

# Welcome packet for Precedent LLC



# Contents

Welcome page/Introduction	1
Your 2025 Benefits	2
Medical	2
Dental	6
Vision	8
Life	10
Voluntary Life	12
Short Term Disability	14
Long Term Disability	16
Benefits Enrollment: How to use Rippling	18
Thank you	20

# Welcome

Dear **Precedent LLC** 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 **1/13/2025**.

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

Sincerely,  
Precedent LLC

Cigna

# Medical



	Consumer Core <sup>1</sup>		Consumer Enhanced <sup>2</sup>		Copay Core <sup>3</sup>	
	In-network	Out-network	In-network	Out-network	In-network	Out-network
	<a href="#">Plan summary</a>		<a href="#">Plan summary</a>		<a href="#">Plan summary</a>	
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	Deductible + 20%	N/A	Deductible + 20%	N/A	\$30	N/A
Specialist Copay	Deductible + 20%	N/A	Deductible + 20%	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	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%
Emergency Room	Deductible + 20%	N/A	Deductible + 20%	N/A	Deductible + 20%	N/A
Urgent Care	Deductible + 20%	N/A	Deductible + 20%	N/A	\$100	N/A
Hospital Inpatient	Deductible + 20%	N/A	Deductible + 20%	N/A	Deductible + 20%	N/A
Hospital Outpatient	Deductible + 20%	N/A	Deductible + 20%	N/A	Deductible + 20%	N/A
Rx - Deductible	Deductible + 20%	N/A	Deductible + 20%	N/A	N/A	N/A
Generic	Deductible + 20%	N/A	Deductible + 20%	N/A	\$10	N/A
Brand - Preferred	Deductible + 20%	N/A	Deductible + 20%	N/A	\$70	N/A
Brand - Non-Preferred	N/A	N/A	N/A	N/A	N/A	N/A
Specialty-Preferred	Deductible + 20%	N/A	Deductible + 20%	N/A	Deductible + 20%	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.

Cigna

# Medical



## Copay Enhanced <sup>1</sup>

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	Deductible + 20%	Deductible + 20%
Emergency Room	\$300	N/A
Urgent Care	\$100	N/A
Hospital Inpatient	Deductible + 20%	N/A
Hospital Outpatient	Deductible + 20%	N/A
Rx - Deductible	N/A	N/A
Generic	\$10	N/A
Brand - Preferred	\$70	N/A
Brand - Non-Preferred	N/A	N/A
Specialty-Preferred	Deductible + 20%	N/A

**IMPORTANT**

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

Cigna

# 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 <sup>1</sup>		Enhanced <sup>2</sup>	
	In-network	Out-network	In-network	Out-network
	<a href="#">Plan summary</a>		<a href="#">Plan summary</a>	
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

**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.



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 <sup>1</sup>

Copay      Frequency

[Plan summary](#)

Exams	\$10	Annual mos
Materials	\$25	Annual mos
Frames	\$150	Annual mos
Contacts	\$150	Annual mos

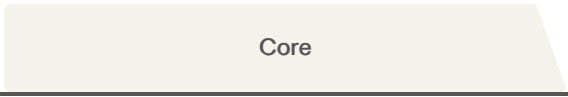
### IMPORTANT

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

TOTAL PLAN COSTS

VSP

## Vision



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 <sup>1</sup>[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

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

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



Voluntary Life <sup>1</sup>

 [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

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

Unum

## Voluntary Life



### Voluntary Life

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 <sup>1</sup>

 [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

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



TOTAL PLAN COSTS

Unum

## Short Term Disability



### Short Term Disability

Employee Cost Per \$10

\$0.315

Buy up cost per \$10

N/A

Unum

## Long Term Disability

Long Term Disability <sup>1</sup>[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**

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

TOTAL PLAN COSTS

Unum

# Long Term Disability



## Long Term Disability

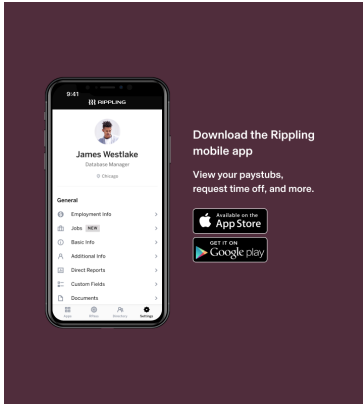
Employee Cost Per \$100

\$0.108

Buy up cost per \$100

N/A

# Benefits Enrollment



### Sign into Rippling

Email \*

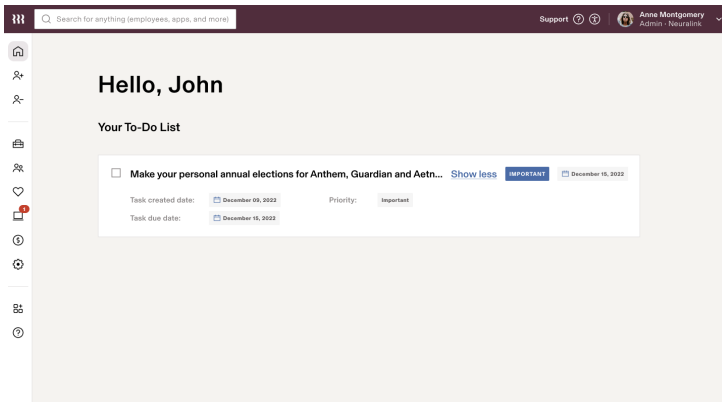
Password \*

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

**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.

<b>Name</b>	Employee	<a href="#">Edit</a>
<b>Date of birth</b>	06/16/1982	
<b>Legal sex</b>	Male	
<b>Social security number</b>	***-**-7263	
<b>Primary phone</b>	(555) 861-4640	
<b>Disabled?</b>	No	

[Add Dependent](#)

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

3

Enter your dependent information

**Select Plans**

Available plans

Plan name	Plan name	Waive medical coverage
Carrier name	Carrier name	Waive Coverage
<a href="#">Select</a>	<a href="#">Select</a>	<a href="#">Waive Coverage</a>
<b>Monthly premium</b>	<b>Monthly premium</b>	<b>Monthly premium</b>
You pay: \$20	You pay: \$20	You pay: \$0
Company pays: \$180	Company pays: \$180	Company pays: \$0
Total: \$200	Total: \$200	Total: \$0
<b>Plan summary</b>	<b>Plan summary</b>	<b>Plan summary</b>
Cover: \$20	Cover: \$20	Cover: \$20
Contribution: 30%	Contribution: 30%	Contribution: 30%
Reimbursement: \$3,500	Reimbursement: \$1,500	Reimbursement: \$2,500
Out-of-pocket max: \$3,000	Out-of-pocket max: \$3,000	Out-of-pocket max: \$3,000
HSA eligible? No	HSA eligible? No	HSA eligible? No
<a href="#">Additional Details</a>	<a href="#">Additional Details</a>	<a href="#">Additional Details</a>

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

4

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: NeuraLink

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
				<a href="#">Edit</a>

**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	\$68.14
				<a href="#">Edit</a>

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

5

Review, confirm your plan selections and sign.

# Thank you!

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