BENEFITS GUIDE

RUAN



2027

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Welcome to Your Enrollment!

Ruan appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about your enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Any time you have questions about benefits or the enrollment process, you can contact your human resources department. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan descriptions (SPDs) on the Hub. Each insurance plan has a written certificate describing the program in detail and reflect the most current plan provisions. You may also request an SPD from Human Resources at **800.845.6675.**

Contact Information

Medical and Pharmacy

Wellmark Blue Cross Blue Shield

Customer Service: **800.211.6773** or wellmark.com
Medical Networks:

- Wellmark Blue POS Network — Iowa (IA)
- Blue Open Access POS Network — Georgia (GA)
- Blue Preferred POS Network — Wisconsin (WI)
- Wellmark Blue PPO Network — All other states, plus out-of-state coverage for residents in Georgia and Wisconsin

Pharmacy Network: Enhanced
Personal Health Assistant 24/7: **800.724.9122**

FSA or HSA

Voya Financial

Flexible Spending Accounts and Health Savings Accounts: **833.232.4673** or hasinfo@voya.com
Consumer Portal:
myhealthaccountsolutions.voya.com

Accident, Critical Illness, and Hospital Indemnity

Voya

Employee Benefit Resource Center:
presents.voya.com/ebrc/ruan
Customer Service: **877.236.7564**

Dental

Delta Dental of Iowa

Customer Service: **800.544.0718** or
deltadentalia.com

Vision

VSP

Customer Service: **800.877.7195** or vsp.com
VSP Advantage Network

Life and Disability

Prudential

Portal Access: mybenefits.prudential.com
Phone: **888.598.5671**
Employee Assistance Program: **800.311.4327** or
guidanceresources.com
Web ID: GRS311

401(k)

Principal Financial Group

401(k): **800.547.7754** or principal.com

Discount Marketplace

BenefitHub

Customer Service: **866.664.4621** or
customercare@benefithub.com or
ruan.benefithub.com/welcome

Ruan Human Resources

Toll-Free: **800.845.6675**
Fax: **515.558.3497**
Email: benefits@ruan.com
ruan.com/benefits

Enrollment

Newly hired eligible employees have **30 days from their hire/re-hire date to enroll** in Ruan benefits with coverage effective on the 31st day. Once your coverage begins, **your elections must remain in place for the remainder of the calendar year.** You will have the option each fall during open enrollment to add, drop or change your elections for the following year.

Eligibility

Regular full-time employees who have completed 30 days of service are eligible to participate in the Ruan benefits program. Employees may also enroll dependents in medical, dental, vision, voluntary benefits and life insurance coverage. Eligible dependents include your:

- Spouse, non-working (see next section)
- Dependent children under age 26
- Incapacitated, dependent adult children (subject to medical approval)

Note: You will need the birth dates and Social Security numbers of each dependent you wish to cover when you complete your enrollment. You will also be required to provide supporting documentation for each dependent at the time of your enrollment.

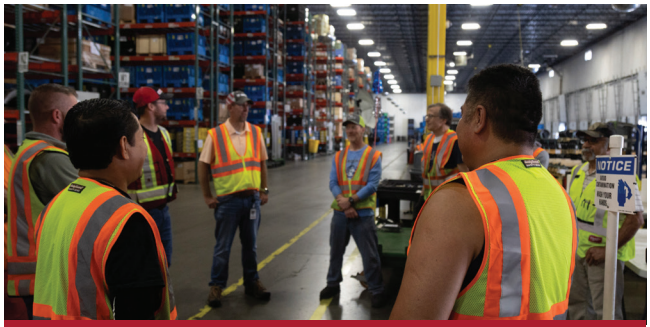
Part-time employees who work an average of 30+ hours per week over a six-month measurement period will be eligible to enroll themselves and qualified dependents in the Light Medical plan only. The Benefits Department will monitor hours worked, and once a part-time team member meets the eligibility rules, he/she will be notified of their new eligibility status and be invited to enroll.

Working Spouse Exclusion

A working spouse who has other coverage available through their own employer will not be eligible to enroll in a Ruan medical plan. A working spouse is defined as:

- Employed by a company or business
- Meets the “full-time” definition as established by the Affordable Care Act
- Is offered coverage through their employer that meets the “Minimum Essential Coverage” requirement of the ACA
- The premium cost for single coverage meets the “Affordability Rule” of the ACA

To cover a non-working spouse, you must attest to their non-working status at the time of your initial enrollment and then re-certify each year during open enrollment. Note that this exclusion only applies to medical coverage; spouses may still be enrolled in other plans such as dental and vision.



It is your responsibility to enroll within the appropriate deadlines and provide supporting documentation for each covered dependent. Failure to enroll in a timely manner may limit your options or require you to wait for the next open enrollment period. If you have any questions regarding enrollment into the plan, please contact Human Resources at 800.845.6675.

Qualifying Life Events

Certain life events may allow you to enroll in the plan, or add/drop dependents to an existing election, other than when first hired or at open enrollment. These life events, or special enrollment periods, allow you to make related changes within 30 days of the family event unless otherwise indicated.

Here are some examples of qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or child
- Loss of a dependent or gain of a dependent for tax purposes
- A change in your spouse's employment
- Loss of other group coverage, including COBRA
- Eligibility for Medicare
- An unpaid leave of absence by you or your spouse
- A change from full-time to part-time employment status or vice versa by you or your spouse (eligibility requirements may still apply)
- A significant plan change to the coverage your spouse received due to his/her work
- The employee's or dependent's Medicaid or state children's health insurance program coverage is terminated as a result of loss of eligibility (submit change up to 60 days from loss of coverage)
- The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or a state children's health insurance program (submit change within 60 days of when eligibility is determined)

You will need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate or loss-of-coverage letter. Failure to provide the requested documentation will result in the cancellation of your change event.

Ruan Benefits Enrollment Instructions

1. Before you enroll, make sure to review your benefits options, premium prices, and helpful resources available on the Hub (https://hub.ruan.com/intranet/account/login). From the home page dashboard click on **"Benefits"** on the top red menu bar.
2. Log in to your https://my.adp.com account; a Google Chrome web browser works best with this system. You may follow the link posted on the **"Ready to Enroll"** Benefits page of the Hub to access this site. Not registered with ADP yet? Follow the ADP User Registration Instructions posted on the Hub. When prompted, use Company Registration Code: Ruans-1932
3. From the MyADP dashboard, click on the Your Benefits tile.
4. Look for your Enrollment square. Click on **"Enroll Now"**
   - Follow the prompts to enroll in your benefits.
   - If you do not want or need a particular plan, there is a **"Waive This Benefit"** option at the bottom of the window.
5. Don't forget to designate a beneficiary for your free, company-provided Core Life Insurance!
6. Once you've chosen your benefits you must **"Agree and Confirm"** your elections to complete the process. The ADP Benefits system will then generate a confirmation as proof of your enrollment.

REMEMBER: Some elections may have follow-up tasks (e.g., complete an Evidence of Insurability/Underwriting questionnaire for a life insurance election). Look for these tasks and related links under the **"Needs Attention"** section after confirming your elections.

IMPORTANT: If you add a new dependent to a Ruan plan, ADP's Dependent Verification Services will reach out to you via email and/or letter asking for verification of a dependent. Failure to provide the requested information may result in a cancellation of their coverage retroactively to the dependent's start date.

Frequently Asked Questions

Where Can I Find Additional Details, Forms and/or Provider Listings Regarding My Benefits?

There Are Several Ways to Access Information, Including:

- **ruan.com/benefits —** educational tools and a link to online enrollment are available for you and eligible family members to view and/or print 24 hours a day, seven days a week.
- **Ruan Hub —** this employee intranet portal provides enrollment materials, claim forms, insurance carrier information and links to provider networks. From the dashboard, simply click on **"Benefits"** from the top navigation bar and follow the menu topic links.
- **Insurance companies —** ask detailed questions about a specific plan. Each insurance company's name, phone number and website are listed near the front of this booklet and on the Hub under Benefits > Insurance Contacts.
- **Summary Plan Descriptions (SPDs) —** each insurance plan has a written certificate describing the program in detail. All SPDs are located on the Hub and reflect the most current plan provisions. You may also request an SPD from Human Resources at 800.845.6675.
- **Ruan Human Resources —** to ask general questions or request printed materials, simply call the Human Resources Hotline at 800.845.6675 during business hours or email benefits@ruan.com.

If I Elect a Medical Plan, Do I Also Have to Elect Dental and Vision?

No. Under Ruan's benefit program, each benefit option is an independent election. This allows you to pick and choose the coverages you need to create a custom benefits program to meet the needs of you and your family.

If My Employment Status Changes, When Will My Benefits End?

If your employment terminates for any reason, your benefit coverage will cease at the end of the pay period in which you last worked as a full-time employee. At that time, you have the right to elect COBRA continuation benefits. If you are on an approved leave of absence, your benefits may continue for up to 12 weeks provided you pay the employee portion of your benefits. If you change from full-time to part-time status, you may be eligible for the Light Medical plan only, provided you maintain an average of 30 hours per week. All other benefits will stop at the end of the pay period in which you last worked as a full-time employee.

How Do My Benefit Elections Affect My Taxes?

Many of your Ruan benefit elections are paid for on a pretax basis. This means the cost of certain benefits will come out of your paycheck before any federal or state income taxes or Social Security taxes are withheld. This reduces the amount of your taxable income, meaning you owe less tax. Pretax benefit deductions are indicated on your pay stub with an asterisk (*).

Common Terms

Here are some terms you'll see in this guide:

ANNUAL BENEFITS SALARY (ABS): Calculated as one times your annual wages, rounded up to the nearest $1,000. Drivers will have an ABS of prior year's wages, rounded up to the nearest $1,000. Newly hired/re-hired drivers will have a beginning ABS of $52,000 for the remainder of the calendar year; the ABS will be adjusted their first January to reflect prior year's wages or $52,000, whichever is greater.

CO-INSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying co-insurance after you've paid your plan's deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

COPAY: A fixed amount you pay for a specific medical service (typically an office visit) at the time you receive the service. The copay can vary depending on the type of service. Copays may not be included as part of your annual deductible, but they do count toward your out-of-pocket maximum.

DEDUCTIBLE: The amount you pay for healthcare services before your health insurance begins to pay. For example, if your plan's deductible is $3,000, you'll pay 100% of eligible healthcare expenses until the bills total $3,000 for the year. After that, you share the cost with your plan by paying co-insurance or a copay.

IN-NETWORK: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You'll pay less when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the medical plan agreement. You'll pay more when you use out-of-network providers.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles, co-payments and co-insurance, your health plan pays 100% of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

FLEXIBLE SPENDING ACCOUNT (FSA): A reimbursement account to which employees contribute pretax dollars for payment of health and/ or dependent care expenses. Ruan benefits offers both a healthcare and dependent care FSA.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP): A medical insurance plan with a high annual deductible. A HDHP will not provide benefits until a minimum deductible is met, with the exception of preventative and well-child care. There are statutory minimum deductibles and out-of-pocket maximums that are subject to annual cost of living adjustments.

HEALTH SAVINGS ACCOUNT (HSA): A tax-favored healthcare savings account, managed by the individual, which accumulates and carries over from year to year. Qualified expenses may be paid tax-free from the account. Eligibility requirements apply.

Medical

Medical and Prescription Drug Plan Summary

Side by Side

Ruan offers several medical options through Wellmark Blue Cross and Blue Shield, allowing employees to choose the plan that best meets their needs.

	Premier		Choice Single		Choice Family	
	You Pay In-Network	You Pay Out-of-Network	You Pay In-Network	You Pay Out-of-Network	You Pay In-Network	You Pay Out-of-Network
Primary Care Office Visits	$25 copay	30%	$0 after ded./OPM	0% after ded./OPM	$0 after ded./OPM	0% after ded./OPM
Doctor on Demand Virtual Visit	$0 routine visit $0 mental health		0% after ded.			
Preventive Services*				$0 after ded./OPM		$0 after ded./OPM
Annual Exam	$0	30%	$0		$0	
Mammogram/PSA	$0	30%	$0		$0	
Colonoscopy	$0	30%	$0		$0	
	*This benefit applies to services provided based on evidence-informed preventive care, including those rated A or B in the current recommendations of the U.S. Preventive Services Task force. Does not apply to services not directly related to preventive care, even if provided during the same visit. A preventive exam or procedure that becomes diagnostic must apply to the deductible. Examples include a colonoscopy that finds and removes a polyp or a mammogram that discovers a lump.					
Urgent Care/ Specialist Visit	$25	30%	0% after ded./OPM	0% after ded./OPM	0% after ded./OPM	0% after ded./OPM
Annual Deductible	$500 single $1,000 family (medical only)	$1,000 single $2,000 family (medical only)	$2,750 single all inclusive	$3,250 single all inclusive	$5,500 family all inclusive	$6,500 family all inclusive
Hospital Inpatient*						
Physician Services	10%	30%	$0 after ded./OPM	$0 after ded./OPM	$0 after ded./OPM	$0 after ded./OPM
Hospital Services	10%	30%	$0 after ded./OPM	$0 after ded./OPM	$0 after ded./OPM	$0 after ded./OPM
	*Must obtain Pre-Admission Certification. Failure to do so will result in a 50% benefit payment.					
Hospital Outpatient						
Physician Services	10%	30%	$0 after ded./OPM	$0 after ded./OPM	$0 after ded./OPM	$0 after ded./OPM
Hospital Services	10%	30%	$0 after ded./OPM	$0 after ded./OPM	$0 after ded./OPM	$0 after ded./OPM
Emergency Room*	$50 copay, then 10%	$50 copay, then 10%	$0 after ded./OPM	$0 copay after ded./OPM	$0 after ded./OPM	$0 copay after ded./OPM
	*Emergency Room copay waived if admitted to hospital. You must obtain Pre-Admission Certification within two working days following admission. Out-of-network provider claim(s) may be processed at in-network level if a true medical emergency.					
Ambulance*	10%	30%	$0 after ded./OPM	$0 after ded./OPM	$0 after ded./OPM	$0 after ded./OPM
	*Out-of-network claim(s) may be processed at in-network level if a true medical emergency.					
Chiropractic Care (20 visits/year)	$25 copay	30%	$0 after ded./OPM	$0 after ded./OPM	$0 after ded./OPM	$0 after ded./OPM
Maternity Care						
Inpatient/Outpatient	10%	30%	$0 after ded./OPM	$0 after ded./OPM	$0 after ded./OPM	$0 after ded./OPM
Office Visits	$25 copay	30%	$0 after ded./OPM	$0 after ded./OPM	$0 after ded./OPM	$0 after ded./OPM
Well Child Care (Up to age 7)	$0	30% after ded.	$0	$0 after ded./OPM	$0	$0 after ded./OPM
Out-of-Pocket Maximum	$2,000 single $4,000 family (medical only)	$2,500 single $5,000 family (medical only)	$2,750 single	$3,250 single	$5,500 family	$6,500 family
Tax-Advantaged Savings Options	Healthcare FSA: member optional		Health savings account (HSA): company contribution plus member optional		Health savings account (HSA): company contribution plus member optional	

Notations:

1) Mental health and chemical dependency claims are processed under the medical plan and are subject to the same office copays, deductibles and/or co-insurance.

2) Even though a facility may be in-network, some of the providers within may be out-of-network.

3) A complete listing of all plan benefits and exclusions is available in the Summary Plan Description (SPD).

	Basic		Light	
	You Pay In-Network	You Pay Out-of-Network	You Pay In-Network	You Pay Out-of-Network
Primary Care Office Visits	$30 copay after ded.	40% after ded.	$25 copay	70% after ded.
Doctor on Demand Virtual Visit	20% after ded.		$0 routine visit $0 mental health	
Preventive Services* Annual Exam	$0	40% after ded.	$0	70% after ded.
Mammogram/PSA	$0	40% after ded.	$0	70% after ded.
Colonoscopy	$0	40% after ded.	$0	70% after ded.
	*This benefit applies to services provided based on evidence-informed preventive care, including those rated A or B in the current recommendations of the U.S. Preventive Services Task Force. Does not apply to services not directly related to preventive care, even if provided during the same visit. A preventative exam or procedure that becomes diagnostic must apply to the ded. Examples include a colonoscopy that finds and removes a polyp or a mammogram that discovers a lump.			
Urgent Care/ Specialist Visits	$30 after ded.	40% after ded.	$50	70%
Annual Ded.	$3,500 single $7,000 family	$4,200 single $8,200 family	$5,000 single $10,000 family	$6,850 single $13,700 family
Hospital Inpatient* Physician Services	20% after ded.	40% after ded.	50% after ded.	70% after ded.
Hospital Services	20% after ded.	40% after ded.	50% after ded.	70% after ded.
	*Must obtain Pre-Admission Certification. Failure to do so will result in a 50% benefit payment.			
Hospital Outpatient Physician Services	20% after ded.	40% after ded.	50% after ded.	70% after ded.
Hospital Services	20% after ded.	40% after ded.	50% after ded.	70% after ded.
Emergency Room*	$100 copay after ded., then 20%	$100 copay after ded., then 20%	50% after ded.	50% after ded.
	*Emergency Room copay waived if admitted to hospital. You must obtain Pre-Admission Certification within two working days following admission. Out-of-network provider claim(s) may be processed at in-network level if a true medical emergency.			
Ambulance*	20% after ded.	40% after ded.	50% after ded.	70% after ded.
	*Out-of-network claim(s) may be processed at in-network level if a true medical emergency.			
Chiropractic Care (20 visits/year)	$30 copay after ded.	40% after ded.	$25 copay	70% after ded.
Maternity Care Inpatient/Outpatient	20% after ded.	40% after ded.	50% copay after ded.	70% after ded.
Office Visits	$30 copay after ded.	40% after ded.	$25 copay	70% after ded.
Well Child Care (Up to age 7)	$0	Not covered	$0	70% after ded.
Out-of-Pocket Maximum	$5,250 single $10,500 family	$7,000 single $14,000 family	$6,850 single $13,700 family	$10,000 single $20,000 family
Tax-Advantaged Savings Options	Health Savings Account (HSA) or Healthcare FSA: member optional		Healthcare FSA: member optional	

Notations:
1) Mental health and chemical dependency claims are processed under the medical plan and are subject to the same office copays, deductibles and/or co-insurance.

2) Even though a facility may be in-network, some of the providers within may be out-of-network.

3) A complete listing of all plan benefits and exclusions is available in the Summary Plan Description (SPD).

Important Facts About All Inclusive Deductibles

While the Basic and Choice plans look similar to a traditional plan, there are significant differences in the way the deductible is applied. Under these plans, ALL medical services and prescription drugs are subject to the deductible, with the exception of preventive care services or medications.

The Choice plan goes a step farther in that an Employee + Spouse/ Child(ren)/Family election must share the higher family amount. This means that even if just one member receives medical services, he/ she must meet the higher family deductible and out-of-pocket maximum before benefits are paid under the plan. Once the family limits have been met, all remaining family members' eligible claims would be paid 100% for the remainder of the calendar year.

Provider Network Changes for Members in Georgia, Iowa, and Wisconsin

Effective January 1, 2027, members residing in Georgia, Iowa, or Wisconsin will have a new provider network. Please review the information below to understand your network and how to access in-network care.

If You Live in Georgia

- Your network will change to the Blue Open Access Point of Service (POS) network.
- To receive the highest level of coverage and in-network cost-sharing, use providers participating in the Blue Open Access POS network when receiving care in Georgia.
- When receiving care outside of Georgia, use Wellmark Blue PPO providers to receive in-network benefits.

If You Live in Iowa

- All four Ruan medical plans will utilize the Wellmark Blue Point of Service (POS) network.
- To receive the highest level of coverage and in-network cost-sharing, use providers participating in the Wellmark Blue POS network when receiving care within Iowa.
- Services received outside Iowa are considered out-of-network and may be subject to higher deductibles and higher out-of-pocket maximums.

If You Live in Wisconsin

- Your network will change to the Blue Preferred Point of Service (POS) network.
- To receive the highest level of coverage and in-network cost-sharing, use providers participating in the Blue Preferred POS network when receiving care in Wisconsin.
- When receiving care outside Wisconsin, use Wellmark Blue PPO providers to receive in-network benefits.

Members Living in All Other States

- There are no changes to your provider network.
- You may continue receiving care through the current Wellmark Blue PPO network.

Additional information is available on the Ruan Hub under Benefits > 2027 Open Enrollment.



Verify Your Providers Are In Network

Before receiving care in 2027, members in Georgia, Iowa, and Wisconsin should confirm that their doctors, specialists, hospitals, and facilities participate in their new network.

To search for in-network providers, visit wellmark.com/find-care/providers-and-facilities.

Georgia

- Network: Blue Open Access POS
- ID Prefix: RUR

Iowa

- Network: Wellmark Blue POS
- ID Prefix: XQW

Wisconsin

- Network: Blue Preferred POS
- ID Prefix: RUQ

Watch for Your New ID Card

Members residing in Georgia, Iowa, and Wisconsin will receive new ID cards. Members in all other states will only receive new ID cards if you changed medical plans for the new year.

Maintenance of Benefits

If an employee or dependent is covered by more than one plan, the plan that covers the individual as primary pays its benefits first. Any unpaid portion of the claim can be submitted to Ruan's plan. The total amount paid by Ruan will be reduced by the benefits provided by the primary plan. **Under no circumstance will the Ruan plan pay more than it would have paid if there was no other coverage.** For example, if the primary plan pays 80% and the Ruan option you chose pays 90%, the Ruan plan would pay 10% of the charges (bringing the total paid to 90%). Therefore, if you are considering using the Ruan group plan as a secondary medical plan, you should thoroughly review the maintenance or coordination of benefits rules for both plans to determine if the additional coverage, if any, outweighs the added premium costs and administrative burden.

Women's Health and Cancer Rights Act

All health plans that cover a mastectomy must also cover reconstructive surgery. Coverage of breast reconstruction benefits may be subject to the same deductibles and co-insurance limitations that are consistent with other plan benefits.

For additional information on your rights under the WHCRA, please contact Wellmark Blue Cross Blue Shield at **800.211.6773.**

Quality Transplant Centers

Quality Transplant Centers are prestigious medical centers throughout the country that specialize in transplants. They have proven track records regarding survival rates and minimal complications resulting from transplants. Transplant patients covered under the plan will be required to utilize these quality centers.

Prescription Drug Coverage

Ruan's Pharmacy benefit program is administered by Wellmark through their partnership with CVS Caremark. Your prescription costs depend on your medical plan and the drug classification of the medication you are taking. Covered medications are classified into tiers. In many situations, there is more than one drug available to treat a medical condition. Therefore, as a consumer, you should consult with your provider to determine which medication is not only the most effective but also the most affordable.

The Blue Rx Value Plus Formulary, sometimes referred to as a drug list or preferred list, identifies medications that provide the most appropriate treatment for the best price. Your lowest cost is to use Tier 1 generic medications, which contain the same active ingredients, strength, purity and stability as their brand name counterpart. If there is no generic available, speak to your doctor about specially selected brand name drugs that are on Tier 2. If you and your healthcare provider elect a brand name drug under Tier 3, you may still use that drug, but your costs will be higher. The drug list is subject to change without notice. Therefore, prior to filling any brand name prescription, you should verify the tier of your drug by calling Wellmark at 800.211.6773 or visiting wellmark.com.

Your prescriptions may be filled with generic drugs unless indicated "dispense as written" by your doctor. In addition, if there is a generic drug available and you choose to receive a brand name drug, you will be responsible for the higher copay and the difference in price.



Retail Pharmacy Program

Under the Light and Premier plans, you pay a copayment or co-insurance at the time you pick up your prescription. Pharmacy copays or co-insurance under Premier do not apply to the medical plan's out-of-pocket maximum. The medical and pharmacy plans are kept separate, and each has its own out-of-pocket limits.

Under the Basic and Choice plans, the medical deductible is waived IF the prescription is classified as preventive care and you just pay a pharmacy copay or co-insurance. Drugs not listed as "preventive" are subject to the medical plan's annual deductible. This means that until your deductible has been met, you will pay the full price of the medication minus any network discounts. After meeting your Light, Basic or Choice plan's out-of-pocket maximum, prescriptions will be paid at 100 percent. To see if your medication is considered preventive, visit wellmark.com to locate the Wellmark HSA Drug List.

Wellmark's website wellmark.com allows members to review their drug benefits under the Blue Rx Value Plus formulary list, locate a pharmacy in Wellmark's Enhanced network and price a medication. For those considering one of Ruan's high-deductible health plans, Basic or Choice, a list of preventive medications is also available.

<table>
<tr><th></th><th>Premier[3]</th><th>Choice Preventive[1]</th><th>Choice All Others</th><th>Basic Preventive[1]</th><th>Basic All Others</th><th>Light</th></tr>
<tr><td></td><td>In-Network[2]</td><td>In-Network[2]</td><td>In-Network[2]</td><td>In-Network[2]</td><td>In-Network[2]</td><td>In-Network[2]</td></tr>
<tr><td>Tier 1
Generic</td><td>$10 or 25% whichever is greater</td><td>$0</td><td>$0 after ded./ OPM</td><td>$20 or 25% whichever is greater</td><td>$20 or 25% whichever is greater after deductible</td><td>$15</td></tr>
<tr><td>Tier 2
Biosimilar/ preferred</td><td>25%</td><td>$0</td><td>$0 after ded./ OPM</td><td>$35 or 25% whichever is greater</td><td>$35 or 25% whichever is greater after deductible</td><td>50% after deductible</td></tr>
<tr><td>Tier 3
Non-preferred</td><td>25%</td><td>$0</td><td>$0 after ded./ OPM</td><td>$50 or 25% whichever is greater</td><td>$50 or 25% whichever is greater after deductible</td><td>50% after deductible</td></tr>
<tr><td>Specialty Drugs</td><td>10%</td><td colspan="2">$0 after ded./OPM</td><td colspan="2">Generic/biosimilar/preferred: $35 or 25%, whichever is greater after deductible
Non-preferred: $50 or 25%, whichever is greater after deductible</td><td>50% after deductible</td></tr>
</table>

1) Preventive drugs are identified on the Wellmark HSA Drug List at wellmark.com.
2) Out-of-network (or non-participating) pharmacy rates equal your copay or 50% (whichever is greater) and is subject to Usual, Customary and Reasonable charges. A complete listing of plan benefits and exclusions is available in the Summary Plan Description (SPD). 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.

Specialty Drugs

Specialty drugs are high-cost injectable, infused, oral or inhaled drugs typically used for treating or managing chronic, complex conditions. These drugs often require special handling (e.g., refrigeration) and administration. All Ruan medical plans require specialty drugs be purchased through CVS Specialty Pharmacy. You will receive one-on-one clinical support and CVS' specialty-trained pharmacists and nurses are available 24/7 for any questions about your therapy. They will ensure your medication is handled with care and delivered where and when you choose. Visit cvsspecialty.com or mywellmark.com or 800.237.2767 for more information.

When you use CVS Specialty Pharmacy, you may be eligible for reduced or $0 out-of-pocket costs on certain specialty drugs through the PrudentRx copay assistance program. Eligibility varies by plan and depends on whether your medication is included on the PrudentRx Specialty Drug List and whether manufacturer copay assistance is available.

Smoking Cessation Drugs

Prescription smoking cessation medications are covered 100% in-network. The plan also covers over-the-counter smoking drugs if the member has a prescription for the OTC medication. Note that OTC smoking cessation drugs are limited to two 90-day regimens, not to exceed 180 days.

Mail Order Program

The mail order program offers the convenience of filling your maintenance drugs less often and home delivery. Maintenance medications are considered ongoing prescriptions (e.g., high blood pressure, cholesterol medication or birth control pills) that are taken on a regular basis.

Mail Order	Premier[3]	Choice Preventive[1]	Choice All Others	Basic Preventive[1]	Basic All Others	Light
Tier 1 Generic	$10/25% whichever is greater up to 90-day supply	$0 up to 90-day supply	$0 after deductible/OPM up to 90-day supply	$60/25% whichever is greater up to 90-day supply	$60/25% whichever is greater after deductible up to 90-day supply	$45 up to 90-day supply
Tier 2 Select Brands	$20/25% whichever is greater up to 90-day supply	$0 up to 90-day supply	$0 after deductible/OPM up to 90-day supply	$105/25% whichever is greater up to 90-day supply	$105/25% whichever is greater after deductible up to 90-day supply	50% after deductible up to 90-day supply
Tier 3 Non-select Brands	$30/25% whichever is greater up to 90-day supply	$0 up to 90-day supply	$0 after deductible/OPM up to 90-day supply	$150/25% whichever is greater up to 90-day supply	$150/25% whichever is greater after deductible up to 90-day supply	50% after deductible up to 90-day supply

1) Preventive drugs are identified on the Wellmark HSA Drug List available on wellmark.com. A complete listing of plan benefits and exclusions is available in the Summary Plan Description (SPD).

2) 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.

Other Important Pharmacy Information

- Through CVS Caremark, when you show your pharmacy card or provide your pharmacy information at a participating pharmacy, you will now have integrated access to lower priced generic medications through the Cost Saver program which will now also apply to your deductible/out-of-pocket maximum. There is no need to show a separate discount card at the pharmacy.
- Please note if you receive manufacturer coupon assistance those coupon amounts will not apply to your deductible and out-of-pocket maximum.
- Enjoy the convenience of having your medications delivered right to your home with CVS Caremark, Wellmark's trusted mail order pharmacy partner. To get started, have your Wellmark ID, personal details like name, date of birth, and email address, and a 90-day prescription ready. You can register at caremark.com (accessible through mywellmark.com) or call 866.611.5961 for help. Once registered, you can set up mail order preferences, request prescriptions, and manage refills easily online.

Voluntary Benefits

All eligible full-time employees may choose to supplement their core medical and disability coverage by purchasing accident, critical illness, and hospital indemnity coverage from Voya Financial. These voluntary plans offer a cost-efficient way for you to fill in any financial gaps that may come with an unexpected illness or injury. In the event of a covered condition, these plans provide you a lump-sum cash benefit, paid tax-free. There are no offsets and no restrictions on how the benefit amounts paid to you can be used, which means you can use the cash to help cover the bills or added expenses that your medical plan may not cover, like copays, deductibles, and living expenses — and any other costs as well.

Accident Insurance

- Accident insurance provides payment directly to you based on a schedule of benefits for treatments and services that occur due to non-work-related accidents or injuries.
- Common treatments and conditions Voya pays benefits for include initial and follow-up physician visits, diagnostic exams, concussions, and other emergency services.
- Accident coverage is especially helpful for families with young children and active individuals.
- A $75 wellness benefit is payable each year for enrollees and their covered dependents for receiving a qualifying preventive screening.

Sample Payout

John's daughter broke her arm falling off her bike

ER	$250
X-ray	$100
Broken arm	$2,500
Cast/sling	$275
Follow-up visit	$100
Physical therapy (3 visits)	$180
Total $ received	**$3,405**

Hospital Indemnity

- Hospital indemnity pays a cash benefit in the event of a hospital stay for covered illnesses, injuries, procedures, and pregnancies.
- Popular with those expecting a baby, who are older or have conditions that subject them to a higher risk of hospitalization, and/or are covered by an HDHP.
- Preexisting conditions are waived!
- Benefits are payable for hospital and intensive care unit (ICU) admission, additional days in the hospital and ICU, rehabilitation facility confinement, and time spent in the observation unit.
- You and your covered dependents are paid a set benefit amount, depending on your plan and the length of your stay. You have the choice between two plans — a low or high plan.

Type of Admission	Low Plan	High Plan
Hospital Admission	$500	$1,000
Critical Care Unit Admission	$1,000	$2,000
Type of Confinement		
Hospital Confinement (up to 30 days/stay)	$100	$200
ICU Confinement (up to 30 days/stay)	$200	$400

Critical Illness Insurance

- Critical illness provides a lump-sum benefit upon diagnosis of a covered illness.
- You have the choice of $10,000, $20,000, or $30,000 in guaranteed issue coverage. Spouses can be covered at 100% and children at 50% of your elected amount. Rates vary based on attained age and coverage level.
- If a previous illness returns or a new one is diagnosed, benefits remain payable up to the maximum while insured.
- Preexisting conditions are waived! Date of diagnosis must be while coverage is in effect.
- A $75 wellness benefit is payable each year for enrollees and their covered dependents for receiving a qualifying preventive screening.

Covered Conditions include:
- Cancer
- Heart attack and stroke
- Organ transplant
- MS, ALS, Parkinson's, and Alzheimer's
- Children's conditions
- And more

Dental Coverage

Ruan's benefit program includes two options through Delta Dental. The two options vary in terms of the cost to you and the deductible, co-insurance, annual maximum and lifetime orthodontia maximum. Maintenance of benefits applies to both dental options.

	Premier		Standard	
	Premier Network	PPO Network	Premier Network	PPO Network
Preventive Care (includes two exams and cleanings per year, X-rays, topical fluoride applications, and Sealants)	You pay: $0	You pay: $0	You pay: $0	You pay: $0
Annual Deductible	$25 per person	$15 per person	$50 per person	$25 per person
Basic Care (includes cavity repair, tooth extraction, oral surgery, root canals, gum and bone disease)	20% after deductible	10% after deductible	20% after deductible	10% after deductible
Major Care (includes restorations such as crowns, inlays and onlays, implants, dentures and bridges)	Co-insurance: 50% after deducible		Co-insurance: 50% after deducible	
Annual coverage maximum	$2,000 per person		$1,000 per person	
Orthodontia Care (dependent children under 19 only. Separate orthodontia deductible.)	Ortho deductible: $50 Co-insurance: 50% Lifetime max: $2,000		Ortho deductible: $50 Co-insurance: 50% Lifetime max: $1,000	

1) Coverages listed are for services done by an in-network dentist. Services from a non-network provider may be subject to Usual, Customary and Reasonable charges. A complete listing of plan benefits and exclusions is available in the Summary Plan Description (SPD).

Carryover of Annual Coverage Maximum

Both dental options include a carryover feature referred to as "To Go." To Go allows you to carry over a portion of your unused annual coverage maximum benefits into the next plan year, providing more flexibility when planning for extensive and costly dental treatments. To Go guidelines include:

- Member must be covered for one full calendar year before becoming eligible and not subject to any benefit plan waiting periods for these services
- Member must have incurred at least one claim throughout the year that would apply to the annual coverage maximum
- Carryover amount from the prior year may not exceed the amount of your current year annual coverage maximum, and the total combined annual maximum (carryover + current) may not exceed twice your regular annual coverage maximum

Dental Network Options

Your **Delta Premier** network provides you access to quality dental services at a discounted price. These dentists have also agreed to file your claims. Using a **Delta PPO** provider, however, goes a step farther by providing a higher level of coverage through lower deductibles and co-insurance on basic dental care. Non-network dentists may have you pay the entire amount up front and then file your own claim for reimbursement. To protect yourself from paying charges that could be above usual, customary and reasonable, it is best to use an in-network dentist.

Locating a Delta Network Dentist

Access this information by calling Delta Dental at 800.544.0718 or visit deltadentalia.com for the most current list of dentists in your area.

Go to **Find a Provider** > **Delta Dental network Dentist**

Vision Coverage

Ruan's coverage through VSP includes a full-service exam, lenses and frames or contact lenses, and many cosmetic lens options. This plan utilizes the VSP Advantage network.

Benefit	Description	Copay	Frequency
WellVision Annual Exam	Focuses on your eyes and overall wellness	$10 copay	Once per calendar year
Prescription Glasses			
Frame	$195 VSP featured frame brands allowance $175 frame allowance $175 Walmart® frame allowance $95 Costco® frame allowance	20% savings on the amount over your allowance	Every other calendar year
Lenses	Single vision, lined bifocal, and lined trifocal lenses	$25 copay	Once per calendar year
Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses UV coating Polycarbonate lenses	Covered in full $95-$105 added copay $150-$175 added copay Covered in full Covered in full	Once per calendar year
Contacts			
Contacts — in lieu of glasses	$175 allowance for contacts; copay does not apply	Up to $60 for lens fittings and evaluations	Once per calendar year
Essential Medical Eye Care	Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details.	$0 $20 per additional medically necessary exam	Available as needed

VSP Advantage Network

Printed provider directories are not provided; however, you can access the information by calling VSP at 800.877.7195 or visiting vsp.com/advantage. Both resources provide the most current listings available. VSP Advantage has a huge network of independent private practice doctors, popular retailers including Costco, Walmart, Sam's Club and many more, plus an online option eyeconic.com. Go to vsp.com/advantage and look for the orange Premier Program banner to find a VSP network eye doctor that will help you maximize your savings.

Non-network providers may not offer discounts, may require you to pay for services or supplies at the time of your appointment, and make you file your own claim. If you use an out-of-network provider, you have six months from the date of service to submit a claim form and itemized paid receipt to VSP for reimbursement.

Note: ID cards are not issued for the vision plan; however, you may download a digital ID card at vsp.com or scan the QR code to download the VSP Vision Care app though the Apple App or Google Play stores.

COBRA Continuation

Ruan complies with all federal COBRA and/or state continuation laws, as required. Terminated employees or covered dependents who lose their health coverage may be eligible to buy group coverage for themselves and any qualified beneficiaries for limited periods of time. You have 60 days from the date of termination or from the date of the notice (whichever is later) to elect COBRA continuation coverage.

The length of your COBRA coverage depends on the qualifying event and the qualified beneficiary involved with the loss of coverage:

Qualifying Event	Maximum COBRA	Beneficiary
Termination of Employment	18 months[1]	Employee, spouse, dependent child
Reduction of Hours	18 months[1]	Employee, spouse, dependent child
Divorce or Legal Separation	36 months	Spouse, dependent child
Death of Covered Employee	36 months	Spouse, dependent child
Employee Entitled to Medicare	36 months	Spouse, dependent child
Loss of Dependent Child Status	36 months	Dependent child

[1]Disabled beneficiaries may extend the 18-month limit an additional 11 months. Individual must be determined to be totally disabled by the Social Security Administration (SSA), and the date for initial disability must be a) prior to the original COBRA effective date or b) within 60 days after the original COBRA effective date. Notice of disability determination from the SSA must be provided within 60 days of the determination and before the initial 18-month COBRA coverage ends. The extension will end if you are determined to be no longer disabled during the 11-month extension.

An employee and/or family member must notify Human Resources within 60 days of a divorce, legal separation or a child's loss of dependent status to be eligible for COBRA. Secondary events occurring while on COBRA (death of employee or spouse, divorce, legal separation or Medicare entitlement) may allow you to extend coverage to 36 months. For more information, please reference the **"Continuing of Health Coverage Notice"** included in the Legal Notices document posted at ruan.com/benefits and/or your Summary Plan Description.



Your Privacy Rights

Ruan is required by law to maintain the privacy and security of your protected health information (PHI). You have certain rights and choices as to how your PHI is disclosed, whereas Ruan may use and disclose PHI during the course of business as described in our Notice of Privacy Practices. You may access the **"Notice of Privacy Practices"** on the Hub or by contacting Human Resources at **800.845.6675.**

Medicare Part D: Prescription Drug Coverage

All Medicare prescription drug plans provide a standard level of coverage set by Medicare. Ruan's prescription coverage under the Premier, Choice, Basic and Light plans are creditable coverage for purposes of Medicare's drug program. This means that the benefits received under the Ruan plan are, on average, as good as or better than the standard Medicare prescription drug coverage.

Should you lose your creditable coverage, or the coverage becomes no longer creditable, you may enroll in a Medicare drug plan without penalties. However, be advised that **if your creditable prescription coverage lapses for 63 days or longer and you do not immediately enroll in a Medicare prescription drug plan, your Medicare drug plan's monthly premium will increase at least 1% for each month you were not covered.** You will pay this higher premium as long as you have Medicare and may have to wait until the next Medicare enrollment period to apply.

This is a brief summary of how your Ruan prescription benefits affect Medicare drug coverage. For complete information, please reference the **"Notice of Prescription Creditable Coverage"** notice on the Hub or call Human Resources at **800.845.6675** to request a written copy.



Medical Savings Plans

Health Savings Accounts

This option is available to employees electing either the Basic or Choice medical plans. For those who seek greater control of their healthcare dollars without sacrificing quality coverage, Ruan offers a health savings account (HSA) under the Ruan benefits program. When paired with a qualified high-deductible health plan (HDHP), such as the Basic or Choice plans, an HSA can provide you with a tax-favored health savings account that you personally manage. The benefits of an HSA include:

- Tax-free contributions to your account and on medically related withdrawals
- Control of how your money is spent and more responsibility for medical decisions
- Balances roll over from year to year — money cannot be lost or forfeited
- Portability — you keep the account should you leave Ruan
- Provides tax-advantaged retirement savings for future medical expenses

With greater control of your health savings and spending comes greater responsibility. If you elect an HSA through the Ruan plan, the company will serve as a sponsor by providing a qualified high-deductible health plan and allow employees to make pretax contributions through their payroll. **You will be responsible for managing the account, providing documentation of withdrawals if audited by the IRS, and complying with all current and future regulations regarding HSAs.** For the most current rules governing HSAs, you may visit irs.gov or consult your tax advisor.

HSA Eligibility

Before you may contribute to an HSA, you (and any covered dependents if contributing up to the family HSA limit) must be enrolled in a qualified HDHP plan on the first day of the month. In addition, you may not have secondary coverage that is not a qualified HDHP (i.e., through a spouse's plan or a general purpose healthcare flexible spending account), be entitled to Medicare or be claimed as a dependent under another person's tax return. You must also agree to Voya's banking Terms and Conditions.

Your Contributions

Your account will be administered by Voya Financial. Upon completion of your enrollment and passing Voya's identification process, an account will be opened and you will be provided a debit card to access your account.

You may increase, decrease or stop contributions to your account at any time by requesting an HSA change through the enrollment website. Contributions made through the Ruan benefits plan are deposited into your account, pretax. Total contributions to your 2027 account cannot exceed $4,500 for single coverage or $9,000 for Employee + Spouse/Child/Family coverage. If your medical coverage starts after January 1, you may still contribute the full annual maximum, provided you stay in the HSA-eligible medical plan the following year; otherwise, your limit may be prorated. Employees age 55 and over may make additional $1,000 catchup contributions in excess of the annual limit. **Please note: Use of a grace period under a general purpose healthcare FSA will delay your eligibility to contribute to an HSA, lowering your annual limit.**

Transfers

If you have an HSA at a different bank, you may transfer your account balance to another qualified plan once per 12-month period. Please contact your HSA banking administrator if you would like more information on this option.

Company Contributions

Employees who elect the Choice medical plan and qualify for an HSA will automatically be enrolled in an HSA. Ruan will fund each active employee's account $9.61 per week or $19.23 for biweekly pay cycles, up to $500 annually. COBRA participants are not eligible for company contributions. Note that company funds will apply towards the employee's annual IRS limit.

HSA Investment Option

When a participant's HSA balance reaches $1,000 he or she has the option to automatically sweep any deposits over and above this threshold into an investment portfolio. By Investing a portion of your HSA, you allow your account to grow at a potentially higher rate of return. You may select among 25+ mutual funds ranging from growth equity, fixed income and target date funds. You may manage your investment mix through your online Voya account or mobile app.

Can I have both an HSA and a healthcare flexible spending account (FSA)?

Not under the Ruan benefits plan. You may elect a FSA or HSA, but not both.

Should you spend part of your non-invested HSA funds for out-of-pocket healthcare expenses, an equal amount of your invested assets will be automatically moved back into your HSA spending pool in order to keep your available HSA dollars within your desired limits. In addition, those who wish to be a little more conservative, or have a higher deductible or out-of-pocket limit to reach, may elect to raise the investment threshold to a higher amount. For more details on the HSA investment option, please contact Voya at 833.232.4673.

Withdrawals From Your Account

Qualified healthcare expenses may be paid through your HSA tax-free. You are not required to submit receipts, invoices or bills to claim money from your account — simply use your debit card or by requesting a disbursement. To get your money faster, set up direct deposit through the consumer portal. However, you should keep such documentation on file should you be audited by the IRS.

Qualified healthcare expenses include out-of-pocket costs for most medically necessary items. This includes: deductibles, co-insurance, copays, prescription drugs, dental expenses, vision exams and hardware, doctor's bills, medical supplies and equipment, hospital services, laboratory fees, nursing care, therapy and more. HSA funds can also be used to pay for qualified over-the-counter products. In addition, unlike flexible spending accounts, an HSA allows you to pay for some types of insurance premiums from the account. This includes COBRA premiums, long-term care insurance and medical insurance while unemployed or laid off. However, you may not use your HSA to pay for medical premiums while actively employed. Qualified reimbursement for a dependent child's expenses are permitted as long as the child is 19 or younger, or under 24 if he/she is a full-time student. For a complete list, you may visit irs.gov, Publication 502, or contact your tax advisor.

While an HSA is designed to save for healthcare expenses, current regulations give the account owner the option to withdraw funds for non-medical expenses. This type of withdrawal is subject to regular income taxes and a 20% penalty. The additional 20% penalty is removed for persons age 65 or older, providing additional tax-deferred retirement savings.

HSA Termination

Should you lose your qualified HDHP coverage or HSA eligibility, you will no longer be able to contribute to the account. However, you may still use the remaining funds to pay for future healthcare expenses. In the case of your death, any remaining money in your HSA will go to your beneficiary. A spouse may keep the account for her/his own medical expenses. Other dependents will receive a cash distribution that is treated as income for taxation purposes.

You must name a beneficiary for your HSA through the Voya consumer portal otherwise funds will be liquidated and a check will be sent to the estate. Spouses are not automatically considered the beneficiary.

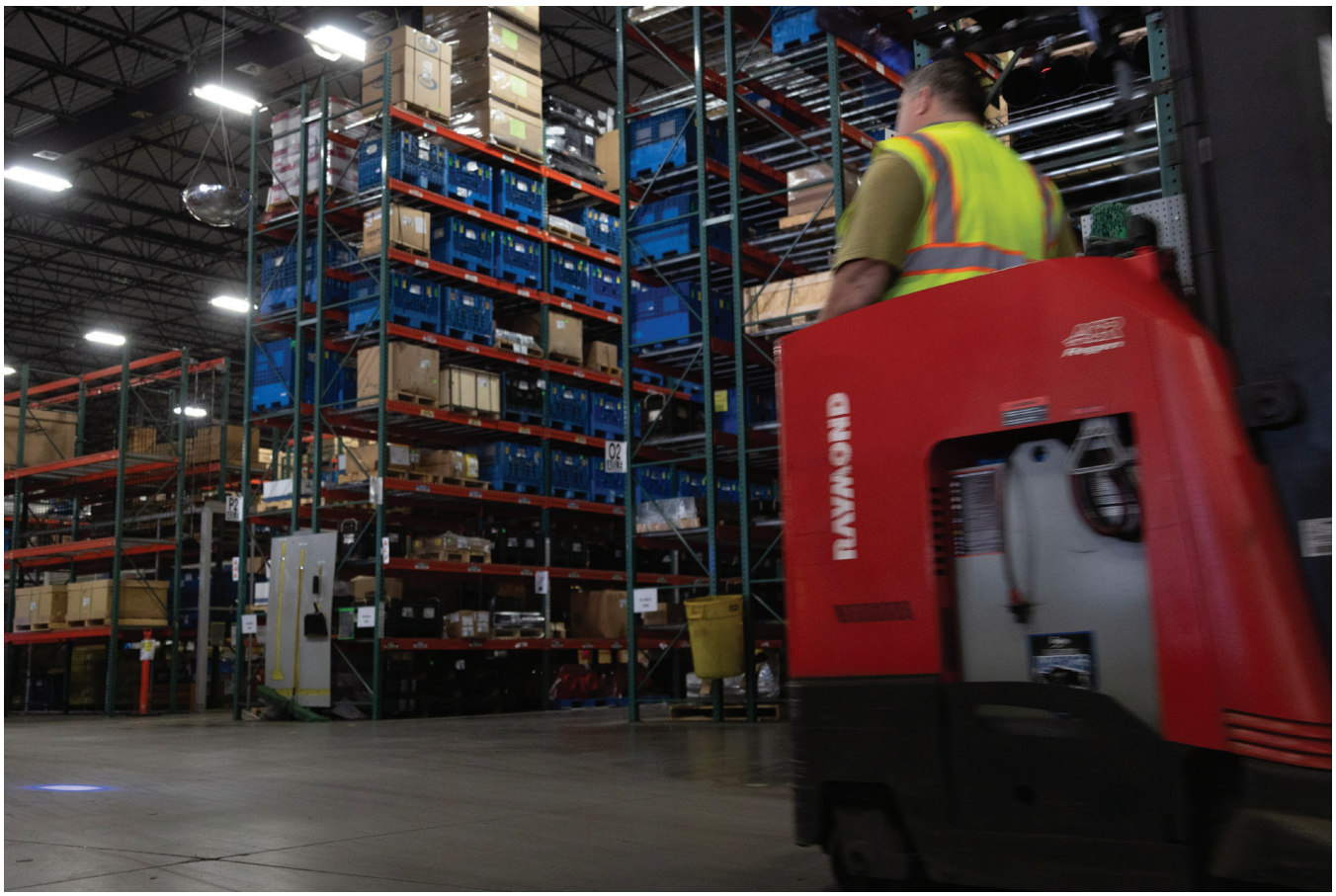
Healthcare Flexible Spending Accounts

The healthcare flexible spending account (FSA) can help you save money on out-of-pocket expenses such as copays, deductibles, co-insurance, prescription drugs, and dental and vision expenses on a pretax basis. FSAs are like savings accounts that you can access when you have an eligible expense. Money is deposited pretax by employee payroll deduction. Your contributions are made before federal, state and Social Security taxes are withheld, lowering the amount of tax you owe and increasing your spendable income.

The IRS requires that any unused balance be forfeited; therefore, you should estimate your annual out-of-pocket expenses carefully and conservatively. FSAs do not roll over and therefore must be re-elected each year. You may not transfer money from one FSA account to another.
To check your FSA account balance, review your debit card transactions, or download a claim form, visit myhealthaccountsolutions.voya.com. To view a list of eligible expenses, visit myVoyaStore | FSA and HSA eligible products — myvoyastore.com or contact Voya Financial at 833.232.4673.

FSA Eligibility

Full-time employees eligible for the Ruan benefits program may participate in a healthcare FSA. You do not have to be enrolled in one of the company-sponsored medical plans to take advantage of the FSA. **Please note: If you enroll in the Choice medical plan, the company contribution into an HSA will disqualify you from participating in a healthcare FSA.**



Employee Contribution Limit

If eligible, you may enroll in a healthcare FSA by making your own pretax pledge. The minimum employee annual pledge is $100 with a maximum of $3,500.

Qualified Expenses

Below are examples of qualified flexible plan expenses that can be paid for through a healthcare FSA. A full list is available at myVoyaStore | FSA and HSA eligible products — myvoyastore.com. Claims from eligible dependents also qualify for reimbursement from the account.

Eligible Healthcare FSA Expenses		
■ Acupuncture	■ Doctor's Fees, (cont.):	■ Lodging for Medical Care
■ Alcohol and Drug Addiction Treatment	■ Gynecologists	■ Marriage Counseling
	■ Neurologists	■ Menstrual Products
■ Ambulance Service	■ Obstetricians	■ Nursing Home (if for medical reasons)
■ Braille Books and Magazines	■ Ophthalmologists	■ Operations
■ Chiropractor Fees	■ Osteopaths	■ Orthodontics
	■ Pediatricians	■ Over-the-Counter (OTC) Drugs
■ Christian Science Practitioner Fees	■ Podiatrists	■ Oxygen Equipment
■ Contact Lenses and Solution	■ Psychiatrists	■ Prescription Drugs
■ Copays and Deductibles	■ Psychologists	■ Prosthesis
■ Counseling Services	■ Surgeons	■ Psychoanalysis
■ Crutches	■ Eyeglasses	■ Schools for Mentally/Physically Handicapped
■ Dental Expenses (not cosmetic)	■ Hearing Aids	■ Sterilization
■ Doctor's Fees, including:	■ Hospital Services	■ Telephone/Television Equipment for the Deaf
■ Anesthesiologists	■ Home for Mentally Retarded	■ Therapy (Physical or Occupational)
■ Chiropractors	■ Laboratory Fees	■ Wheelchair
■ Dentists	■ LASIK Eye Correction Surgery	■ X-Ray Fees
■ Dermatologists		

Healthcare FSA Withdrawals

Employees enrolled in a healthcare FSA will receive two flex debit cards to pay for qualified expenses. It provides instant access to your account at the point of sale instead of paying out of pocket, filing a claim and waiting for reimbursement. The flex debit card can be used at doctor's offices, pharmacies, dentists, eye care, hospitals and other healthcare providers that accept MasterCard. Ruan will pay the initial card fee, but the employee must pay for any replacement charges resulting from a lost or stolen card.

Your flex debit card will be sent to your home address in a plain white envelope. To activate the card, you must call the toll-free number provided. When it comes time to pay, simply give the card to the provider or swipe the card. You do not need a PIN; ask the merchant to process the payment as a credit instead of a debit transaction. The system will identify qualified expenses and deduct the cost from your healthcare FSA, up to your annual pledged amount. Should your purchases include ineligible items, they will be separated out and an alternate form of payment requested for those items.

It is important to keep all itemized receipts and transactions related to your flex debit card as you may be asked to provide documentation to substantiate the expense, per IRS guidelines. If you do not provide these receipts, your debit card may be canceled. Eligible expenses that are paid out-of-pocket (not using the flex debit card) may be submitted online through the consumer portal, the mobile app or by completing a reimbursement claim form. When submitting your claim form, remember to attach the itemized receipt showing your out-of-pocket cost.

Filing Deadlines

Filing deadlines will be displayed within the consumer portal. Expenses incurred on or before December 31 have until March 31 to file for reimbursement. If you have money remaining in your healthcare FSA after the end of the plan year, there is a “grace period” until March 15 to incur eligible expenses and 45 days thereafter to file for reimbursement. Any unused, unreimbursed funds after the filing deadline will be forfeited.

Termination of Healthcare FSA

Should your employment status change and you are no longer eligible, you will have 120 days to seek reimbursement for only eligible expenses incurred prior to your benefits cancellation date. In some cases, you may be able to continue your FSA through COBRA, provided you still have a positive balance in your account (i.e., did not withdraw more than the contributions made year-to-date). If you are eligible to continue your FSA through COBRA, a continuation form will automatically be mailed to your home address after processing your termination and all final paychecks have been issued.

Pretax Savings Example

Total Income			$30,000		$30,000
Contributions (medical & dependent FSA)		–	$5,300	–	$0
Taxable Wages	Subtotal		$24,700		$30,000
Estimated Taxes*		–	$4,200	–	$5,500
After-tax Earnings	Subtotal		$20,500		$24,500
Eligible Expenses		–	$0	–	$5,300
Spendable income	Total		$20,500		$19,200

Pretax Savings: $1,300

*Tax rates will vary by state and by personal exemptions.

Medical Spending Worksheet

Use this worksheet to estimate your out-of-pocket medical care expenses for the calendar year. This may help determine how much to contribute to one of the eligible medical savings plans listed above.

Estimated Medical Expenses	
A. Office copays	$
B. Deductibles	$
C. Co-insurance	$
D. Prescription costs	$
E. Expenses not covered under the medical plan (i.e., hearing aids, marriage counseling, chiropractor expenses above the plan limit, etc.)	$
F. Dental expenses not covered under the plan (i.e., deductibles, copays, orthodontia or other expenses above the plan limit)	$
G. Vision expenses	$
H. Other	$
Total expenses	$

HSA/FSA Comparison

	Health Savings Account (HSA)	Medical Flexible Spending Account (FSA)
Eligibility	Enrollment in Ruan's Basic or Choice 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 healthcare 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 medical plan will disqualify a member from participating in a healthcare FSA due to the company contributions into an HSA.
Who Funds the Account?	The employee funds the account. Those enrolled in the Choice 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: $4,500 single coverage $9,000 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: $3,500
Company Contributions	Employees enrolled in the Choice medical plan are automatically enrolled. Ruan will contribute $9.61 weekly or $19.23 biweekly, 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 pretax; withdrawals pretax for qualified medical expenses.	Contributions pretax; withdrawals pretax 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 healthcare expenses; allows for non-medical expenses minus income taxes and 20% penalty (penalty waived if 65 or older). Funds accessed through debit card or by requesting a disbursement.	Exclusively for qualified healthcare 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?	$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	$1.50 per paper statement (electronic is free)
Can I Have More Than One of These Accounts Under the Ruan Plan?	No.	No.

Child/Elder Daycare Savings Plan

Dependent Care Flexible Spending Account (FSA)

Ruan offers a dependent care flexible spending account (FSA) to help you save on expenses such as child or elder daycare so that you and your spouse, if you are married, can work or attend school. Your contributions are pretax, lowering the amount of taxes you owe and increasing your spendable income. You may elect to contribute anywhere from $100 to $7,500 ($3,750 if married but filing separately) of your pretax salary each year to your dependent care FSA. FSAs do not roll over and, therefore, must be re-elected each year. You may not transfer money from one FSA to another.

Eligible Dependents

You may use your dependent care FSA to pay for the care of:

- Dependent children under the age of 13
- Dependent children of any age who are physically or mentally incapable of self-care
- Dependent adult, including a spouse or tax dependent who is physically or mentally incapable of self-care

Eligible* Dependent Care FSA Expenses	Ineligible Dependent Care FSA Expenses
Nursery school	Any expense for which you claim a dependent care tax credit on your income tax
Preschools	Expenses that are not incurred for the wellbeing of the dependent
Licensed daycare centers	A dependent's personal expense, such as food and clothing, unless they cannot be separated from the cost of care
Care for disabled dependents at your home or approved government center	Payment for care given by your spouse for children younger than 19 or any person you claim as a dependent on your tax return
Care provided by an individual, provided you can furnish a taxpayer identification number for that person	Payment for care given for eligible dependent(s) when your spouse is not employed outside of the home or is not a full-time student
Elder or senior daycare	
Nursing home care for dependent adult	

*This list contains some of the most common dependent care expenses. Please check with your tax advisor on whether a particular expense qualifies for reimbursement under IRS guidelines.

Reimbursement and Filing Deadlines

Dependent care FSA reimbursement differs from healthcare accounts. If your dependent care account balance is below the amount requested for reimbursement, you will receive only those funds available in the account at the time. As more funds are deposited into your account from your paycheck, you are eligible to receive the balance of your request. Filing deadlines will be displayed within the consumer portal. Expenses incurred on or before December 31 have until April 30 to file for reimbursement. If you have funds remaining at the end of the calendar year, there is a grace period through March 15 to incur eligible expenses and 45 days thereafter to file for reimbursement. **Any unused, unreimbursed funds after the filing deadline will be forfeited.** Therefore, you should estimate your annual out-of-pocket expense carefully and conservatively.

Claim forms are available on the Hub, at myhealthaccountsolutions.voya.com or through Human Resources.

Dependent Care FSA vs. Tax Credit?

Dependent care expenses reimbursed from your flexible spending account are not eligible for a Dependent Care Tax Credit when you file your income taxes. It is a good idea to consult your tax advisor to determine which option would be the most advantageous based on your personal situation.

Income Protection Benefits

Short-Term Disability Benefits

Full-time regular employees are eligible for core short-term disability (STD) insurance after 30 days of employment. STD benefits provide income to a member while off work due to a non-work-related illness or injury. You will not receive STD coverage if you are receiving workers' compensation benefits for your disability. If you qualify, after a seven-day waiting period, the plan pays a weekly maximum benefit for up to 25 weeks from the disabling event. Your STD core benefits are based on your job classification and years of service, as listed below:

Job Classification	Core Benefit < 5 Years Service	Core Benefit 5+ Years Service
Driver, Mechanic or Warehouse	$200 per week	$200 per week
Exempt or Hourly Administrative	75% of weekly wages	100% of weekly wages

Employees in CA, CO, CT, DE, HI, MA, MN, NJ, NY, OR, RI and WA who are out for their own medical condition have a state benefit available that may be supplemented with Ruan's disability plan.

Supplemental STD

Drivers, mechanics and warehouse workers may purchase additional coverage equaling 60% of your annual benefits salary (ABS), minus the core benefit, up to a maximum total benefit of $2,300 per week. Your ABS is equal to one times your annual wages, rounded up to the nearest $1,000. Newly hired/re-hired drivers will have a beginning ABS of $52,000 for the remainder of the calendar year; the ABS will be adjusted their first January to reflect prior year's wages or $52,000, whichever is greater.

In no event will your total disability benefit, when combined with all other sources named in the insurance certificate (including Social Security and state-provided benefits), be more than 60% of your basic weekly pay up to the maximum. While the core benefit is subject to state and federal income taxes, supplemental premiums are deducted after tax. Therefore, any supplemental STD income will not be taxed.

Long-Term Disability Benefits

Ruan provides free core long-term disability (LTD) benefits for regular full-time employees after 30 days of employment. If you exhaust your STD benefits, you may be eligible to receive LTD benefits with approval from the insurance carrier. LTD benefits begin after 26 weeks of continuous disability or injury and provide 50% of your basic monthly pay up to a maximum of $10,000 per month. If approved, your long-term disability benefit will be considered income and, therefore, be subject to state and/or federal taxes. Preexisting condition exclusions apply.

Supplemental LTD

Employees in all job classifications have the option to add to the company-provided LTD benefits by purchasing an additional 10% LTD benefit, raising the total to 60% of your annual benefits salary. In no event will your total disability benefit, when combined with all other sources named in the certificate (including Social Security benefits), be more than 60% of your basic monthly pay up to the maximum. While the core benefit is subject to state and federal income taxes, supplemental coverage premiums are deducted after tax. Therefore, any supplemental LTD income will not be taxed.

During your initial enrollment period as a new hire, you may elect supplemental LTD coverage without medical underwriting or evidence of insurability. However, any new LTD elections made at a later date will be subject to medical underwriting and must be approved by the insurance carrier before coverage can begin.



Life Insurance Benefits

All eligible full-time employees receive a core life insurance benefit equal to one times your annual salary, rounded to the next $1,000 (maximum $50,000). All life insurance is term coverage and has no cash value. Your life insurance policy also includes:

- **Accelerated Death Benefits —** if you are terminally ill, you may qualify to receive a portion of your life insurance benefits prior to death.
- **Accidental Death and Dismemberment (AD&D) —** if you have an accident that results in the loss of your life or the loss of a limb, you may qualify for additional benefits.
- **Seat Belt Benefit —** if you die in an automobile accident where AD&D benefits are payable and you were wearing your seat belt or protected by an airbag, there is an additional benefit of 10% of your AD&D policy up to a maximum of $25,000.
- **Additional Services —** beneficiaries may be eligible for additional services such as grief support or help planning their financial future with the proceeds from the life insurance policy.

All life amounts for members and/or spouses age 70 and over will have a reduced benefit. At the time of death, participants ages 70 to 74 will receive 65% of the benefit; ages 75 and over will receive 50 percent.

Supplemental Life Insurance

Eligible full-time employees may choose to supplement your core life insurance and AD&D coverage by purchasing additional coverage in increments of $10,000 up to five times your annual wages (maximum of $500,000). During your initial election period as a new hire, you are guaranteed coverage without medical underwriting. Elections or increases made at a later date may be subject to underwriting approval by the insurance carrier.

Dependent Life Insurance

The company provides $1,000 in core spouse life insurance free of charge; however, marital status alone will not automatically enroll a spouse into this plan. You must elect this coverage as part of your enrollment. If you purchase additional life insurance benefits on yourself, you may also purchase additional life insurance for your spouse and/or children. AD&D coverage is not available for dependent child life insurance.

Supplemental spouse life coverage can be purchased in $5,000 increments up to one-half of your own supplemental life election (maximum $250,000). During your initial election period as a new hire, you are guaranteed up to $50,000 of spouse life coverage without medical underwriting. Amounts over the guaranteed issue are subject to medical underwriting at your own expense. Note that a married couple both working for the company cannot enroll in dual coverage, i.e., receive coverage under their own benefits plan and receive dependent spouse coverage.

You may purchase dependent life insurance on children under age 26 in $2,000 increments up to the maximum of $10,000 or half of your supplemental life election, whichever is less.

Note: The amount of spouse or child Life Insurance may not exceed 50% of the amount of Employee Supplemental Life Insurance in force on the Covered Employee.

Annual Life Increase Provision

Each year during open enrollment, eligible members currently enrolled in supplemental life may increase their supplemental life and/or spouse coverage by one or two increments without underwriting approval, up to the Guaranteed Issue. Only increases over the 2x increment or the Guaranteed Issue will require the covered person to complete a health questionnaire and be approved by the insurance carrier before the additional coverage becomes effective. Underwriting approval is not required for Child life. In no event may an annual life increase exceed the total coverage maximum.

Continuation of Life Insurance

If you leave the company or move to part-time status, you may continue your life and/or dependent life insurance. You may choose to port your existing coverage OR convert to an individual whole life policy.

- **Portability —** offers term coverage without age reductions; however, benefits will end after reaching a certain age, or retirement, or specified years of coverage. You must return your application and premium payment within 31 days of cancellation in order to continue this option.
- **Conversion —** may convert the coverage into an individual whole life policy. There are no age reductions, and the policy accumulates a cash value. Premiums for life conversion are significantly higher than portability rates. You must return your application and premium payment within 31 days of cancellation in order to continue this option.

Paid Time Off



Paid Holidays

All full-time employees receive the following paid holidays:

- New Year's Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving Day
- Christmas Day

Please note that some locations may observe different holidays due to on-site customer scheduling, a collective bargaining unit or other agreements.

Paid Time Off

Ruan provides a PTO benefit to allow employees an opportunity to relax and enjoy leisure time. PTO is earned throughout the year. All PTO must be arranged with, and are subject to approval by, your supervisor. Upon termination of employment, employees are paid for any earned but unused PTO.

In some situations, an employee may have a different PTO package than the Ruan PTO plan. Examples include, but are not limited to: employees covered under a collective bargaining unit, customer agreements or written hiring agreements. Therefore, you should check with your manager to determine the vacation you may be eligible to take.

Selling Earned PTO

Drivers may cash out their PTO balance up to two times per year. Mechanics, warehouse and hourly administrative employees not covered by another time off agreement with three or four weeks of earned PTO may sell back unused PTO time, provided the manager approves and has a business need for the employee to work that week. An eligible employee earning three weeks may work for one week of their PTO in exchange for an extra week's pay; two weeks for employees earning four weeks. This option is not available to exempt employees or those earning only one or two weeks of PTO per year.

Other Programs

Additional paid time off programs may be available such as jury duty, funeral leave, flex time or city-/state-mandated sick leave. Please talk with your local manager or reference the company's Employee Policy Manual for more information to determine if you qualify for any of these benefits.

Additional Perks

Ruan Discount Marketplace

Ruan has partnered with BenefitHub, a completely free program to explore employee marketplace discounts. BenefitHub offers deals on travel, electronics, experiences, and anything else you may need. Log in and explore new ways to save today.

To sign up, follow the steps below:

1. Go to: ruan.benefithub.com/welcome/signup
2. Enter your name, email address and Ruan Employee ID
3. Create your account and start saving today!

Employee Assistance Program

ComPsych GuidanceResources® is an employee assistance program that offers professional, confidential support for you and your dependents, helping you navigate personal and work-related challenges. You can access confidential counseling for issues such as depression, stress, marital and family conflicts, substance abuse, grief, and job pressures. This program is available 24 hours a day, seven days a week for you and your family at no charge. Individuals may qualify for up to six face-to-face counseling sessions per covered incident per year. Legal support includes unlimited phone access to attorneys for guidance on matters like divorce, bankruptcy, landlord-tenant issues, and more — with one free 30-minute consultation and a 25% discount on further services. Financial experts are available to help with debt management, retirement planning, estate planning, and saving for college.

GuidanceResources® is available 24/7 at no cost to you. You can access services by calling **800.311.4327,** TTY **800.697.0353,** or visiting guidanceresources.com. To log in, use Web ID: **GRS311**

Tuition Reimbursement

An educational fund has been established to assist employees in furthering their education. Full-time regular employees are eligible following one year of employment. After scholarships, grants or awards, Ruan will reimburse work-related classes 75% of the tuition expenses (maximum $2,000 per person per year). Applications are available on the Ruan Hub or through the benefits department and should be submitted and approved prior to enrollment.

Before the reimbursement check can be released, the employee must provide a receipt for tuition payment and proof of a “C” or better grade. If employment is terminated for any reason within one year following course completion, the employee must repay the amount reimbursed.

Wellness Reimbursement

Ruan promotes healthy lifestyles; therefore, we provide a benefit for participation in an approved fitness facility, weight loss program or smoking cessation course. After 30 days of service, the company will reimburse an eligible, full-time employee and/or covered spouse 50% of expenses up to $200 per year per family. Sports equipment, apparel, shoes, diet foods/supplements or expenses for recreational activities (e.g., volleyball, bowling, softball teams or children’s activities) are not covered. You have until March 31 to file for reimbursement on expenses incurred the prior year. Additional information and reimbursement forms are available on the Ruan Hub or by calling Human Resources at 800.845.6675.

Direct Deposit

Ruan offers employees the benefit of payment through direct deposit. Any employee with a savings or checking account may participate. In this program, you authorize your pay to be automatically deposited into the account(s) of your choice every payday. You will still receive an earnings statement with your personal payroll information. There is no charge for using direct deposit. You may set up your direct deposit by accessing your MyADP online account or mobile app and going to Pay > Direct Deposit.

Travel Assistance

As part of your company-paid core life insurance benefit, you and your dependents have access to IMG's Travel Assistance Services, a comprehensive support program for medical, travel, security, and legal assistance services, when faced with an emergency while traveling internationally or domestically more than 100 miles away from home, for up to 180 consecutive days. Through Prudential's partnership with IMG, employees and their dependents (whether traveling together or separately) will have immediate access to multilingual specialists and global network of providers available 24/7/365 to assist with a wide range of services. Services include emergency medical evacuation and repatriation; dispatch of a physician; hospitalization guarantee of payment; medical and dental referrals; prescription transfer and shipping; telemedicine and interpretation services; replacement of medical devices; emergency travel and convalescence arrangements; emergency cash transfer; lost luggage and document assistance; consulate and embassy location; pet housing and return; identity theft assistance; legal referrals; urgent message relay; pre-trip travel information; evacuations for natural disasters and political emergencies; and more. Note, some exclusions apply.

If you need assistance, regardless of the nature or severity of your situation, contact IMG's 24-hour support center:

- Toll-free (U.S.): **855.847.2194**
- International: **317.927.6881**
- Email: assist@imglobal.com

Beneficiary Support

As part of your company-paid core life insurance benefit, you have access to a wide range of services to help you and your loved ones through life's most important matters.

Prudential partners with Empathy and ComPsych to support you through this difficult time. Empathy provides a personalized care plan with services like funeral assistance, benefits claim support, estate guidance, account closure help, grief resources, and a secure digital vault for family collaboration. ComPsych offers emotional support with 24/7 counseling and three free in-person sessions, online will preparation, and identity theft restoration assistance. You can also connect with a Prudential financial professional for guidance on managing your finances. To learn more or access these services, visit prudential.com/caringforyou.

Referral Bonus

Ruan encourages employees to refer and recommend quality applicants for possible employment. If the candidate you refer is hired, you receive a bonus: $1,000 for drivers and technicians or $500 for all other positions. Complete rules and an overview of the process is available on the employee Hub, or you may contact our driver recruiting department.



401(k) Retirement Plan

Ruan's 401(k) retirement plan provides a tax-advantaged retirement savings opportunity for employees. The company will match your contributions after one year of employment to help you prepare for retirement. In addition to quarterly reports, you may access your account balance, change your deferral percentage, change your investment mix or initiate a loan 24 hours a day by contacting Principal at 800.547.7754 or online at principal.com. Ruan's group/contract number is 381756.

Employee Savings

You are eligible to participate in Ruan's 401(k) program on the first pay period following 30 days of employment, provided that you are not participating in a union pension program. Once you meet the eligibility requirements, you may enter the plan at any time. You will contribute a percentage of your gross pay (including overtime, commissions and bonuses) each pay period through payroll deduction.

Automatic Enrollment with Annual Step-Up

Eligible new hires will be automatically enrolled into the Ruan 401(k) plan. Six percent of your gross pay will be designated toward your personal account and invested in the T. Rowe Price Retirement Advisor Trust that most closely matches your normal retirement date. In addition, employees choosing automatic enrollment will have their contribution automatically increased 1% each July 1. This annual step up allows members to gradually increase their retirement savings. Employees subject to this annual increase will receive a notice prior to the step up date along with instructions on how to opt out should they decide to decline participation in the program.

If you wish to choose a different percentage, invest in other funds or waive participation altogether, you must call Principal at 800.547.7754 or visit principal.com to make your election.

Pretax Deferrals

You may elect 401(k) deferrals to be deducted on a pretax or post-tax basis. A traditional pretax 401(k) deferral deducts money from your paycheck before taxes are withheld, lowering your current tax liability. Your contribution, plus any company matching you may be eligible for, is placed into your personal retirement account. Your account, plus any gains or losses, remains tax free until you begin to withdraw funds from the account. Only the amount of the withdrawal is subject to taxes. If you withdraw money before reaching retirement age, or prior to age 59½ if still working, any withdrawals will be subject to taxes and a 10% early withdrawal penalty.

Roth 401(k) Deferrals

Roth 401(k) deferrals are deducted from your paycheck after taxes have been withheld. Because you have already paid taxes on this money, your account, plus any gains or losses, is not subject to state or federal taxes when you withdraw funds from the account. There is, however, a 10% early withdrawal penalty if you remove money from your account prior to retirement, or prior to age 59½ if still working. Generally, Roth contributions may be a better option if you have several years until retirement (more than five), anticipate that you will be at a higher tax bracket when you retire and have been actively saving toward retirement. If you are considering a Roth 401(k), check with your tax advisor to see which deferral option best meets your retirement goals.

Deferral Changes and Limits

Eligible employees may contribute to both a pretax and Roth 401(k) account at the same time; however, you may not combine accounts. You may voluntarily change or stop your salary deferral at any time by contacting Principal at 800.547.7754 or by visiting principal.com**.** The change will take effect on the first payroll following your request. You may defer up to 80% each pay period, with an IRS annual contribution limit of $24,500 for the 2027 plan year. Please note that if you initiate a deferral change or opt out of the plan, you will no longer be eligible for the annual step up program. You may, however, sign up for a similar program through Principal Financial Group's Annual Increase option. For more information, visit principal.com or call 800.547.7754.

Catch-Up Contributions

Employees age 50 or older are able to contribute additional catch-up deferrals over the annual IRS limit, up to $8,000. Members age 60-63 have a higher catch-up amount of $11,250. Note that high wage earners, defined as receiving FICA wages totaling $150,000 or more (indexed annual) in the prior year, and are eligible for catch-up contributions must make catch-up contributions as a post-tax Roth deduction. This is to comply with Secure Act 2.0 regulations.

Investments

You may invest the money in your retirement account among several different investment funds ranging from low risk to high risk. Investment returns and detailed listings of each account are available through Principal at 800.547.7754 or by visiting principal.com**.** In addition, you may use these same resources to check your personal account returns and/or change your investment mix at any time. Please note that some funds may charge a small redemption fee and/or limit the number of times you may transfer between accounts.

If you are not comfortable selecting your own investments, try the T. Rowe Price Retirement Advisor Trust closest to your retirement age. Each account contains a mix of stocks, bonds and other investments based on your projected retirement age. An account manager will oversee the portfolio and periodically adjust the investment mix. As you move toward retirement, the account will become more conservative to help reduce large swings in value due to market fluctuations. If you do not make an investment election, your money will be invested in the T. Rowe Price fund closest to your normal retirement date.

Company Contributions (Matches)

After one year of service, eligible participants will receive a match equal to 50% of the first 6% that you contribute (maximum 3% of pay). Company contributions will be placed into your pretax retirement account; Roth contributions will be matched in the same manner. Executive management may also offer additional discretionary contributions; however, discretionary matches are not guaranteed. Note that match dollars will not appear on your paycheck as it is not earned income; however, company contributions may be viewed on your quarterly statements and your online account at principal.com**.**

401(k) Matching Example

Employee Contribution:		
Annual Wages $52,000 x 6% deferral	=	$3,120
Company Contributions:		
Employee Deferral $3,120 x 50% match	=	$1,560
Total Annual Contributions		**$4,680**

Vesting

Vesting is how much of the company contributions you own. You are always 100% vested in the contributions you choose to defer. Company matches are vested based on years of service, as shown below.

Years	< 2	2	3	4	5	6 +
Vesting	0%	20%	40%	60%	80%	100%

Withdrawals

Participants may receive benefits at retirement (age 62 or older), death, disability or termination of employment. Your personal 401(k) account is designed to provide retirement income, so there are restrictions on withdrawing funds while you are still working for the company. Depending on the type of withdrawal, you may have to pay interest, income taxes and/or a 10% penalty. You should compare and consider other types of loans or lending agencies before accessing your 401(k) retirement account.

Loans

You may take up to two loans per 12-month period. There is a minimum loan amount of $1,000 and a maximum of 50% of your vested account balance or $50,000 (whichever is less). Each loan will have a separate payment deduction from your paycheck and payback schedule. In addition, you may not have more than two outstanding loan balances at any given time.

You will sign an agreement to pay back the principal and interest into your account. You also agree to have a loan origination fee and quarterly record-keeping fees deducted from your account. The loan payback period varies with the amount you borrow with a maximum of five years. If you do not pay back your loan, you will pay taxes and possibly a 10% penalty on the outstanding balance. If your employment terminates prior to paying back the loan, you will have 60 days to pay the remaining balance in full. Otherwise you will be responsible for taxes and penalties.

Loans may be requested through Principal at 800.547.7754 or principal.com. Allow two to three weeks' processing time for your loan application to be completed.

59½ Withdrawal

Employees age 59½ or older who are still working for the company may withdraw their deferral contributions at any time; regular income taxes may apply. Matching contributions may be withdrawn beginning at age 62. Withdrawal forms are available from Principal Financial Group. Allow two to three weeks processing time for your withdrawal application to be completed.

Hardship Withdrawal

If you are an active employee and have not reached age 59½, you may qualify for a hardship withdrawal of your deferral contributions. The Ruan 401(k) plan defines a financial hardship as an immediate and severe financial need that you are unable to meet any other way. IRS guidelines also limit the use of a hardship withdrawal to the following reasons:

- Purchase of a primary residence
- Prevent foreclosure or eviction of your primary residence
- Repair damages to your primary residence, including expenses and losses on account of a disaster declared by the Federal Emergency Management Agency (FEMA)
- Unreimbursed medical expenses for you or your qualified dependent
- Tuition, room and board for the upcoming post-secondary school year for you, your spouse, your children, or qualified dependent
- Funeral or burial expenses for your parents, spouse, children, or qualified dependents

Other rules and/or restrictions may apply. Withdrawal forms are available from Principal Financial Group. In addition to your hardship withdrawal form, you must also submit supporting documentation showing the qualifying reason (from the list above) and the amount needed to cover the financial need. If your request is approved, hardship withdrawals may be subject to regular income taxes and a 10% early withdrawal penalty. Allow two to three weeks' processing time for your hardship request.

2027 Price List (Full-Time)

All weekly deductions are calculated using 52 weeks.

Medical Plans		Employee Pretax Cost			
		Tobacco		Non-Tobacco	
		Weekly	Biweekly	Weekly	Biweekly
Light	Single	$28.53	$57.06	$13.53	$27.06
	Employee + Spouse	$55.99	$111.97	$40.99	$81.97
	Employee + Child(ren)	$52.18	$104.37	$37.19	$74.37
	Family	$70.79	$141.58	$55.79	$111.58
Basic	Single	$41.92	$83.85	$29.27	$58.54
	Employee + Spouse	$78.72	$157.44	$66.10	$132.20
	Employee + Child(ren)	$69.38	$138.76	$56.70	$113.40
	Family	$100.19	$200.38	$87.51	$175.02
Choice	Single	$51.57	$103.13	$38.88	$77.76
	Employee + Spouse	$96.49	$192.98	$83.81	$167.61
	Employee + Child(ren)	$93.11	$186.23	$80.43	$160.87
	Family	$134.60	$269.20	$121.92	$243.84
Premier	Single	$105.85	$211.70	$93.26	$186.52
	Employee + Spouse	$207.65	$415.29	$194.97	$389.93
	Employee + Child(ren)	$188.34	$376.68	$175.66	$351.32
	Family	$297.82	$595.64	$285.14	$570.28

* 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.

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.

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 2027. 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, 2027, 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.

Dental Plans		Employee Pretax Cost	
		Weekly	Biweekly
Standard	Single	$1.96	$3.92
	Employee + Spouse	$4.07	$8.14
	Employee + Child(ren)	$4.77	$9.54
	Family	$6.94	$13.89
Premier	Single	$6.22	$12.44
	Employee + Spouse	$12.34	$24.69
	Employee + Child(ren)	$14.00	$28.00
	Family	$22.74	$45.48

Vision Plan	Employee Pretax Cost	
	Weekly	Biweekly
Single	$1.35	$2.71
Employee + Spouse	$2.61	$5.21
Employee + Child(ren)	$2.92	$5.83
Family	$3.96	$7.92

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

2027 Price List (Full-Time) Continued

Supplemental Disability	Employee After-Tax Cost
Short-term: {(Annual Benefits Salary x .0111) / 12} = Monthly cost Example: {($52,000 x .0111) ÷ 12} = $48.10 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 Pretax Cost
Formula: Annual pledge ÷ months remaining in year = monthly contribution	
Healthcare: (minimum $100; maximum $3,400) Members enrolled in the Choice 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 (52 Pay Periods)	Biweekly Rates (26 Pay Periods)
Employee	$2.11	$4.22
Employee + Spouse	$4.22	$8.44
Employee + Children	$4.54	$9.07
Family	$6.65	$13.30

Hospital Indemnity — Low Plan

Hospital Confinement Indemnity Rates Low Plan		
Coverage Types	Weekly Rates (52 Pay Periods)	Biweekly Rates (26 Pay Periods)
Employee	$2.17	$4.34
Employee + Spouse	$4.77	$9.55
Employee + Children	$3.83	$7.66
Family	$6.44	$12.87

Hospital Indemnity — High Plan

Hospital Confinement Indemnity Rates High Plan		
Coverage Types	Weekly Rates (52 Pay Periods)	Biweekly Rates (26 Pay Periods)
Employee	$4.23	$8.46
Employee + Spouse	$9.30	$18.61
Employee + Children	$7.50	$15.01
Family	$12.58	$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 (52 Pay Periods) Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+ SP	EE+ CH	Family
Under 30	$0.90	$1.80	$1.19	$2.09
30-39	$1.27	$2.54	$1.56	$2.83
40-49	$2.52	$5.03	$2.80	$5.32
50-59	$4.55	$9.09	$4.83	$9.38
60-69	$7.18	$14.35	$7.47	$14.64
70+	$9.21	$18.42	$9.50	$18.70

Biweekly 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 (52 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

Biweekly 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

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

Weekly Rates (52 Pay Periods) Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+SP	EE+CH	Family
Under 30	$2.70	$5.40	$3.57	$6.27
30-39	$3.81	$7.62	$4.67	$8.48
40-49	$7.55	$15.09	$8.41	$15.96
50-59	$13.64	$27.28	$14.50	$28.14
60-69	$21.53	$43.06	$22.40	$43.93
70+	$27.62	$55.25	$28.49	$56.11

Biweekly 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

2027 Price List (Part-Time)

Medical Plans	Employee Pretax Cost	
	Weekly (52 Pay Periods)	Biweekly (26 Pay Periods)
Single* Light Plan	$23.08	$46.15
Employee + Spouse* Light Plan	$46.15	$92.31
Employee + Child(ren)* Light Plan	$46.15	$92.31
Family* Light Plan	$92.31	$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.



Notes



The descriptions of the benefits in this guide are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

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