

Welcome packet for MyPlanAdvocate



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Welcome

Dear **MyPlanAdvocate** Employee,

This Health Benefits Guide summarizes the health and other plan options provided to you by your employer. Rippling is proud to be your employer's benefit platform, and we are here to make the enrollment process simple. Please review the guide carefully, so you can choose the plans and benefits that best fit your needs or those of your family.

For employees going through Open Enrollment, you have the option to log into Rippling to view the plans you're eligible for, your specific cost breakdowns, and make your selections for the coming plan year.

If you are a new employee or just became eligible for your benefit options, you can log into Rippling to choose your initial selections. Please note that your elections must be finalized in Rippling within 30 days of your new hire date or the date of your eligibility on coverage. This includes Qualifying Life Events such as a new child, marriage, or termination of coverage elsewhere.

The plans in this Benefits Guide are available from **1/1/2025**.

For any other questions, feel free to reach out to your company's administrator or HR lead.

Sincerely,
MyPlanAdvocate

Cigna

Medical



	Consumer Core ¹		Consumer Enhanced ²		Copay Core ³	
	In-network	Out-network	In-network	Out-network	In-network	Out-network
	Plan summary		Plan summary		Plan summary	
Deductible Single	3,500	N/A	2,500	N/A	3,000	N/A
Out Of Pocket Max Single	6,000	N/A	4,000	N/A	8,500	N/A
Deductible Family	7,000	N/A	5,000	N/A	6,000	N/A
Out Of Pocket Max Family	12,000	N/A	8,000	N/A	17,000	N/A
PCP Copay	20% After Deductible	N/A	20% After Deductible	N/A	\$30	N/A
Specialist Copay	20% After Deductible	N/A	20% After Deductible	N/A	\$60	N/A
Mental Health Inpatient	N/A	N/A	N/A	N/A	N/A	N/A
Mental Health Outpatient	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20%	20%
Emergency Room	20% After Deductible	N/A	20% After Deductible	N/A	20% After Deductible	N/A
Urgent Care	20% After Deductible	N/A	20% After Deductible	N/A	\$100	N/A
Hospital Inpatient	20% After Deductible	N/A	20% After Deductible	N/A	20% After Deductible	N/A
Hospital Outpatient	20% After Deductible	N/A	20% After Deductible	N/A	20% After Deductible	N/A
Rx - Deductible	Integrated with Medical	N/A	Integrated with Medical	N/A	\$0	N/A
Generic	20% After Deductible	N/A	20% After Deductible	N/A	\$10	N/A
Brand - Preferred	20% After Deductible	N/A	20% After Deductible	N/A	\$70	N/A
Brand - Non-Preferred	N/A	N/A	N/A	N/A	N/A	N/A
Specialty-Preferred	20% After Deductible	N/A	20% After Deductible	N/A	20% After Deductible	N/A

IMPORTANT

1. This plan is not available to employees in all regions. Please check with your company contact regarding its availability.
2. This plan is not available to employees in all regions. Please check with your company contact regarding its availability.
3. This plan is not available to employees in all regions. Please check with your company contact regarding its availability.

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Medical



Copay Enhanced ¹

In-network Out-network

[Plan summary](#)

	In-network	Out-network
Deductible Single	1,000	N/A
Out Of Pocket Max Single	3,000	N/A
Deductible Family	2,000	N/A
Out Of Pocket Max Family	6,000	N/A
PCP Copay	\$20	N/A
Specialist Copay	\$40	N/A
Mental Health Inpatient	N/A	N/A
Mental Health Outpatient	N/A	N/A
Coinsurance	20%	20%
Emergency Room	\$300	N/A
Urgent Care	\$100	N/A
Hospital Inpatient	20% After Deductible	N/A
Hospital Outpatient	20% After Deductible	N/A
Rx - Deductible	\$0	N/A
Generic	\$10	N/A
Brand - Preferred	\$70	N/A
Brand - Non-Preferred	N/A	N/A
Specialty-Preferred	20% After Deductible	N/A

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Medical



	Consumer Core	Consumer Enhanced	Copay Core
Employee only	\$644.85	\$703.73	\$674.26
Employee and spouse	\$1,547.64	\$1,688.96	\$1,618.22
Employee and children	\$1,225.22	\$1,337.09	\$1,281.09
Employee, spouse and children	\$2,063.52	\$2,251.95	\$2,157.63

TOTAL PLAN COSTS

Cigna

Medical



Copay Enhanced

Employee only	\$860.92
Employee and spouse	\$2,066.2
Employee and children	\$1,635.74
Employee, spouse and children	\$2,754.93

Delta Dental

Dental



	Core ¹		Enhanced ²	
	In-network	Out-network	In-network	Out-network
	Plan summary		Plan summary	
Deductible Single	50	50	50	50
Annual Maximum	\$1,000	\$1,000	\$2,500	\$2,500
Preventive Coinsurance	100	N/A	100	N/A
Basic Coinsurance	80	N/A	90	N/A
Major Coinsurance	50	N/A	60	N/A
Ortho Amount	N/A	N/A	N/A	N/A
Endo Perio Level	N/A	N/A	N/A	N/A

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TOTAL PLAN COSTS

Delta Dental

Dental



	Core	Enhanced
Employee only	\$35.45	\$44.82
Employee and spouse	\$68.11	\$86.31
Employee and children	\$94.88	\$139.41
Employee, spouse and children	\$128.69	\$182.33

VSP

Vision



Core ¹

Copay Frequency

[Plan summary](#)

Exams	\$10	12 Months mos
Materials	\$25	12 Months mos
Frames	\$150	12 Months mos
Contacts	\$150	12 Months mos

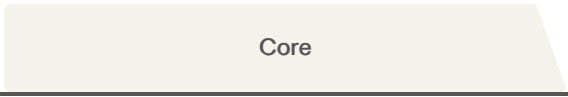
IMPORTANT

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TOTAL PLAN COSTS

VSP

Vision



Core

Employee only	\$9.06
Employee and spouse	\$15.27
Employee and children	\$15.58
Employee, spouse and children	\$25.13

Unum

Life

Life and AD&D Coverage ¹[Plan summary](#)

- In case of your death, your beneficiary is entitled to receive a 1 times of the salary with a \$150,000 maximum benefit
- Please refer to the Plan Summary in Rippling for complete plan details and any additional benefits this plan may offer

IMPORTANT

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TOTAL PLAN COSTS

Unum

Life



Life and AD&D Coverage

Employee cost per \$1000	\$0.102
--------------------------	---------

Spouse cost per \$1000	N/A
------------------------	-----

Child cost per \$1000	N/A
-----------------------	-----

Unum

Voluntary Life

Supplemental Life and AD&D Benefit ¹[Plan summary](#)

- In addition to the life insurance, you are also able to purchase Voluntary Life and AD&D Insurance for yourself and your dependents.
- Employees may elect up to \$500,000 of Voluntary (Supplemental) life, in increments of \$10,000. Elections above \$250,000 will require a Statement of Health to be provided (this document is available in Rippling).
- If you are electing Voluntary (Supplemental) life for yourself, you can also cover your spouse with up to \$500,000 of coverage, and children with up to \$10,000 of coverage. A Statement of Health will be required for spousal elections in excess of \$25,000.

IMPORTANT

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Unum

Voluntary Life



Supplemental Life and AD&D Benefit

Employee cost per \$1000

Spouse cost per \$1000

Child cost per \$1000

The premium of this plan is calculated by age of enrolled members (employees and dependents). For complete cost details, please refer to the Insurance app in Rippling.

Unum

Short Term Disability



Short Term Disability Benefit ¹

 [Plan summary](#)

- This benefit plan is considered "basic coverage" meaning your employer is paying 100% of the monthly premium.
- If you become disabled as the result of an off-the-job accident, sickness, or condition, and remain disabled for over 26 weeks, you become eligible to receive short-term disability benefits.
- This benefit pays you 60% of your weekly earnings up to a maximum of \$1,500 per week.

IMPORTANT

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TOTAL PLAN COSTS

Unum

Short Term Disability



Short Term Disability Benefit

Employee Cost Per \$10

\$0.315

Buy up cost per \$10

N/A

Unum

Long Term Disability



Long Term Disability Benefit ¹

 [Plan summary](#)

- This benefit plan is considered "basic coverage" meaning your employer is paying 100% of the monthly premium.
- If you remain disabled after 180 days on short-term disability, you become eligible to receive long-term disability benefits
- This benefit pays you 60% of your pre-disability monthly earnings, up to a maximum of \$10,000 per month if you are unable to perform your normal job functions after 180 days.
- These payments can potentially last until your Social Security Normal Retirement Age, If you are unable to return to work

IMPORTANT

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TOTAL PLAN COSTS

Unum

Long Term Disability



Long Term Disability Benefit

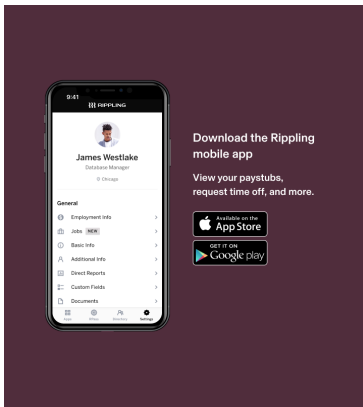
Employee Cost Per \$100

\$0.108

Buy up cost per \$100

N/A

Benefits Enrollment



Sign into Rippling

Email *

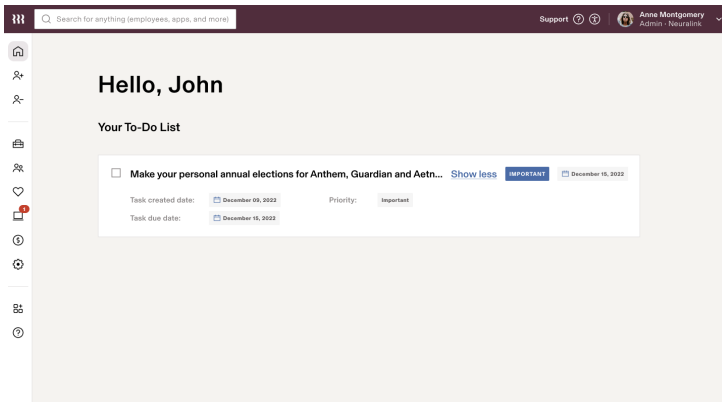
Password *

Forgot your password? [Reset password](#)

Button

1

Log into Rippling to elect or waive benefits for yourself or any dependents



2

On the Home screen, find your “personal annual elections” task under “Your To-Do List”. Click on the task to start your enrollment.

Benefits Enrollment

Search for anything (employees, apps, and more) | Support | Anne Montgomery Employee - NeuraLink

Basic information

Tell us about your dependents
Here are the dependents Rippling currently knows about. You can make changes or additions here. Later, you'll have the option to choose which dependents you want to enroll in which plans.

Name	Employee	Edit
Date of birth	06/16/1982	
Legal sex	Male	
Social security number	***-**-7263	
Primary phone	(555) 861-4640	
Disabled?	No	

[Add Dependent](#)

[Back](#) [Continue](#)

3

Enter your dependent information

Search for anything (employees, apps, and more) | Support | Anne Montgomery Employee - NeuraLink

Basic information

Select Plans *
Available plans

Plan name Carrier name	Plan name Carrier name	Waive medical coverage Waive Coverage
Select	Select	Waive Coverage
Monthly premium You pay: \$20 Company pays: \$180 Total: \$200	Monthly premium You pay: \$20 Company pays: \$180 Total: \$200	Monthly premium You pay: \$0 Company pays: \$0 Total: \$0
Plan summary Cover: \$20 Deductible: 30% Deductible (met): \$3,000 OOP max: \$3,000 HSA eligible? No Additional Details	Plan summary Cover: \$20 Deductible: 30% Deductible (met): \$1,000 OOP max: \$3,000 HSA eligible? No Additional Details	By waiving, you will not be enrolled in this coverage. You will only be able to change this decision during your annual open enrollment or in the case of a qualifying life event.

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Your rates will be shown again when you enroll, so you know what will be deducted each paycheck.

*The examples below don't reflect the actual plan info.

Benefits Enrollment

Support
Anne Montgomery
Employee - NeurLink

Basic Information

Summary
Please carefully review your selections and sign below so your decisions can be submitted. Make sure everything is right since you will not be able to modify these until the next open enrollment or in the case of a qualifying life event.

Review your selections

Plan	Monthly cost (effective 12/16/2022)
Total	\$2,045.51
Company pays	\$1,479.08
You pay	\$566.43

Medical

Carrier and plan	Enrollees	Effective date	Monthly cost	
Gold Full PPO Savings 1750/15%	Name	12/16/2022	Total	\$1,788.13
	Name		- Company pays	\$1,311.19
	Name		= You pay	\$477.04
				Edit

Dental

Carrier and plan	Enrollees	Effective date	Monthly cost	
DM-Dental 7	Name	12/16/2022	Total	\$198.04
Guardian	Name		- Company pays	\$129.90
	Name		= You pay	\$77.14
				Edit

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[Continue](#)

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Review, confirm your plan selections and sign.

Thank you!

Thank you for taking the time to review the options MyPlanAdvocate has offered you! If you have any questions or concerns, please reach out.