# 2025 Ruan Benefits and Summary of Plan Changes

Special Reminder: **NOT ALL PLANS OR FEATURES ROLL OVER YEAR TO YEAR**. You must re-elect flexible spending/health savings accounts each year. Additional details available on the Hub or at www.ruan.com/benefits.



## **Medical Plan Options**

Plan changes bolded below. For premium prices refer to the 2025 Pricing Guide posted on the Hub and at www.ruan.com/benefits.

	Lij	Light		Basic		Choice Savings		Premier	
Preventative Care	100% in-network		100% in-network		100% in-network		100% in-network		
Office Visit	\$20 co-pay		\$30 after deductible		\$0 after deductible		\$25 co-pay		
Doctor on Demand (virtual visit)	\$0 routine visit \$0 mental health		20% after deductible		0% after deductible		\$0 routine visit \$0 mental health		
Deductible	\$5,000 single	\$10,000 family	\$3,300 single	\$6,600 family	\$2,500 single	\$5,000 family	\$0 single	\$0 family	
Co-Insurance	50% after deductible		20% after deductible		0% after deductible		10%		
Out-of-Pocket Max	\$6,850 single	\$13,700 family	\$4,950 single	\$9,900 family	\$2,500 single	\$5,000 family	\$2,000 single (medical only)	\$4,000 family (medical only)	

1) Use of non-network providers will reduce your benefits and increase your deductible and/or out-of-pocket maximum. 2) Basic and Choice Savings plans are high deductible plans; you pay 100% of claims, except preventive and well-child care, until the deductible has been met. 3) Preventive Care guidelines state a preventive exam/procedure that becomes diagnostic must apply to the deductible. 4) A working spouse who has other coverage available through their own employer will not be eligible to enroll in a Ruan medical plan. 5) Under the Choice Savings plan, +Spouse, +Child(ren), or Family elections share the higher family deductible and out-of-pocket maximums. 6) Virtual visits outside of the Doctor on Demand resource will apply to the plan's deductible or co-pay.

### **Express Scripts Pharmacy Program**

All Ruan medical plans include prescription drug coverage, administered by Express Scripts. A separate prescription drug ID card will be issued which you can present to your Express Scripts National Plus network pharmacist to accurately process your prescriptions. Members receiving a specialty drug must use Accredo for the administration of these specialty medications.

	Light	Basic Preventive <sup>1</sup>	Basic All Others	Choice Savings Preventive <sup>1</sup>	Choice Savings All Others	Premier <sup>3</sup>
	In-Network <sup>2</sup>	In-Network <sup>2</sup>	In-Network <sup>2</sup>	In-Network <sup>2</sup>	In-Network <sup>2</sup>	In-Network <sup>2</sup>
Tier 1 Generic	\$15	\$20 or 25% whichever is greater	\$20 or 25% whichever is greater after deductible		\$0 after ded./OPM	\$10 or 25% whichever is greater
Tier 2 Select brands	50% after deductible	\$35 or 25% whichever is greater	\$35 or 25% whichever is greater after deductible	\$0	\$0 after ded./OPM	25%
Tier 3 Non-select brands	50% after deductible	\$50 or 25% whichever is greater	\$50 or 25% whichever is greater after deductible	_	\$0 after ded./OPM	25%
Specialty Drugs	50% after deductible	is greater aft	50 or 25% whichever	\$0 after deductible/OPM		10%

1) Preventive drugs are identified on the Consumer Directed Healthcare Preventive Medications Standard Plus Drug List available at the Express Scripts website listed below. 2) Out-of-network (or non-participating) pharmacy rates equal your co-pay 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.

Visit <u>www.express-scripts.com/ruantransportcorporation</u> to review drug benefits under the National Preferred formulary list, locate a National Plus network pharmacy and price a medication. For those considering one of Ruan's high deductible health plans, Basic or Choice Savings, a list of preventive medications is available on the Hub under Benefits > 2025 Open Enrollment.

#### **Dental Enhancements**

We are excited to announce that effective January 1, 2025, our Dental plans will include some new enhancements! Your new benefit includes better benefits for your posterior composites, which are white tooth-colored fillings on your back teeth. This is a change from prior years, as the benefit plan only allowed coverage up to the reimbursement level of an Amalgam (silver) filling, which are silver colored fillings on the back teeth. This will be available on both the Premier and Standard plans. Additionally, the Dental Premier plan orthodontia maximum will be increasing from \$1,500 to \$2,000 in 2025. Please refer to your Employee Benefits Guide or Benefit Summaries for more details on what is covered under both plans.

### Health Savings Account (HSA) Limits

The contribution limits for 2025 are increased to \$4,300 single and \$8,550 family. Members who are enrolled in the Choice Savings medical plan and qualify for the HSA will receive a company contribution of \$9.61 per week/\$19.23 bi-weekly (annual maximum \$500). The company contribution will apply to the annual IRS limit.

Additional details, including SBC/SPD documents, are available on the Hub and at <u>www.ruan.com/benefits</u>.

**CAUTION!** If you are planning to transition from a healthcare FSA to an HSA in 2025, make sure to spend all remaining FSA funds by the end of the year. Any balance in your FSA as of December 31 — even if it's just a few cents — will delay your ability to make HSA contributions until April 1. This is due to the FSA "grace period" through March 15. Regulations do not allow participants to access both a pre-tax medical FSA and pre-tax HSA funds at the same time.