THAT MOVES YOUR BUSINESS

Women's Health and Cancer Rights Act

As required by the Women's Health and Cancer Rights Act of 1998, all medical plans through the Ruan benefits program provide coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and co-insurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. You will receive written notice of the availability of such coverage upon enrollment and annually thereafter. For more information please call the Human Resources Hotline at 1-800-845-6675.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents because of other health insurance or group health plan coverage, you may in the future be able to enroll yourself or your dependents in a Ruan health plan if you or your dependents lose eligibility for that other coverage. However you must request enrollment within 30 days after you or your dependents' other coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However you must request enrollment within 30 days after the event.

Please refer to your Employee Benefits Guide for a list of qualified family events that allow you to enroll in the plan, or add/drop dependents to an existing election, other than when first hired or at open enrollment. You may also contact the Human Resources Hotline at 1-800-845-6675.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Ruan Transport Corporation and affiliates		4. Employer Identification Number (EIN) 42-0619339	
5. Employer address 666 Grand Ave. Suite 3100.		6. Employer phone number 800-845-6675	
7. City Des Moines	8. State IA	9. ZIP code 50309	
10. Who can we contact about employee health coverage at this job? Human Resources			
11. Phone number (if different from above) 800-845-6675 option 4		12. Email address benefits@ruan.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

Full-time, regular employees who are not covered under a union health & welfare plan.

Part-time, regular employees who average 130 hours/month over a 6 month measurement period

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Legally married spouse; children under age 26; incapacitated adult dependent children

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ 15

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

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Notice of Privacy Practices



Your Information. Your Rights. Our Responsibilities

Your protected health information is protected by the Health Insurance Portability and Accountability Act's (HIPAA) Privacy Rule. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. *Please review it carefully.*

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide

one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 4.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will enter into contracts with Business Associates (third-party entities that provide services or perform functions on behalf of Ruan's medical, dental, vision, and/or flex programs) agreeing in writing to safeguard your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

The effective date of this notice is 9/23/2013. We can change the terms of this notice at any time without prior notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Entities Covered by this Notice

Ruan Transport Corporation and all affiliates and subsidiaries.

Contact Information

Ruan Benefits Department
Attn: Privacy Officer
PO Box 855
Des Moines, IA 50306

Toll Free: 1-800-845-6675
Fax: 1-515-558-3497
E-mail: Benefits@Ruan.com



Key FSA Dates with Grace Period

2020 Plan Year

Plan	Coverage Dates	Spend By Date	Claim By Date
Health Care FSA	1/1 to 12/31 2020	3/15/2021	4/30/2021
Dependent Care FSA	1/1 to 12/31 2020	3/15/2021	4/30/2021
HRA (company contribution)	1/1 to 12/31 2020	3/15/2021	4/30/2021
FSA/HRA after termination of employment	Coverage Canceled at End of Pay Period	Coverage Cancel Date	4/30/2021

Administrator: WageWorks/HealthEquity, 1-877-924-3967

2021 Plan Year

Plan	Coverage Dates	Spend By Date	Claim By Date
Health Care FSA	1/1 to 12/31 2021	3/15/2022	4/30/2022
Dependent Care FSA	1/1 to 12/31 2021	3/15/2022	4/30/2022
FSA after termination of employment	Coverage Canceled at End of Pay Period	Coverage Cancel Date	4/30/2022

Administrator: Voya, 1-833-323-4673

Terms to Know:

Spend By Date is the deadline to incur an eligible expense or risk losing your leftover balance.

Claim By Date, or run-out period, is the deadline to submit reimbursement claims for eligible expenses incurred by the Spend By Date.

Use it. Don't lose it.



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Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_ont.aspx Phone: 916-440-5676
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
INDIANA – Medicaid	MINNESOTA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	MONTANA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KENTUCKY – Medicaid	NEBRASKA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	NEVADA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740. TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p>TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p>VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282</p>
<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p>PENNSYLVANIA – Medicaid</p> <p>Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p>WEST VIRGINIA – Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p>RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>	<p>WISCONSIN–Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



IMPORTANT NOTICE FROM RUAN ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Ruan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Ruan has determined that the prescription drug coverage offered by Benefits By Choice is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Ruan coverage will not be affected. You can keep your Ruan coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current Ruan coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Ruan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

RUAN

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Ruan changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	September 18, 2020
Name of Entity/Sender:	Ruan Transport Corp.
Contact--Position/Office:	Human Resources
Address:	666 Grand Ave. Suite 3100, Des Moines, IA 50309
Phone Number:	1-800-845-6675 option 4

General COBRA Notice

Effective: 8/1/2020

CN131309

36227

To: Newly Enrolled Team Member
and Spouse/Dependents (if any)

From: Ruan Transport Corporation
666 Grand Ave, Suite 3100
Des Moines, IA 50309

Introduction to COBRA: This notice is intended to provide information about your rights and responsibilities under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). This notice does not change your status on the group health plan in any way. Rather, this notice explains rights and responsibilities you may have in the future under the following group health plan(s):

Group Health Plan
Ruan Transport Corporation

Are there other coverage options besides COBRA Continuation Coverage? Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If a COBRA qualifying event, which would terminate your group health plan coverage, occurs in the future, you would have the option to continue your coverage at your own expense. COBRA continuation coverage is the same group health plan coverage you had before your qualifying event. It is the same coverage provided to similarly situated active employees who have not experienced a qualifying event, but it does not include life insurance or disability coverage. Once you and your spouse or dependents (if any) become covered by the group health plan, there are specific qualifying events that may occur that cause you to lose coverage. Those events, and the length of continuation coverage you could be allowed are:

Event	Duration of Coverage
Termination of Employment (either voluntary or involuntary, other than for Gross Misconduct)	18 months
Reduction in Hours (such as layoff, leave of absence, reduced work hours, etc.)	18 months
Death of the Covered Employee	36 months
Divorce or Legal Separation	36 months
Covered Employee's Entitlement to Medicare	36 months
Dependent Child Ceasing to be Dependent	36 months
Bankruptcy (Title XI) of the Employer	Possible lifetime coverage for covered Retirees and their spouses and dependents only

If your employer provides a retiree health plan, sometimes filing a proceeding in bankruptcy under Title 11 of the United States Code can be a qualifying event. If a bankruptcy proceeding is filed with respect to Ruan Transport Corporation, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse and dependent children will also become qualified beneficiaries if the bankruptcy results in the loss of their coverage under the Plan.

Re: COBRA Relief during COVID-19 National Emergency

On Wednesday, April 30, 2020, a notice was published providing COBRA Qualified Beneficiaries with relief from specific timeframes and deadlines occurring on or after March 1, 2020 (Notice 2020-01, <https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/disaster-relief/ebsa-disaster-relief-notice-2020-01>). This extension lasts until 60 days after the current COVID-19 National Emergency ends.

Because the National Emergency has not been declared over at this time, we have applied a temporary extension to your last date to elect, listed above in this notice. Infinisource will apply a further extension of timeframes when the National Emergency officially declared over. We may also apply additional temporary updates, if necessary. You may review these updates to your records through our secure website

at www.infinisource.com/logins

COBRA continuation coverage deadlines or payment due dates that occur on or after March 1, 2020 are extended as follows:

- | Last day to elect COBRA coverage is extended to at least September 5, 2020.
- | The 45-day grace period to pay the initial premium is extended to at least September 5, 2020.
- | 30-day grace periods to pay monthly premiums are extended to at least September 5, 2020.
- | The 60-day period in which you must report second qualifying events or disability determinations is extended to at least September 5, 2020.

Please note that your coverage will likely be held in suspense (meaning claims will not be paid) until you timely elect and pay for COBRA coverage (taking into account the extended time discussed in this letter). If you timely elect and pay your COBRA coverage premiums, your coverage will be retroactively reinstated going back to the first day of the applicable month for which you have made payments. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.

This letter only applies to you to the extent you have a COBRA continuation coverage deadline or payment due date that occurs on or after March 1, 2020.

Infinisource has created an update page at www.infinisource.com/timeframes where you can review FAQs and videos that may answer your questions.

Health Flexible Spending Account (FSA): Generally, continuation coverage would be available only for the remainder of the plan year in which the qualifying event occurred. Special rules govern FSA eligibility under COBRA. For additional information, please refer to the summary plan description for your FSA.

You may also experience a loss of coverage "in anticipation" of a qualifying event, such as a divorce or legal separation. If that happens, continuation coverage will be offered once the qualifying event has occurred (and has been reported within the proper time frames). In that case, coverage does not have to be provided from the date of your loss of coverage to the date of the qualifying event.

Who can elect COBRA: Each employee, spouse and dependent child who was covered by the group health plan the day before the qualifying event and who loses coverage due to the qualifying event is a COBRA Qualified Beneficiary. A child born to, or placed for adoption with, the covered employee during the period of COBRA continuation is also a qualified beneficiary, if the employer/plan administrator is notified within 30 days of the birth or placement for adoption.

Each qualified beneficiary has an independent right to elect continuation coverage under COBRA. This means all qualified beneficiaries, including a spouse and/or a dependent child, may elect single coverage. However, if two or more family members elect the same coverage, you will be required to pay the applicable premium for the closest level of coverage that a similarly situated active employee would have, such as "two-person" or "family". The covered employee or spouse may elect on behalf of all other qualified beneficiaries; a parent or legal guardian may elect on behalf of dependent children.

How to elect COBRA: Infinisource, Inc. mails COBRA notices on behalf of Ruan Transport Corporation, and is also the party responsible for all other COBRA administration, including COBRA elections and payments. Infinisource is not an insurance company or the provider of benefits. Once a qualifying event occurs and is reported properly, Ruan Transport Corporation will instruct Infinisource to notify you, in writing, with specific information about your qualifying event. The notice will contain instructions for electing continuation coverage, as well as the last date on which you can elect. You will be allowed at least 60 days to elect continuation coverage. Verbal elections will not be accepted. If you elect continuation coverage, Ruan Transport Corporation has the right to verify your eligibility for coverage. If you are not eligible, continuation coverage may be denied or retroactively terminated.

The covered employee or spouse may elect on behalf of all other qualified beneficiaries; a parent or legal guardian may elect on behalf of dependent children. If you fail to timely elect, you will lose your right to continue coverage. Proof of timely election is your responsibility (the United States Postal Service offers several proof of mailing services). A COBRA election is deemed made on the date it is postmarked. If you waive continuation coverage in writing, you have 60 days from the later of the loss of coverage date or the date the notification was mailed to you to revoke your waiver and elect continuation coverage.

Any claims you incur during the waiver period may not be covered. Infinisource does not administer waivers of continuation coverage. Instead of waiving your COBRA rights if you do not want COBRA, you simply do not need to send in your COBRA Continuation Coverage Election Form. During your election period, you may find that you have been removed from the group health plan. Once you make a timely election and payment, your coverage will be reinstated retroactive to your Loss of Coverage date. If you do not elect, any expenses you incur will become your financial responsibility. You are not required to make a payment with your COBRA election, but coverage may not be reinstated until a timely payment is made. The timeframe for reinstatement of coverage often depends upon the insurance company. To confirm your coverage status, please call the insurance company directly.

If you participate in an HMO or walk-in clinic and use the provider's services during the election period, the plan may allow the employer, at the employer's option, to treat such use as a constructive election of COBRA coverage. You would be obligated to pay any applicable charge for the coverage within 45 days of the constructive election. HMOs may provide region-specific coverage. If you are outside the region, coverage may be reduced similarly to that of active employees outside the region. In certain instances, coverage may be eliminated or provided for emergency service only. If the employer has another plan that provides coverage outside the HMO region, that plan must be made available to you at the later of the date of your relocation, or the date you request the coverage. Please contact the employer/plan administrator or refer to your benefits booklet for specific information.

Paying for Continuation Coverage: Once you elect COBRA continuation coverage, it must be **paid for from the "Loss of Coverage" date forward in consecutive monthly payments.** Gaps in continuation coverage are not permitted. The first payment for coverage (including coverage retroactive to the loss of coverage) is due in full within 45 days of your election date. For monthly payments following your date of election, the premium is due, in full, on the "Day Due" each month as shown in the table above. Each monthly coverage period has a grace period of at least 30-days. If your first and last month's premiums are partial months, they will be prorated.

A COBRA payment is deemed made on the date it is postmarked (or when it is submitted online at Infinisource's website). **Payments made after any grace period ends (either the 45-day grace period, or a monthly 30-day grace period) are considered late, and will not be accepted.** Ruan Transport Corporation and Infinisource are not required to make exceptions based upon individual circumstances, and if you make a late payment, coverage will be terminated permanently, with no possibility of reinstatement. Invoices are not required, and you must postmark your payments by the monthly grace date even if you do not get an invoice. Returned checks (for instance, closed accounts, non-sufficient funds, or stop payments) are the same as no payment at all. Proof of timely payment is your responsibility (the United States Postal Service offers several proof of mailing services).

Certain states and certain plans may suspend coverage each month until payment is confirmed. Therefore, if you pay during your grace period your coverage and your claims may be temporary suspended each month. (This action is allowable under applicable federal COBRA law and regulations and may be required by certain state laws.).

Extending Continuation Coverage: If the qualifying event leading to your election of COBRA continuation coverage was your Termination or Reduction of Hours (or by any other name, a qualifying event that allowed for 18 months of continuation), you may be able to extend your COBRA continuation coverage period for two reasons.

Social Security Disability Determination: If any qualified beneficiary is determined to be disabled by the Social Security Administration, all qualified beneficiaries may receive an additional 11 months of COBRA continuation coverage (29 months total from the original qualifying event). To qualify for this extension **all** requirements must be met:

1. The qualified beneficiary must be disabled at any time during the first 60 days of continuation coverage.
2. The qualified beneficiary must provide the Social Security disability award letter to Infinisource within 60 days from the later of his or her "Event Date", "Loss of Coverage" date, or the date of the award letter.
3. The qualified beneficiary must provide the Social Security disability award letter to Infinisource before his or her 18-month continuation coverage period ends (refer to the "Coverage Expires" date above).

You must provide your original determination letter from the Social Security Administration that includes the date that you were deemed disabled.

You must also follow the reporting instructions described at the end of this notice. During a disability extension, you may be charged up to 150% of the applicable premium (including the employer's cost) for the coverage. The increased cost begins in the 19th month.

If the Social Security Administration later determines that the disabled qualified beneficiary is no longer disabled, the disability extension will end. Continuation coverage will terminate for all qualified beneficiaries at the end of the month that is 30 days after the date of the Social Security Determination (but not before the end of the original 18 months). If you are determined to be no longer disabled, you must report this change within 30 days, following the instructions described at the end of this notice.

Second Qualifying Events: If a second qualifying event that would normally cause a loss of coverage as a first qualifying event (death of the covered employee, divorce or legal separation, or a dependent child ceasing to be a dependent child) occurs during the 18-month continuation coverage period, the spouse and/or dependent children who are qualified beneficiaries and who would have lost coverage may receive an additional 18 months of continuation coverage (36 months total from the original qualifying event). You may be eligible for this extension even if you have already been granted an extension of continuation coverage for Social Security Disability. You must report a second qualifying event within 60 days of the qualifying event.

You can report these events using the COBRA Event Notice on our website at www.infinisource.com or by mailing in the notice or a description of the event. Your notice must be made within 60 days of the qualifying event, and in the case of a Social Security Disability, also within 60 days of the Award Letter and before the end of the 18-month continuation coverage period. If you are deemed no longer disabled, you must report that within 30 days of the determination. Please see the instructions at the end of this notice for more details. Once you report one of these events, Infinisource and Ruan Transport Corporation will review your eligibility. If you are not eligible, you will receive a Notice of Unavailability that will explain why.

Conversion Coverage: After continuation coverage expires, you may be eligible to elect an individual conversion policy, if your group health plan has such an option. Conversion coverage is not the same as group health plan coverage, and it is not the same as continuation coverage. Rates and benefits may be different. For more information, refer to your plan booklet, summary plan description, or contact the insurance company directly. Please examine your options carefully before declining this coverage. You should be aware that companies selling individual health insurance typically require a review of your medical history that could result in a higher premium or you could be denied coverage entirely.

Additional Website, Election, Event Reporting and Payment Instructions

Once you are offered COBRA, copies of important documents relating to your COBRA rights are available on our secure website, www.infinisource.com.

Online Reporting of Disability Determination or Additional Qualifying Events

Infinisource has a form titled the "COBRA Event Notice" on our website. From the login page, select "Employees/Participants", "Continuation Coverage" and enter your User ID and Password in the area provided. Your notice must be made within 60 days of the qualifying event, and in the case of a Social Security Disability, also within 60 days of the Award Letter and before the end of the 18-month continuation coverage period. If you are deemed no longer disabled, you must report that within 30 days of the determination.

Paper Reporting of Disability Determination or Additional Qualifying Events

You may call Infinisource at **(800) 594-6957** to request a "COBRA Event Notice" form.

You must report these events in writing, but use of the form is not required if you include the following information:

- | Name, address and phone number of the covered employee
- | Name, address and phone number of qualified beneficiaries experiencing the event
- | Group health plan coverage
- | The event experienced
- | The date of the event
- | For Social Security Disability Awards, you must include a copy of the award letter
- | If deemed No Longer Disabled, you must also include a copy of that letter, and
- | For all other events, you must include your signature and a statement that the event occurred as represented.

Send the "COBRA Event Notice" or other written format to:

Infinisource, Attention: COBRA Event Notice
PO Box 949
Coldwater, MI 49036
or via email to qbmail@infinisource.com.

How long does COBRA continuation coverage last: If you elect COBRA continuation coverage, your coverage may terminate earlier than the end date for the following reasons:

- | You first become, after the date you elect continuation coverage, covered by another group health plan
- | You first become, after the date you elect continuation coverage, entitled to Medicare Part A, Part B or both
- | Your payment is not timely made as described below.
- | Ruan Transport Corporation ceases to provide any group health plan
- | During any 11-month disability extension, a disabled qualified beneficiary is deemed no longer disabled by the Social Security Administration
- | Your coverage is terminated for cause, such as fraud, on the same basis that coverage can be terminated under the Ruan Transport Corporation Plan for active employees.

After electing COBRA continuation coverage, you or any qualified beneficiary must notify Infinisource or Ruan Transport Corporation in writing within 30 days of:

- | Becoming entitled to Medicare Part A, Part B or both; OR
- | Becoming covered under another group health plan

Failure to provide this notice as required may result in retroactive termination of COBRA continuation coverage. Any expenses incurred during a period for which coverage is later terminated will become your financial responsibility, and may require repayment to the providers.

HIPAA Special Enrollment and COBRA: You should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your

spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you keep continuation coverage for the maximum time available to you.

More Information: This notice does not fully describe your continuation coverage or other plan rights. You can find more complete information in your summary plan description, plan booklet or certificate. If you have questions about your COBRA rights, please contact Infnisource at (800) 594-6957. For more information about your rights under ERISA, including COBRA, HIPAA and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace and to locate an assister in your area who you can talk to about the different options, visit www.HealthCare.gov. It is important to keep Ruan Transport Corporation and Infnisource informed of address changes for all qualified beneficiaries. This notice contains important information about your rights and responsibilities under the COBRA law. Please keep this notice for future reference.

Please make a copy for your records of any information you submit to Infnisource.

Ruan Transport Corporation contact information: Sonya Jones at 515-245-2787.

Women's Health and Cancer Rights Act of 1998 (WHCRA): WHCRA requires a group health plan to notify you, as a participant or a beneficiary, of your potential rights related to coverage in connection with a mastectomy. Your plan may provide medical and surgical benefits in connection with a mastectomy and reconstructive surgery. If it does, coverage will be provided in a manner determined in consultation with your attending physician and the patient for a) all stages of reconstruction on the breast on which the mastectomy was performed; b) surgery and reconstruction of the other breast to produce a symmetrical appearance; c) prostheses; and d) treatment of physical complications of the mastectomy, including lymphedema. The coverage, if available under your group health plan, is subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. For specific information, please refer to your summary plan description or benefits booklet, or contact Ruan Transport Corporation.