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	$_____monthly
Example: {($52,000 x .0111) ÷ 12} = $48.10 per month	$_____monthly
Long-term: (Covered Monthly Payroll x $0.196) ÷ 100 = Monthly Cost Example: ($4,333x $0.196) ÷ 100 = $8.49	

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
Age < 30	$0.156	$0.20	Spouse: $_____monthly
Age 30-39	$0.210	Formula:	Child: $_____monthly
Age 40-49	$0.318	Rate x Election $1,000	
Age 50-59	$0.624		
Age 60-64	$1.038	Example:	
Age 65-69	$1.668	$0.318 x $50,000/ $1,000 = $15.90 per month	
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 $3,500)	$_____monthly
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.	
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.