

RUAN

TABLE OF CONTENTS

TABLE OF CONTENTS

- + Eligibility and Enrollment
- + Health Care Coverage
- + Other Benefit Options
- + 401(k) Retirement



Eligibility and Enrollment

- + Full-time, regular employees eligible to participate
 - Spouse
 - Dependent children under age 26
 - Incapacitated adult children
- + For transitioning Bushwick employees
 - Immediate eligibility if employed at least 60 days with Bushwick
- + 60-day waiting period for benefits for new employees
 - Use this time to review online enrollment materials and enroll through BenXpress
 - Coverage effective on the day you enroll in BenXpress and receive the confirmation sheet generated by the system
- If enrolled after 60 days
 - Coverage effective on day form is received in human resources
 - · Longer pre-existing condition exclusion period
 - Must wait to enroll in other benefit options



Making Changes To Your Plan

- + Once enrolled, coverage remains in effect until December 31
- + Limited changes for Qualified Family Status Change
 - Contact HR within 30 days of event to request a change
 - Most common qualified events include marriage, divorce, birth or adoption of child and change in spouse's employment
 - See "Benefits Guide" for list of additional qualified events
- + Able to make all new elections during open enrollment



Medical Coverage

- + Administered by Wellmark Blue Cross Blue Shield
 - Worldwide BlueCard PPO Network
- + Pre-existing condition exclusion period
 - Six-month look-back period
 - Any treatment, diagnosis or care for a condition will not be covered for first 12 months
 of coverage (18 months for a late enrollee)
 - Exclusion period may be reduced or eliminated by crediting prior health insurance (no break in coverage over 62 days)
 - Does not apply to dependents under age 19
- + Maintenance of benefits
 - Coordination with a secondary plan (i.e., a spouse's plan or Medicare)
 - Ruan is primary for employee
 - If covering a spouse with other coverage, unpaid portion of spouse's primary plan may be submitted to Ruan
 - Ruan insurance reduced by the primary plan's benefit



Premier Medical

	In Network PPO	Out of Network
Office Visits	\$15 co-pay	30%
Preventative Care		
Annual Exam	\$0	30%
Mammogram	\$0	30%
Colonoscopy	\$0	30%
	ormed preventive care, included and attentions of the US Preventive.	iding those rated A or B in the ve Services Task force.
Annual Deductible	\$0 single	\$0 single
	\$0 family	\$0 family
Co-Insurance	10%	30%
Emergency Room*	\$50 co-pay,	\$50 deductible,
	then 10%	then 30%
	ork if true emergency; co-p dmission Certification withi	ay waived if admitted; must n 2 working days.
Chiropractic (\$400/yr limit)	\$15 co-pay	30%
Out of Pocket Maximum	\$1,500 single	\$2,000 single
	\$3,000 family	\$4,000 family



Choice Savings Medical

- + High deductible or consumer driven plan
- Deductible is all-inclusive
 - You pay 100 percent of claims until the deductible has been met, including:
 - Office visits
 - Lab/x-rays
 - Prescription drugs
- Employee + One and Family elections must meet the higher family deductible and out-of-pocket amounts
- + Deductible is waived for preventive services:
 - Annual exams, well baby care and preventative prescriptions
- Includes a company funded health care flexible spending account (FSA)



Choice Savings Medical

	In Network PPO	Out of Network		
Office Visits	\$0	30%		
	after deductible/OPM	after deductible/OPM		
Preventative Care				
Annual Exam	\$0	\$0 after deductible/OPM		
Mammogram	\$0	\$0 after deductible/OPM		
Colonoscopy	\$ 0	\$0 after deductible/OPM		
recommendations of the	* Based on evidence-informed preventive care, including those rated A or B in the current recommendations of the US Preventive Services Task force. A preventive procedure that becomes diagnostic must apply to the deductible.			
Annual Deductible	\$2,000 single	\$3,000 single		
	\$4,000 EE+1/family	\$6,000 EE+1/family		
Co-Insurance	\$0	\$0		
	after deductible/OPM	after deductible/OPM		
Emergency Room*	\$0	\$75 co-pay,		
	after deductible/OPM	then deductible		
* Processed as in network if true emergency; co-pay waived if admitted; must obtain Pre- Admission Certification within 2 working days.				
Chiropractic	\$0	\$0		
(\$400/yr limit)	after deductible/OPM	after deductible/OPM		
Out of Pocket Maximum	\$2,000 single	\$3,000 single		
	\$4,000 EE+1/family	\$6,000 EE+1/family		



Choice Savings Medical

- + Choice Savings plan includes company funded health care FSA
 - \$420 single coverage
 - \$840 EE+One/Family coverage
 - Amounts are prorated if coverage is effective after January 1
- + Account flexibility
 - Entire annual pledge is available on your effective date
 - May be used for medical, dental and/or vision expenses
- + Employees may add their own pre-tax contributions
- + Flex debit card automatically issued to access the account
 - New cards mailed in plain white envelope
 - Debit card is for your convenience, but still follows IRS rules
 - Keep all receipts and copies of debit card transactions!
- + Unused funds at end of the year are returned to the plan



Basic Medical

- + Qualified High Deductible Health Plan (HDHP)
- + Deductible is all-inclusive
 - You pay 100 percent of claims until the deductible has been met, including:
 - Office visits
 - Lab/x-rays
 - Prescription drugs
- + Deductible is waived for preventive services
 - Annual exams, well baby care and preventive prescriptions
- + Allows participation in a health savings account (HSA)



Basic Medical

	In Network PPO	Out of Network		
Office Visits	\$30 co-pay after deductible	30% after deductible		
Preventative Care				
Annual Exam	\$0	30% after deductible		
Mammogram	\$0	30% after deductible		
Colonoscopy	\$0	30% after deductible		
recommendations of the U	JS Preventive Services Task for	g those rated A or B in the current orce. A preventive procedure that		
	mes diagnostic must apply to th			
Annual Deductible	\$2,500 single \$5,000 EE+1/family			
Co-Insurance	20%	30%		
Emergency Room*	\$100 co-pay after deductible, then 20%	\$100 co-pay after deductible, then 30%		
* Processed as in network if true emergency; co-pay waived if admitted; must obtain Pre-Admission Certification within 2 working days.				
Chiropractic	\$30 co-pay	30%		
(\$400/yr limit)	after deductible	after deductible		
Out of Pocket Maximum	\$4,000 single \$8,000 EE+1/family	\$5,000 single \$10,000 EE+1/family		



Health Savings Account (HSA)

- + Available to members under Basic medical plan
 - No secondary coverage (i.e., a spouse's plan or medical FSA)
 - Not entitled to Medicare
 - Not claimed as dependent under someone else's tax return
- + Pre-tax employee contributions
 - Up to \$3,250 single
 - Up to \$6,450 family per year
 - Withdrawals for qualified health care expenses are pre-tax
 - Available debit card or bank checks to access funds.
 - Use for medical, prescription drug, dental, vision expenses
 - No need to submit receipts, but keep on file in case of an audit
 - Non-qualified funds are subject to taxes and possible 20 percent penalty
- + Balance carries over year-to-year- funds never lost or forfeited



Prescription Drug Coverage

	Premier	Choice Savings— Preventive ¹	Choice Savings— All Other	Basic— Preventive ¹	Basic— All Other
	In-Network ²	In-Network ²	In-Network ²	In-Network ²	In-Network ²
Tier 1—	\$10 or 25%	\$15 or 25%	\$0	\$20 or 25%	\$20 or 25%
Generics	whichever is greater	whichever is greater	after deductible/OPM	whichever is greater	whichever is greater
					after deductible
Tier 2—	\$25 or 25%	\$30 or 25%	\$0	\$35 or 25%	\$35 or 25%
Select Brands	whichever is greater	whichever is greater	after deductible/OPM	whichever is greater	whichever is greater
					after deductible
Tier 3—	\$40 or 25%	\$45 or 25%	\$0	\$50 or 25%	\$50 or 25%
All Other	whichever is greater	whichever is greater	after deductible/OPM	whichever is greater	whichever is greater
	_	-			after deductible

- 1) The Preventive Drug List is available in your enrollment kit, on the Intranet Portal or through human resources
- 2) Out-of-Network (or non-participating) pharmacy rates equal your co-pay or 50% (whichever is greater) and subject to Usual, Customary and Reasonable charges
- 3) Specialty drugs/injectables sometimes received at the doctor's office or home infusion therapy may require you to get a prescription to be filled at a local pharmacy and pay a \$85 co-pay

NOTE: Mail order is available for maintenance medications. You pay three co-pays for a three-month supply with no "whichever is greater" clause.



How Do I Choose?

- + Consider how often you use your health benefits
 - Office visits
 - Prescriptions
 - Medical equipment
 - Possible out-patient services or in-patient hospital care
- + Consider financial aspects
 - Annual premiums (payroll deductions)
 - Deductibles
 - Co-insurance/co-pays
 - Available pre-tax medical savings accounts
- + Do the math



Dental Coverage

	Premier Dental (in-network)	Standard Dental (in-network)
Preventive Care	100%	80%
Basic Care	\$25 deductible 20% co-insurance	\$50 deductible 20% co-insurance
Major Care	50% co-insurance (after deductible)	50% co-insurance (after deductible)
Dental Max.	Annual \$2,000	Annual \$1,000
Orthodontia Care*	\$50 deductible 50% co-insurance Ortho Life \$1,500	\$50 deductible 50% co-insurance Ortho Life \$1,000

^{*}Orthodontia is available for dependent children under age 19.



Vision Coverage

- + Extensive network through VSP
- Network providers offer discounts and file all claims
- + Annual exam, up to \$40
- + Up to \$125 once per year for hardware expenses
 - Frames
 - Lenses (single, bifocal, trifocal)
 - Progressive lenses
 - Contacts



Health Care Flexible Savings Account

- + Automatic enrollment if covered under Choice Savings medical
- + Available to anyone eligible for the Benefits By Choice plan
 - Do not have to be enrolled in a medical plan to participate
 - Participation in a medical FSA disqualifies participation in HSA
- + Pre-tax contributions
 - Minimum \$100 per year
 - Maximum \$2,500 per year
- + Pre-tax withdrawals for qualified expenses, up to annual pledge
 - Co-pays, deductible, co-insurance, prescription drug
 - Dental
 - Vision
- + Flex debit card to access funds
 - No need to submit receipts, but keep on file in case of audit
 - Option to file a claim form to get reimbursed
- + Two-and-a-half month grace period to use up remaining funds
 - Leftover funds after grace period are forfeited



Dependent Care Flexible Spending Account

- Allows pre-tax dependent care savings so employee or spouse may work or attend school
- + Minimum \$100
- + Maximum \$5,000 (or \$2,500 if married and filing separate)
- Pre-tax savings for day care, nursery school, elder care or care for a disabled dependent
- + File a claim form to get reimbursed, up to current account balance
- If your adjusted family gross income is less than \$39,000, you may be better
 off using the Federal Tax Credit

 check with your tax advisor



Disability

- + Core Short-term Disability (STD)
 - Benefits on eighth day of disability
 - \$200 per week benefit for driver/mechanic/warehouse
 - Percent of pay for exempt or hourly administrative
 - May continue up to 26 weeks
- + Supplemental Short-term Disability
 - Able to purchase additional coverage to equal 60 percent of pay
- Core Long-term Disability (LTD)
 - Benefits after six months of disability
 - 50 percent of monthly wages
- + Supplemental Long-term Disability
 - Able to purchase additional coverage to equal 60 percent of pay



Life Insurance

- + Core benefit of one times annual salary (up to \$50,000)
- + May purchase additional coverage
 - First \$150,000 of coverage is automatically approved if you enroll when first eligible
- + Core spouse life insurance of \$1,000
- + If employee has supplemental life, may elect additional spouse coverage
 - \$5,000 increments up to half of employee supplemental life rate
 - First \$25,000 of coverage is automatically approved if you enroll when first eligible
- May purchase dependent (child) life insurance
 - \$2,000 increments up to \$10,000 or half of employee's supplemental life election



Time Off Benefits

+ Paid holidays

New Year's Day
 Labor Day

Memorial Day Thanksgiving Day

Fourth of July Christmas Day

+ Earned vacation

- Earned throughout the calendar year
- Hourly administrative and salary office staff accrue vacation hours
- Driver accrual vacation dollars based on prior year's wages
- Other time off benefits may be available based on job groups, so verify with your manager which plan(s) you may be eligible for

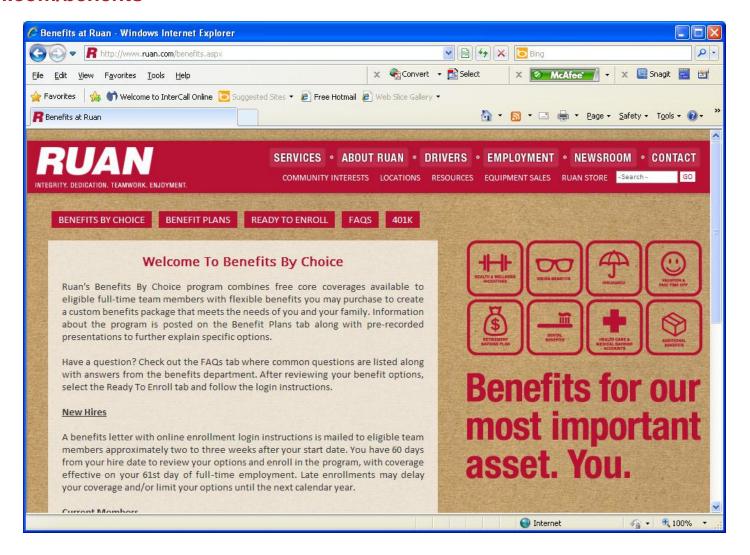


Other Benefits

- Wellness reimbursement
 - 50 percent up to \$200 per year per family for weight loss, smoking cessation or gym/fitness facility fees
- + Tuition reimbursement
- + Direct deposit
- + Referral bonus
- + Holiday savings club
- + Employee assistance program
- + Employee discounts
 - Avis Rent-a-Car
 - GM Supplier Discount
 - Dell Computers
 - Cell phone services
 - Floral and gift baskets
 - And more. Check the Ruan Portal for details

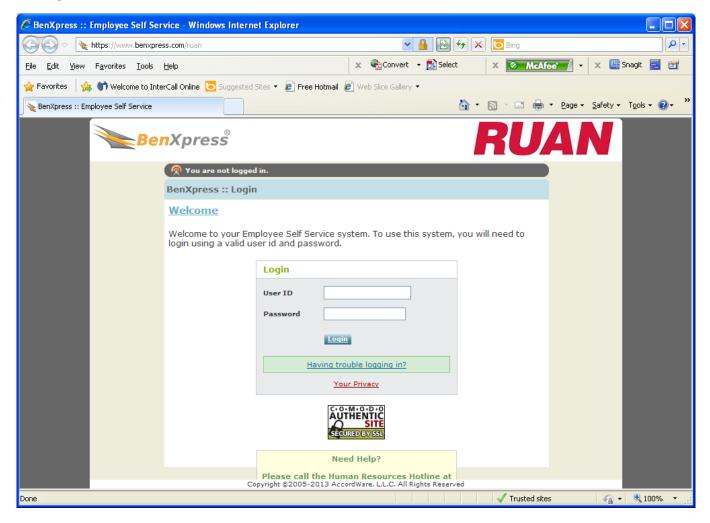


www.ruan.com/benefits





https://www.benxpress.com/ruan





RUAN

2013 Confirmation Statement

John Doe SSN: 123-45-6789 3200 Grand Ave. Plan Period: 1/1/2013 to 12/31/2013 Des Moines, IA 50309 Birthdate: 9/15/1968 Hire Date: 5/27/1998 Hire Date: 5/27/1998 Hire Date: 5/27/1998 Hire Date: 5/27/1998 Per Pay Prior. So.00 Health Savings Account Effective: 01/01/2013-12/31/2013 Monthly Prior. You elected basic (Non-Tobacco User), Employee Only coverage. So.00 Health Savings Account Effective: 01/01/2013-12/31/2013 Monthly Prior. You elected to contribute \$100.00 each month to this account. This dedution will be taken from the LAST \$100.00 paycheck of the month. Medical FSA Effective: 01/01/2013-12/31/2013 Per Pay Prior. You have elected not to contribute to this account. So.00 Dental Effective: 01/01/2013-12/31/2013 Per Pay Prior. You elected Standard, Employee Only coverage. \$1.56 Vision Effective: 01/01/2013-12/31/2013 Per Pay Prior. You elected Vision, Employee Only coverage. \$2.25 Core Life and AD&D Effective: 01/01/2013-12/31/2013 Per Pay Prior. You elected 1x Annual Salary (\$50,000). So.000 Employee Supplemental Life Effective: 01/01/2013-12/31/2013 Per Pay Prior. You elected Decline Coverage. So.00 So.00 Dependent Supplemental Life Effective: 01/01/2013-12/31/2013 Per Pay Prior. You elected Decline Coverage. So.00 Core Short Term Disability Effective: 01/01/2013-12/31/2013 Per Pay Prior. You elected Decline Coverage. So.00 Core Short Term Disability Effective: 01/01/2013-12/31/2013 Per Pay Prior. You elected 50% of Basic Monthly Pay. Your estimated benefit amount is \$1,038. So.00 You elected 50% of Basic Monthly Pay. Your estimated benefit amount is \$2,250. So.00 So.	
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You elected 100% of Weekly Wages. Your estimated benefit amount is \$1,038. \$0.00 Core Long Term Disability Effective: 01/01/2013-12/31/2013 Per Pay Price	
Core Long Term Disability Effective: 01/01/2013-12/31/2013 Per Pay Price	etag
You elected 50% of Basic Monthly Pay. Your estimated benefit amount is \$2,250. \$0.00	etag
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Supplemental Long Term Disability Effective: 01/01/2013-12/31/2013 Per Pay Price	etag
You elected Decline Coverage. \$0.00	



401(k) Plan Highlights

- + Eligible first pay period after 60 days of employment
- Automatic enrollment of three percent of gross pay, invested in a T. Rowe
 Price target-dated fund based on age
- May change deferrals weekly and investments daily
- + Choice of pre-tax or Roth post-tax deferral
- + Ruan matches after one year of employment
- + Several investments to choose from or T. Rowe Price
- May borrow against your account (loan option)
- + Fully vested after six years of employment
- + Quick access: TeleTouch, internet, weekly returns
- + Catch-up provision for employees age 50+



401(k) Matching Example

Employee Contribution

Annual wages $$40,000 \times 6\% \text{ deferral} = $2,400$

Company Contributions

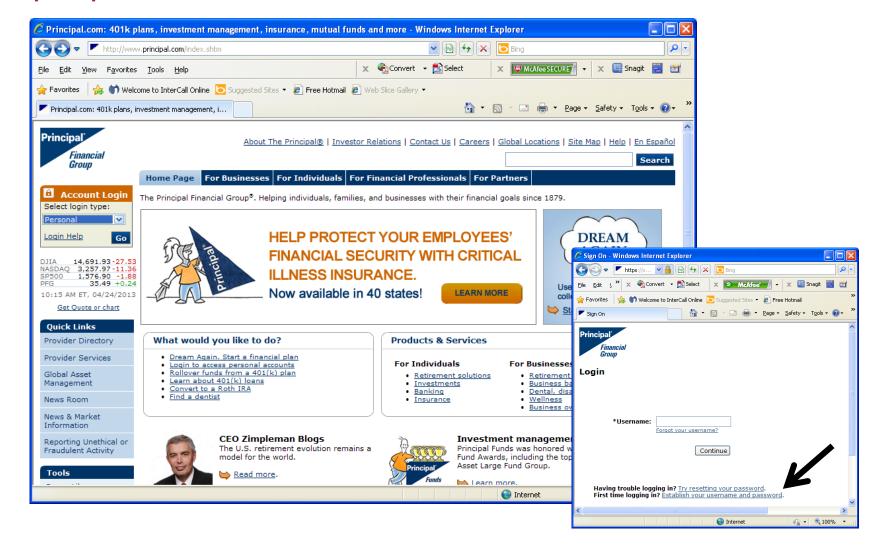
Employee deferral $$2,400 \times 50\%$ match = \$1,200

Total Annual Contributions

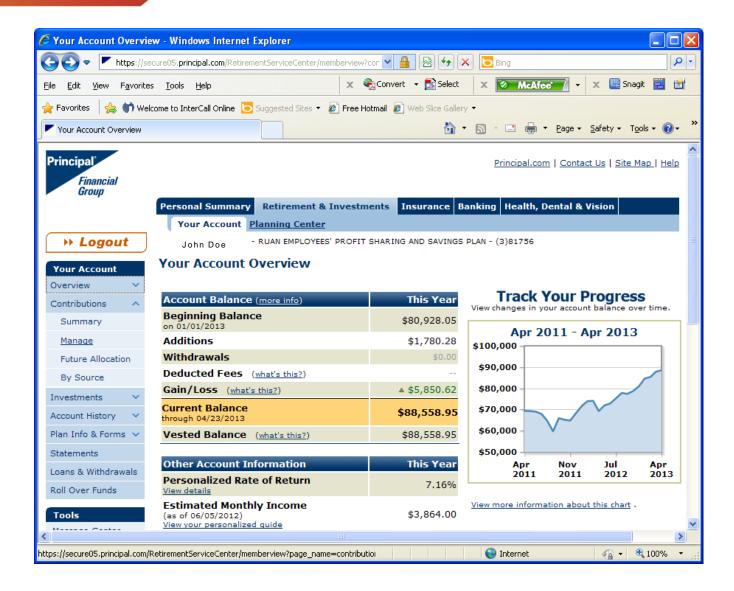
\$3,600



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Questions?

Call the Human Resources Hotline

1-800-845-6675

Phones open from 8:00 a.m. to 4:45 p.m. Monday through Friday, Central Standard Time