

Medical Plan Options

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

	LIGHT		BASIC		CHOICE SAVINGS		PREMIER	
Preventative Care	100% in-network		100% in-network		100% in-network		100% in-network	
Doctor on Demand (virtual visit)	\$0 routine visit \$0 mental health		\$0 after deductible/OPM routine visit \$0 after deductible/OPM mental health		\$0 after deductible/OPM routine visit \$0 after deductible/OPM mental health		\$0 routine visit \$0 mental health	
Office Visit	\$20 co-pay		\$30 after deductible		\$0 after deductible		\$25 co-pay	
Deductible	\$5,000 Single	\$10,000 Family	\$3,200 Single	\$6,400 Family	\$2,500 Single	\$5,000 Family	\$0 Single	\$0 Family
Co-Insurance	50% after deductible		20% after deductible		0% after deductible		10%	
Out-of-Pocket Maximum (OPM)	\$6,850 Single	\$13,700 Family	\$4,800 Single	\$9,600 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 platform will apply to the plan's deductible or copay.

Prescription Drug

All medical plans include prescription drug coverage and is administered by Express Scripts. You will receive a separate Rx card.

	LIGHT	BASIC		CHOICE SAVINGS		PREMIER
		PREVENTIVE	ALL OTHERS	PREVENTIVE	ALL OTHERS	
Tier 1- Generic	\$15	\$20 or 25% (whichever is greater)	\$20 or 25% (whichever is greater after deductible)	\$0	\$0 (after deductible)	\$10 or 25% (whichever is greater)
Tier 2- Select Brands	50% (after deductible)	\$35 or 25% (whichever is greater)	\$35 or 25% (whichever is greater after deductible)	\$0	\$0 (after deductible)	25%
Tier 3- All Other Brands	50% (after deductible)	\$50 or 25% (whichever is greater)	\$50 or 25% (whichever is greater after deductible)	\$0	\$0 (after deductible)	25%
Specialty Drugs	50% (after deductible)	Generic/Select Brands: \$35 or 25% (whichever is greater; after deductible) Non-Select Brands: \$50 or 25% (whichever is greater; after deductible)		\$0 (after deductible/OPM)		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.express-scripts.com/RuanTransportCorporation
- 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) All specialty drugs must be filled through the Accredo Specialty Pharmacy Program to be covered by insurance.

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

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

Vision

Plans administered by VSP and utilize the VSP Advantage network.

	IN-NETWORK
Annual Exam (once per 12 months)	\$10 co-pay
Lenses (once per 12 months)	\$25 co-pay
Frames (once per 24 months)	\$130 allowance
Contacts - in lieu of glasses Contact Lens Fitting	\$130 allowance up to \$60 allowance

- 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.

Additional details are available at www.ruan.com/benefits or on the Hub

HUMAN RESOURCES HOTLINE | 1-800-845-6675 | 8:30 AM-4:30PM CST | BENEFITS@RUAN.COM



HSA/FSA Comparison

	Health Savings Account (HSA)	Medical Flexible Spending Account (FSA)
Eligibility	Enrollment in Ruan's Basic or Choice Savings 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. Note: participation in a general purpose health care FSA disqualifies a member from participation in an HSA.	Any full-time employee eligible for the Ruan benefits program. Note: participation in Ruan's Choice Savings medical plan will disqualify a member from participating in a health care FSA due to the company contributions into an HSA.
Who Funds the Account?	The employee funds the account. Those enrolled in the Choice Savings medical plan may qualify for a company contribution.	The employee funds the account.
How Are Funds Deposited?	Payroll deduction or online bank transfer.	Payroll deduction only.
Account Limits	No minimum. Maximum contribution per year: \$4,150 single coverage \$8,300 Employee + Spouse/Child/ Family coverage If coverage starts mid-year, may still contribute the maximum provided you remain in the HDHP medical plan the following year.	Annual minimum: \$100 Annual maximum: \$3,200
Company Contributions	Employees enrolled in the Choice Savings medical plan are automatically enrolled. Ruan will contribute \$9.61 weekly or \$19.23 bi-weekly, up to an annual maximum of \$500. New employees starting coverage after January 1 will have a prorated amount.	None.
Excess Funds at End of the Year	Remains in the account—cannot be lost or forfeited.	Forfeited if funds are not used up by the end of the grace period (March 15 of the following year).
Account Draws Interest?	Yes, with the option to invest amounts over \$1,000 for a potential higher rate of return.	No interest on account.
Mid-Year Changes	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.
Portability	Yes. May keep the account or rollover once per 12-month period.	No.
Account After Death	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.
Tax Benefit	Contributions pre-tax; withdrawals pre-tax for qualified medical expenses.	Contributions pre-tax; withdrawals pre-tax for qualified medical expenses.
Availability of Funds	Up to current account balance only.	Full annual pledge is available on the effective date.
Withdrawals	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 debit card or bank transfer.	Exclusively for qualified health care expenses. Funds accessed through a flex debit card or reimbursement claim form with accompanying documentation.
Catch-Up Provision for Age 55 and Over	Yes. \$1,000 per year.	No.
Use Funds for Premium Payments?	Only for COBRA, health premiums while unemployed or laid off and/or long-term care.	No.
Additional Fees?	\$5 card replacement fee \$1.50 per paper statement (electronic is free) \$25 per account closure fee Investment fee of 25 bps annual After termination of employment: \$3.50/mo. fee	\$5 card replacement fee \$1.50 per paper statement (electronic is free)
Can I Have More Than One of These Accounts Under the Ruan Plan?	No.	No.