RUAN

2026 Price List (Full-Time)

Due to the 2026 payroll calendar having 53 weekly paychecks, all weekly deductions are calculated using 53 weeks instead of the traditional 52.

Medical Plans		Employee Pre-Tax Cost			
		Tobacco		Non-Tobacco	
		Weekly	Bi-Weekly	Weekly	Bi-Weekly
Light	Single	$21.53	$43.89	$10.21	$20.82
	Employee + Spouse	$42.25	$86.13	$30.93	$63.06
	Employee + Child(ren)	$39.38	$80.28	$28.06	$57.21
	Family	$53.43	$108.91	$42.10	$85.83
Basic	Single	$37.43	$76.30	$26.11	$53.22
	Employee + Spouse	$70.28	$143.26	$58.96	$120.18
	Employee + Child(ren)	$61.94	$126.27	$50.62	$103.19
	Family	$89.45	$182.34	$78.13	$159.26
Choice Savings/Choice Iowa	Single	$46.04	$93.84	$34.72	$70.77
	Employee + Spouse	$86.14	$175.60	$74.82	$152.52
	Employee + Child(ren)	$83.13	$169.46	$71.81	$146.38
	Family	$120.17	$244.96	$108.85	$221.88
Premier	Single	$94.50	$192.64	$83.18	$169.56
	Employee + Spouse	$185.38	$377.89	$174.06	$354.82
	Employee + Child(ren)	$168.15	$342.76	$156.83	$319.69
	Family	$265.89	$542.00	$254.57	$518.93

* New York State Surcharge: Employees with a New York state residence will be subject to a surcharge of $10 Single/$15 Employee + Spouse/$15 Employee + Child(ren)/$20 Family added to their monthly medical premium.

Tobacco-Free Discount & Free Smoking Cessation Program

Employees or dependents who attest to using tobacco during Open Enrollment will be charged the higher tobacco rate on their medical premiums in 2026. To help you avoid this added cost, Ruan is offering a free cessation program through the American Lung Association's Freedom From Smoking Plus for you and your dependents. This 6-week interactive, online quit-smoking program provides personalized support and tools to help you quit.

If you or your dependents complete the program by March 31, 2026, Ruan will adjust your medical premium to the lower non-tobacco rate and refund the difference back to January 1. If completed after March 31, the lower rate will apply going forward, but no retroactive refund will be issued.

To learn more visit lung.org/ffs or email the benefits team at benefits@ruan.com.

Δ Non-tobacco discount must be re-elected each year. To apply for this discount, please agree to the non-tobacco statement when completing your online benefits enrollment.

Dental Plans		Employee Pre-Tax Cost	
		Weekly	Bi-Weekly
Standard	Single	$1.93	$3.93
	Employee + Spouse	$3.99	$8.14
	Employee + Child(ren)	$4.68	$9.54
	Family	$6.81	$13.89
Premier	Single	$6.10	$12.44
	Employee + Spouse	$12.11	$24.69
	Employee + Child(ren)	$13.74	$28.00
	Family	$22.31	$45.48

Vision Plan	Employee Pre-Tax Cost	
	Weekly	Bi-Weekly
Single	$1.30	$2.64
Employee + Spouse	$2.49	$5.08
Employee + Child(ren)	$2.79	$5.69
Family	$3.79	$7.73

Note: Deductions will be adjusted accordingly based on your pay cycle.

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2026 Price List (Full-Time) Continued

Supplemental Disability	Employee After-Tax Cost
Short-term: {(Annual Benefits Salary x .014) ÷ 12} - $20.22 core benefit = Monthly cost Example: {($52,000 x .014) ÷ 12} - $20.22 = $40.45 per month Long-term: (Covered Monthly Payroll x $0.196) ÷ 100 = Monthly Cost Example: ($4,333x $0.196) ÷ 100 = $8.49	$_____monthly $_____monthly

Supplemental Life/AD&D and Dependent Life/AD&D Insurance			Employee After-Tax Cost
Employee and Spouse rate per $1,000		Child rate per $1,000	Self: $_____monthly Spouse: $_____monthly Child: $_____monthly
Age < 30	$0.156	$0.20	
Age 30-39	$0.210	Formula: Rate x Election $1,000	
Age 40-49	$0.318		
Age 50-59	$0.624		
Age 60-64	$1.038	Example: $0.318 x $50,000/ $1,000 = $15.90 per month	
Age 65-69	$1.668		
Age 70+	$2.694		
Employee Maximum: $10,000 increments up to 5x annual wages (max. $500,000). Spouse Maximum: $5,000 increments up to ½ of employee's supp. amount (max. $250,000). Children Maximum: $2,000 increments up to ½ of employee's supp. amount (max. $10,000).			

Flexible Spending Accounts	Employee Pre-Tax Cost
Formula: Annual pledge ÷ months remaining in year = monthly contribution	
Healthcare: (minimum $100; maximum $3,400) Members enrolled in the Choice Savings/Choice Iowa medical plan may be automatically enrolled in an HSA, which will prevent participation in a Healthcare FSA. See your Employee Benefits Guide for details.	$_____monthly
Dependent Care: (minimum $100; maximum $7,500 or $3,750 if married but filing separately)	$_____monthly

Note: Deductions will be adjusted accordingly based on your pay cycle.

Accident Insurance

Accident Rates		
Coverage Types	Weekly Rates (53 Pay Periods)	Bi-Weekly Rates (26 Pay Periods)
Employee	$2.07	$4.22
Employee + Spouse	$4.14	$8.44
Employee + Children	$4.45	$9.07
Family	$6.52	$13.30

Hospital Indemnity — Low Plan

Hospital Confinement Indemnity Rates Low Plan		
Coverage Types	Weekly Rates (53 Pay Periods)	Bi-Weekly Rates (26 Pay Periods)
Employee	$2.13	$4.34
Employee + Spouse	$4.68	$9.55
Employee + Children	$3.76	$7.66
Family	$6.31	$12.87

2026 Price List (Full-Time continued)

Hospital Indemnity – High Plan

Hospital Confinement Indemnity Rates High Plan		
Coverage Types	Weekly Rates (53 Pay Periods)	Bi-Weekly Rates (26 Pay Periods)
Employee	$4.15	$8.46
Employee + Spouse	$9.13	$18.61
Employee + Children	$7.36	$15.01
Family	$12.34	$25.16

Child(ren) birth to age 26; no limit to the number of children per family

Critical Illness

The table below shows how much you'll pay for Critical Illness insurance. Rates are dependent on your age and amount of coverage selected.

Employee: $10,000 Spouse: $10,000 Child(ren): $5,000

Weekly Rates (53 Pay Periods) Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+ SP	EE+ CH	Family
Under 30	$0.88	$1.77	$1.17	$2.05
30-39	$1.25	$2.49	$1.53	$2.77
40-49	$2.47	$4.94	$2.75	$5.22
50-59	$4.46	$8.92	$4.74	$9.20
60-69	$7.04	$14.08	$7.32	$14.37
70+	$9.03	$18.07	$9.32	$18.35

Bi-Weekly Rates (26 Pay Periods) Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+SP	EE+CH	Family
Under 30	$1.80	$3.60	$2.38	$4.18
30-39	$2.54	$5.08	$3.12	$5.65
40-49	$5.03	$10.06	$5.61	$10.64
50-59	$9.09	$18.18	$9.67	$18.76
60-69	$14.35	$28.71	$14.93	$29.28
70+	$18.42	$36.83	$18.99	$37.41

Employee: $20,000 Spouse: $20,000 Child(ren): $10,000

Weekly Rates (53 Pay Periods) Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+SP	EE+CH	Family
Under 30	$1.77	$3.53	$2.33	$4.10
30-39	$2.49	$4.98	$3.06	$5.55
40-49	$4.94	$9.87	$5.50	$10.44
50-59	$8.92	$17.84	$9.49	$18.41
60-69	$14.08	$28.17	$14.65	$28.73
70+	$18.07	$36.14	$18.63	$36.70

Bi-Weekly Rates (26 Pay Periods) Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+SP	EE+CH	Family
Under 30	$3.60	$7.20	$4.75	$8.35
30-39	$5.08	$10.15	$6.23	$11.31
40-49	$10.06	$20.12	$11.22	$21.28
50-59	$18.18	$36.37	$19.34	$37.52
60-69	$28.71	$57.42	$29.86	$58.57
70+	$36.83	$73.66	$37.98	$74.82

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2026 Price List (Full-Time continued)

Employee: $30,000 Spouse: $30,000 Child(ren): $15,000

Weekly Rates (53 Pay Periods) Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+SP	EE+CH	Family
Under 30	$2.65	$5.30	$3.50	$6.15
30-39	$3.74	$7.47	$4.58	$8.32
40-49	$7.40	$14.81	$8.25	$15.66
50-59	$13.38	$26.76	$14.23	$27.61
60-69	$21.12	$42.25	$21.97	$43.10
70+	$27.10	$54.20	$27.95	$55.05

Bi-Weekly Rates (26 Pay Periods) Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+SP	EE+CH	Family
Under 30	$5.40	$10.80	$7.13	$12.53
30-39	$7.62	$15.23	$9.35	$16.96
40-49	$15.09	$30.18	$16.82	$31.92
50-59	$27.28	$54.55	$29.01	$56.28
60-69	$43.06	$86.12	$44.79	$87.85
70+	$55.25	$110.49	$56.98	$112.22

2026 Price List (Part-Time)

Medical Plans	Employee Pre-Tax Cost	
	Weekly (53 Pay Periods)	Bi-Weekly (26 Pay Periods)
Single* Light Plan	$22.64	$46.15
Employee + Spouse* Light Plan	$45.28	$92.31
Employee + Child(ren)* Light Plan	$45.28	$92.31
Family* Light Plan	$90.57	$184.62

*New York State Surcharge: Employees with a New York state residence will be subject to a surcharge of $10 Single/$15 Employee + Spouse/$15 Employee + Child(ren)/$20 Family added to their monthly medical premium. See Glossary of Terms for more information.

Note: Deductions will be adjusted accordingly based on your pay cycle.