



Welcome packet for Optimyl Benefits

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Welcome

Dear Optimyl Benefits 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 **1/1/2026**.

For current employees signing up or re-enrolling in insurance during Open Enrollment. It is critical that you complete your selections in Rippling by **12/1/2025** for Medical, Dental, Vision, Life, Voluntary Life, Short Term Disability, Long Term Disability, Hospital Insurance, Critical Illness, Accident Insurance (Deadlines for open enrollment).

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

Sincerely,
Optimyl Benefits

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	Not Covered	N/A	Not Covered	N/A	Not Covered	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 Enhanced¹

	In-network	Out-network
 Plan summary		
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	\$75	N/A
Hospital Inpatient	20% After Deductible	N/A
Hospital Outpatient	20% After Deductible	N/A
Rx - Deductible	\$0	N/A
Generic	\$5	N/A
Brand - Preferred	\$60	N/A
Brand - Non-Preferred	N/A	N/A
Specialty-Preferred	Not Covered	N/A

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

IMPORTANT

Cigna

Medical



	Consumer Core	Consumer Enhanced	Copay Core
Employee only	\$668.2	\$790.36	\$732.64
Employee and spouse	\$1,603.68	\$1,896.72	\$1,758.33
Employee and children	\$1,269.58	\$1,501.57	\$1,392.01
Employee, spouse and children	\$2,138.24	\$2,528.96	\$2,344.44

Cigna

Medical



Copay Enhanced

Employee only	\$936.13
Employee and spouse	\$2,246.7
Employee and children	\$1,778.64
Employee, spouse and children	\$2,995.6

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

IMPORTANT

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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

Vision

Vision Benefits¹

	Copay	Frequency
 Plan summary		
Exams	\$10	12 Months mos
Materials	\$25	12 Months mos
Frames	\$150	12 Months mos
Contacts	\$150	12 Months mos

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

IMPORTANT

Vision



Vision Benefits

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

Unum

Life



Unum Life and AD&D Benefit 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

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

IMPORTANT

Unum

Life



Unum Life and AD&D Benefit

Employee cost per \$1000	\$0.102
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Spouse cost per \$1000	N/A
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Child cost per \$1000	N/A
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Voluntary Life



Voluntary Life/ADD Benefits¹

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.

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

IMPORTANT

Unum

Voluntary Life



Voluntary Life/ADD Benefits

Employee 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.

Spouse cost per \$1000

Child cost per \$1000

Unum

Short Term Disability

Unum STD 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 N/A, 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.

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

IMPORTANT

Unum

Short Term Disability



Unum STD Benefit

Employee Cost Per \$10	\$0.315
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Buy up cost per \$10	N/A
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Unum

Long Term Disability

Voluntary Long Term Disability ¹[Plan summary](#)

- This benefit plan is considered "voluntary coverage" meaning you, as the employee, are responsible for 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 \$15,000 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

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

IMPORTANT

Unum

Long Term Disability



Voluntary Long Term Disability

Employee Cost Per \$100

N/A

\$(0: '0', '1': '0', '2': '0', '3': '0', '4': '0', '5': '0', '6': '0', '7': '0', '8': '0', '9': '0', '10': '0', '11': '0', '12': '0', '13': '0', '14': '0', '15': '0.07', '16': '0.07', '17': '0.07', '18': '0.07', '19': '0.07', '20': '0.07', '21': '0.07', '22': '0.07', '23': '0.07', '24': '0.07', '25': '0.09', '26': '0.09', '27': '0.09', '28': '0.09', '29': '0.09', '30': '0.15', '31': '0.15', '32': '0.15', '33': '0.15', '34': '0.15', '35': '0.23', '36': '0.23', '37': '0.23', '38': '0.23', '39': '0.23', '40': '0.33', '41': '0.33', '42': '0.33', '43': '0.33', '44': '0.33', '45': '0.48', '46': '0.48', '47': '0.48', '48': '0.48', '49': '0.48', '50': '0.62', '51': '0.62', '52': '0.62', '53': '0.62', '54': '0.62', '55': '0.92', '56': '0.92', '57': '0.92', '58': '0.92', '59': '0.92', '60': '1.37', '61': '1.37', '62': '1.37', '63': '1.37', '64': '1.37', '65': '1.52', '66': '1.52', '67': '1.52', '68': '1.52', '69': '1.52', '70': '0.7', '71': '0.7', '72': '0.7', '73': '0.7', '74': '0.7', '75': '0.7', '76': '0.7', '77': '0.7', '78': '0.7', '79': '0.7', '80': '0.7', '81': '0.7', '82': '0.7', '83': '0.7', '84': '0.7', '85': '0.7', '86': '0.7', '87': '0.7', '88': '0.7', '89': '0.7', '90': '0.7', '91': '0.7', '92': '0.7', '93': '0.7', '94': '0.7', '95': '0.7', '96': '0.7', '97': '0.7', '98': '0.7', '99': '0.7'})

Buy up cost per \$100

Unum

Hospital Insurance



Hospital Indemnity Coverage¹

Plan summary

Daily Hospital Confinement	\$	1	0	0
Initial Hospital Confinement	\$	5	0	0
Surgery	N	/	A	

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

IMPORTANT

Unum

Hospital Insurance



Hospital Indemnity Coverage

Employee only	\$12.25
Employee and spouse	\$24.92
Employee and children	\$18.45
Employee, spouse and children	\$31.12

Unum

Critical Illness



Critical Illness Coverage¹

Plan summary

Initial Occurrence	N	/	A
Preventative Screening Benefit	\$	5	0
Recurrence	N	/	A

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

IMPORTANT

Unum

Critical Illness



Critical Illness Coverage

Employee 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.

Spouse cost per \$1000

Child cost per \$1000

Unum

Accident Insurance

Accident Coverage¹

Plan summary

Follow Up Treatment	N	/	A
Hospitalization	N	/	A
Initial Treatment	N	/	A
Injury Specific Benefit	N	/	A
Preventative Screening Benefit	5	0	
Surgery	N	/	A

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

IMPORTANT

Unum

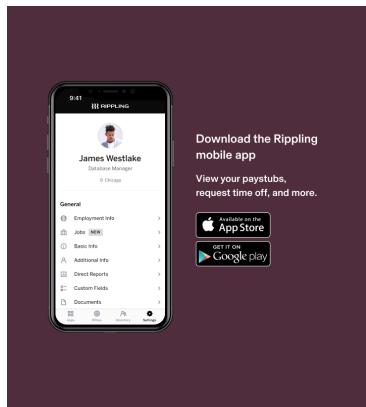
Accident Insurance



Accident Coverage

Employee only	\$10.47
Employee and spouse	\$18.84
Employee and children	\$22.29
Employee, spouse and children	\$30.66

Benefits Enrollment



Sign into Rippling

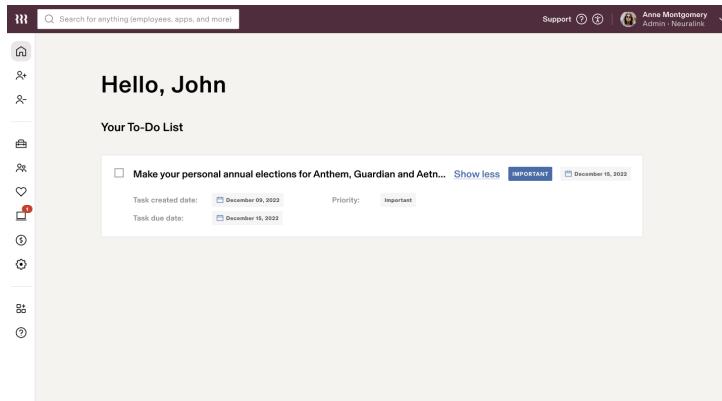
Email*

Password*

Forgot your password? [Reset password](#)

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

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) 861-4540	
Disabled?	No	

Add Dependent

< Back Continue

3

Enter your dependent information

Select Plans *

Available plans

Plan name	Carrier name
Monthly premium	Select
Waive medical coverage	Select
Waive Coverage	Waive Coverage

Monthly premium

You pay \$20
Company pays \$100
Total \$120

Waive medical coverage

You pay \$0
Company pays \$10
Total \$10

Waive Coverage

You pay \$0
Company pays \$10
Total \$10

By waiving, you will not be enrolled in this coverage. You will only be able to make this decision during your annual open enrollment or in the case of a qualifying life event.

Plan summary

Monthly premium

You pay \$20
Company pays \$100
Total \$120

Waive medical coverage

You pay \$0
Company pays \$10
Total \$10

Waive Coverage

You pay \$0
Company pays \$10
Total \$10

By waiving, you will not be enrolled in this coverage. You will only be able to make this decision during your annual open enrollment or in the case of a qualifying life event.

Plan summary

Waive medical coverage

You pay \$0
Company pays \$10
Total \$10

Waive Coverage

You pay \$0
Company pays \$10
Total \$10

By waiving, you will not be enrolled in this coverage. You will only be able to make this decision during your annual open enrollment or in the case of a qualifying life event.

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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

Basic information

Summary
Please carefully review your elections 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	Employees	Effective date	Monthly cost
Gold Full PPO Savings 1750/15%	Name Name Name	12/16/2022	Total - Company pays + You pay \$477.94

Dental

Carrier and plan	Employees	Effective date	Monthly cost
EM-Dental 7 Guardian	Name Name Name	12/16/2022	Total - Company pays + You pay \$771.14

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5

Review, confirm your plan selections and sign.

Thank you!

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