

Presented to:

Industry

Ryder Employees Ruan Benefits Overview





RUAN

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Eligibility and Enrollment

- + Full-time, regular employees eligible to participate
 - Spouse
 - Dependent children under age 26
 - Incapacitated adult children
- + For transitioning Ryder employees
 - Immediate eligibility if at least 60 days with Ryder at Praxair account
- + 60-day waiting period for benefits for new employees
 - Use this time to review your enrollment materials and complete your elections
 - Coverage begins on 61st day
- + 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%	
	rmed preventive care, included at the included at the US Preventive in the US Preventive in the US Preventive in the US Preventive in the Included at the Incl	ding 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	ay 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		
* 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	et 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		
* Based on evidence-informed preventive care, including those rated A or B in the current recommendations of the US Preventive Services Task force. <i>A preventive procedure that</i>				
	becomes diagnostic must apply to the deductible.			
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

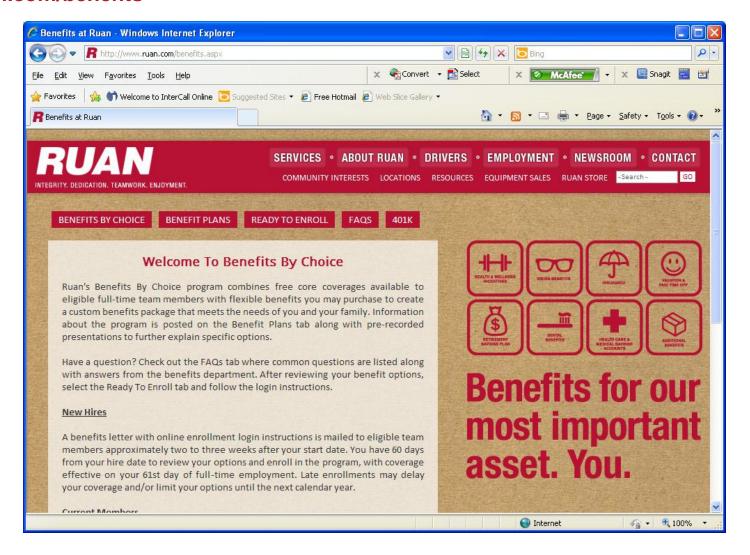


Other Benefits

- + 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

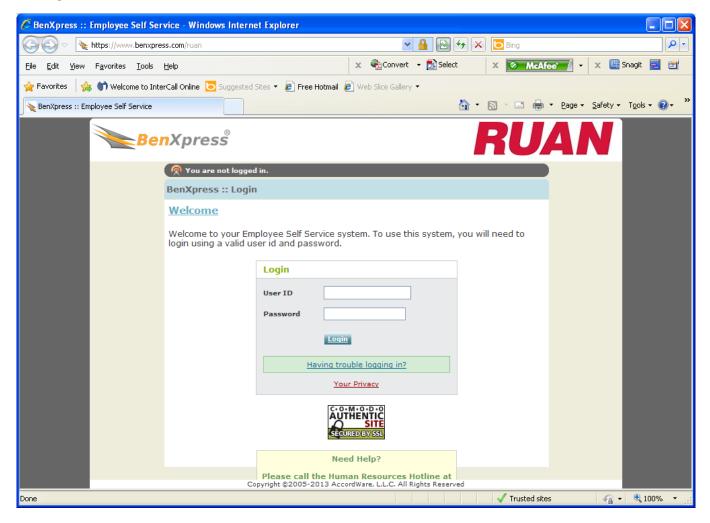


www.ruan.com/benefits





https://www.benxpress.com/ruan





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2013 Confirmation Statement

	2013 Confirmation Statement	
John Doe 3200 Grand Ave. Des Moines, IA 50309	SSN: 123-45-6789 Plan Period: 1/1/2013 to 12/31/2013 Birthdate: 9/15/1968 Hire Date: 5/27/1998	
Medical Effective: 01/01/2013-1	2/31/2013	Per Pay Pricetag
You elected Basic (Non-Tobacco	User), Employee Only coverage.	\$0.00
Health Savings Account	ffective: 01/01/2013-12/31/2013	Monthly Pricetag
You elected to contribute \$100.00 paycheck of the month.	each month to this account. This dedution will be taken from the LAST	\$100.00
Medical FSA Effective: 01/01/2	2013-12/31/2013	Per Pay Pricetag
You have elected not to contribute	e to this account.	\$0.00
Dental Effective: 01/01/2013-12/	31/2013	Per Pay Pricetag
You elected Standard, Employee	Only coverage.	\$1.56
Vision Effective: 01/01/2013-12/	31/2013	Per Pay Pricetag
You elected Vision, Employee On	ly coverage.	\$2.25
Core Life and AD&D Effection	ve: 01/01/2013-12/31/2013	Per Pay Pricetag
You elected 1x Annual Salary (\$50	0,000).	\$0.00
Employee Supplemental Li	fe and AD&D Effective: 01/01/2013-12/31/2013	Per Pay Pricetag
You elected \$80,000.		\$8.49
Spouse Supplemental Life	Effective: 01/01/2013-12/31/2013	Per Pay Pricetag
You elected Decline Coverage.		\$0.00
Dependent Supplemental L	.ife Effective: 01/01/2013-12/31/2013	Per Pay Pricetag
You elected Decline Coverage.		\$0.00
Core Short Term Disability	Effective: 01/01/2013-12/31/2013	Per Pay Pricetag
You elected 100% of Weekly Wag	es. Your estimated benefit amount is \$1,038.	\$0.00
Core Long Term Disability	Effective: 01/01/2013-12/31/2013	Per Pay Pricetag
You elected 50% of Basic Monthly	Pay. Your estimated benefit amount is \$2,250.	\$0.00
Supplemental Long Term D	Disability Effective: 01/01/2013-12/31/2013	Per Pay Pricetag
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

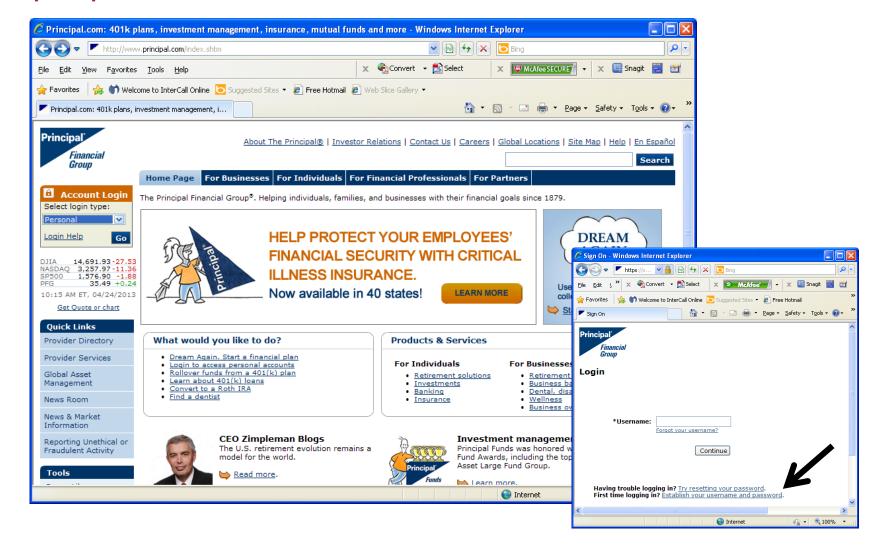
Employee deferral $$2,400 \times 50\%$ match = \$1,200

Total Annual Contributions

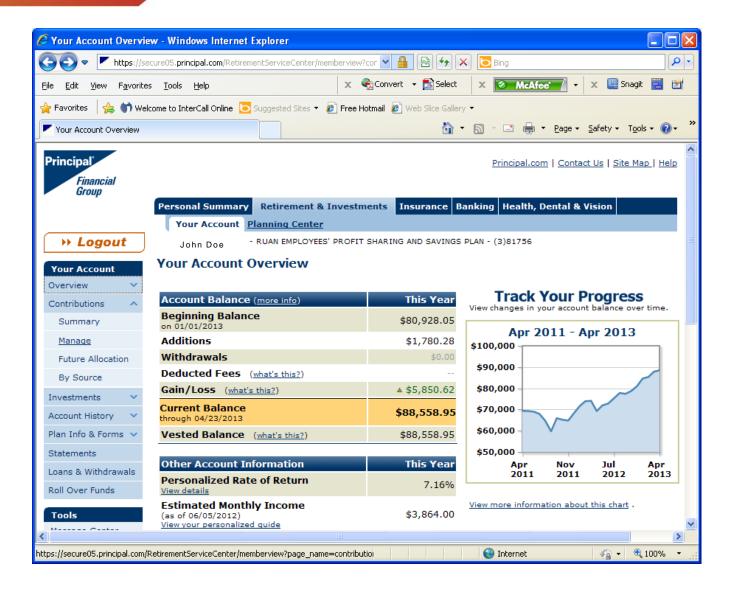
\$3,600



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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