

# Welcome packet for Amtech LLC

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# Welcome

Dear **Amtech 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 **1/1/2026**.

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

Sincerely,  
Amtech LLC

## Medical


**COMPAMED A/DRUG PPO/VISION  
PPO/DENTAL PPO <sup>1</sup>**

In-network

Out-network

[!\[\]\(ec9132f1d27c8919987d92907322654d\_img.jpg\) Plan summary](#) 

Deductible Single	0	0
Out Of Pocket Max Single	2,500	2,500
Deductible Family	0	0
Out Of Pocket Max Family	7,500	7,500
PCP Copay	14	14
Specialist Copay	14	14
Mental Health Inpatient	20%	20%
Mental Health Outpatient	20%	20%
Coinsurance	20%	20%
Emergency Room	20%	20%
Urgent Care	14	14
Hospital Inpatient	20%	20%
Hospital Outpatient	20%	20%
Rx - Deductible	N/A	N/A
Generic	7	7 & 20% Coinsurance
Brand - Preferred	30	30 & 20% Coinsurance
Brand - Non-Preferred	30	30 & 20% Coinsurance
Specialty-Preferred	100 or 200	Not Covered

**IMPORTANT**

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

## Medical

KPCA 2025 Rippling 10 HMO<sup>1</sup>KPCA 2025 Rippling 1000  
DHMO<sup>2</sup>

In-network

Out-network

In-network

Out-network

[Plan summary](#)
[Plan summary](#)

Deductible Single	\$0	not applicable	\$1,000	not applicable
Out Of Pocket Max Single	\$1,500	not applicable	\$2,000	not applicable
Deductible Family	\$0	not applicable	\$2,000	not applicable
Out Of Pocket Max Family	\$3,000	not applicable	\$4,000	not applicable
PCP Copay	\$10	not covered	\$20	not covered
Specialist Copay	\$20	not covered	\$30	not covered
Mental Health Inpatient	N/A	N/A	N/A	N/A
Mental Health Outpatient	N/A	N/A	N/A	N/A
Coinsurance	0%	0%	20%	20%
Emergency Room	\$250	\$250	20% after ded	20% after ded
Urgent Care	\$10	not covered	\$20	not covered
Hospital Inpatient	\$100	not covered	20% after ded	not covered
Hospital Outpatient	\$100	not covered	20% after ded	not covered
Rx - Deductible	\$0	\$0	\$0	\$0
Generic	\$10	not covered	\$15	not covered
Brand - Preferred	\$20	not covered	\$30	not covered
Brand - Non-Preferred	\$20	not covered	\$30	not covered
Specialty-Preferred	20% up to \$150	not covered	20% up to \$150	not covered

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## Medical


**KPCA 2025 Rippling 1000  
DHMO <sup>1</sup>**
**KPCA 2025 Rippling 3300 HDHP  
<sup>2</sup>**

In-network

Out-network

In-network

Out-network

[Plan summary](#)
[Plan summary](#)

Deductible Single	\$1,000	not applicable	\$3,300	not applicable
Out Of Pocket Max Single	\$2,000	not applicable	\$6,000	not applicable
Deductible Family	\$2,000	not applicable	\$6,600	not applicable
Out Of Pocket Max Family	\$4,000	not applicable	\$12,000	not applicable
PCP Copay	\$20	not covered	30% after ded	not covered
Specialist Copay	\$30	not covered	30% after ded	not covered
Mental Health Inpatient	N/A	N/A	N/A	N/A
Mental Health Outpatient	N/A	N/A	N/A	N/A
Coinsurance	20%	20%	30%	30%
Emergency Room	20% after ded	20% after ded	30% after ded	30% after ded
Urgent Care	\$20	not covered	30% after ded	not covered
Hospital Inpatient	20% after ded	not covered	30% after ded	not covered
Hospital Outpatient	20% after ded	not covered	30% after ded	not covered
Rx - Deductible	\$0	\$0	Medical ded applies	N/A
Generic	\$15	not covered	\$10 after ded	not covered
Brand - Preferred	\$30	not covered	\$20 after ded	not covered
Brand - Non-Preferred	\$30	not covered	\$20 after ded	not covered
Specialty-Preferred	20% up to \$150	not covered	30% up to \$150 after ded	not covered

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# Medical



	KPMAS 2025 Rippling 10 HMO <sup>1</sup>		KPMAS 2025 Rippling 1000 DHMO <sup>2</sup>		KPMAS 2025 Rippling 3300 HDHP <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	\$0	not applicable	\$1,000	not applicable	\$3,300	not applicable
Out Of Pocket Max Single	\$1,500	not applicable	\$3,500	not applicable	\$6,000	not applicable
Deductible Family	\$0	not applicable	\$2,000	not applicable	\$6,600	not applicable
Out Of Pocket Max Family	\$3,000	not applicable	\$7,000	not applicable	\$12,000	not applicable
PCP Copay	\$10	not covered	\$20	not covered	30% after ded	not covered
Specialist Copay	\$20	not covered	\$30	not covered	30% after ded	not covered
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	0%	0%	20%	20%	30%	30%
Emergency Room	\$200	\$200	\$200	\$200	30% after ded	30% after ded
Urgent Care	\$20	not covered	\$30	not covered	30% after ded	not covered
Hospital Inpatient	\$100	not covered	20% after ded	not covered	30% after ded	not covered
Hospital Outpatient	\$100	not covered	20% after ded	not covered	30% after ded	not covered
Rx - Deductible	\$0	\$0	\$0	\$0	Medical ded applies	N/A
Generic	\$10	not covered	\$10	not covered	\$15 after ded	not covered
Brand - Preferred	\$20	not covered	\$30	not covered	\$35 after ded	not covered
Brand - Non-Preferred	\$40	not covered	\$60	not covered	\$70 after ded	not covered
Specialty-Preferred	20% up to \$150	not covered	20% up to \$150	not covered	20% up to \$150 after ded	not covered

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# Medical



	KPGA 2025 Rippling 10 HMO <sup>1</sup>		KPGA 2025 Rippling 1000 DHMO <sup>2</sup>		KPGA 2025 Rippling 3300 HDHP <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	\$0	not applicable	\$1,000	not applicable	\$3,300	not applicable
Out Of Pocket Max Single	\$1,500	not applicable	\$3,500	not applicable	\$6,000	not applicable
Deductible Family	\$0	not applicable	\$2,000	not applicable	\$6,600	not applicable
Out Of Pocket Max Family	\$3,000	not applicable	\$7,000	not applicable	\$12,000	not applicable
PCP Copay	\$10	not covered	\$20	not covered	30% after ded	not covered
Specialist Copay	\$20	not covered	\$30	not covered	30% after ded	not covered
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	0%	0%	20%	20%	30%	30%
Emergency Room	\$200	\$200	\$200	\$200	30% after ded	30% after ded
Urgent Care	\$20	not covered	\$30	not covered	30% after ded	not covered
Hospital Inpatient	\$100	not covered	20% after ded	not covered	30% after ded	not covered
Hospital Outpatient	\$100	not covered	20% after ded	not covered	30% after ded	not covered
Rx - Deductible	\$0	\$0	\$0	\$0	Medical ded applies	N/A
Generic	\$10	not covered	\$10	not covered	\$15 after ded	not covered
Brand - Preferred	\$20	not covered	\$30	not covered	\$35 after ded	not covered
Brand - Non-Preferred	\$40	not covered	\$60	not covered	\$70 after ded	not covered
Specialty-Preferred	20% up to \$250	not covered	20% up to \$250	not covered	30% up to \$250 after ded	not covered

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Aetna

# Medical



	CA OA Elect Choice EPO 3000/100% <sup>1</sup>		CA OA Managed Choice POS 1000/80% <sup>2</sup>		CA OA Managed Choice POS HDHP 3300/100% Copay <sup>3</sup>	
	In-network	Out-network	In-network	Out-network	In-network	Out-network
	Plan summary		Plan summary		Plan summary	
Deductible Single	\$3,000	not applicable	\$1,000	\$3,000	\$3,300	\$6,000
Out Of Pocket Max Single	\$5,500	not applicable	\$4,500	\$9,000	\$5,500	\$12,000
Deductible Family	\$6,000	not applicable	\$2,000	\$6,000	\$6,600	\$12,000
Out Of Pocket Max Family	\$11,000	not applicable	\$9,000	\$18,000	\$11,000	\$24,000
PCP Copay	\$30	not covered	\$25	50% after ded	\$30 after ded	50% after ded
Specialist Copay	\$60	not covered	\$50	50% after ded	\$60 after ded	50% after ded
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	0%	0%	20%	20%	0%	0%
Emergency Room	\$500	\$500	\$350	\$350	\$350 after ded	\$350 after ded
Urgent Care	\$85	not covered	\$85	50% after ded	\$85 after ded	50% after ded
Hospital Inpatient	\$600 after ded	not covered	20% after ded	50% after ded	\$500 after ded	50% after ded
Hospital Outpatient	\$300 after ded	not covered	20% after ded	50% after ded	\$300 after ded	50% after ded
Rx - Deductible	\$0	not applicable	\$0	\$0	Medical ded applies	Medical ded waived for certain preventive medications
Generic	\$10	not covered	\$10	50% after \$10	\$10 after ded	50% after \$10 after ded
Brand - Preferred	\$45	not covered	\$45	50% after \$45	\$45 after ded	50% after \$45 after ded
Brand - Non-Preferred	\$70	not covered	\$70	50% after \$70	\$70 after ded	50% after \$70 after ded
Specialty-Preferred	30% (\$250 max)	not covered	30% (\$250 max)	not covered	30% after ded (\$250 max)	not covered

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## Medical


**CA OA Managed Choice  
POS HDHP 5000/80% <sup>1</sup>**
**CA Open Choice PPO  
1000/80% <sup>2</sup>**
**CA Open Choice PPO  
HDHP 3300/100% Copay <sup>3</sup>**

In-network

Out-network

In-network

Out-network

In-network

Out-network

[Plan summary](#)
[Plan summary](#)
[Plan summary](#)

Deductible Single	\$5,000	\$10,000	\$1,000	\$3,000	\$3,300	\$6,000
Out Of Pocket Max Single	\$6,850	\$14,000	\$4,500	\$9,000	\$5,500	\$12,000
Deductible Family	\$10,000	\$20,000	\$2,000	\$6,000	\$6,600	\$12,000
Out Of Pocket Max Family	\$13,700	\$28,000	\$9,000	\$18,000	\$11,000	\$24,000
PCP Copay	20% after ded	50% after ded	\$25	50% after ded	\$30 after ded	50% after ded
Specialist Copay	20% after ded	50% after ded	\$50	50% after ded	\$60 after ded	50% after ded
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%	20%	20%	20%	0%	0%
Emergency Room	20% after ded	20% after ded	\$350	\$350	\$350 after ded	\$350 after ded
Urgent Care	20% after ded	50% after ded	\$85	50% after ded	\$85 after ded	50% after ded
Hospital Inpatient	20% after ded	50% after ded	20% after ded	50% after ded	\$500 after ded	50% after ded
Hospital Outpatient	20% after ded	50% after ded	20% after ded	50% after ded	\$300 after ded	50% after ded
Rx - Deductible	Medical ded applies	Medical ded waived for certain preventive medications	\$0	\$0	Medical ded applies	Medical ded waived for certain preventive medications
Generic	\$10 after ded	50% after \$10 after ded	\$10	50% after \$10	\$10 after ded	50% after \$10 after ded
Brand - Preferred	\$45 after ded	50% after \$45 after ded	\$45	50% after \$45	\$45 after ded	50% after \$45 after ded
Brand - Non-Preferred	\$70 after ded	50% after \$70 after ded	\$70	50% after \$70	\$70 after ded	50% after \$70 after ded
Specialty-Preferred	30% after ded (\$250 max)	not covered	30% (\$250 max)	not covered	30% after ded (\$250 max)	not covered

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## Medical



## CMed/Indemnity 1000/80%

1

In-network

Out-network

[Plan summary](#) 

Deductible Single	\$1,000	\$1,000
Out Of Pocket Max Single	\$4,500	\$4,500
Deductible Family	\$2,000	\$2,000
Out Of Pocket Max Family	\$9,000	\$9,000
PCP Copay	20% after ded	20% after ded
Specialist Copay	20% after ded	20% after ded
Mental Health Inpatient	N/A	N/A
Mental Health Outpatient	N/A	N/A
Coinsurance	20%	20%
Emergency Room	20% after ded	20% after ded
Urgent Care	20% after ded	20% after ded
Hospital Inpatient	20% after ded	20% after ded
Hospital Outpatient	20% after ded	20% after ded
Rx - Deductible	\$0	\$0
Generic	\$10	20% after \$10
Brand - Preferred	\$45	20% after \$45
Brand - Non-Preferred	\$70	20% after \$70
Specialty-Preferred	30% (\$250 max)	not covered

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# Medical



	KPCO 2025 Rippling 10 HMO <sup>1</sup>		KPCO 2025 Rippling 1000 DHMO <sup>2</sup>		KPCO 2025 Rippling 3300 HDHP <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	\$0	not applicable	\$1,000	not applicable	\$3,300	not applicable
Out Of Pocket Max Single	\$1,500	not applicable	\$2,000	not applicable	\$6,000	not applicable
Deductible Family	\$0	not applicable	\$2,000	not applicable	\$6,600	not applicable
Out Of Pocket Max Family	\$3,000	not applicable	\$4,000	not applicable	\$12,000	not applicable
PCP Copay	\$10	not covered	\$20	not covered	30% after ded	not covered
Specialist Copay	\$20	not covered	\$30	not covered	30% after ded	not covered
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	0%	0%	20%	20%	30%	30%
Emergency Room	\$250	\$250	20% after ded	20% after ded	30% after ded	30% after ded
Urgent Care	\$20	not covered	\$30	not covered	30% after ded	not covered
Hospital Inpatient	\$100	not covered	20% after ded	not covered	30% after ded	not covered
Hospital Outpatient	\$100	not covered	20% after ded	not covered	30% after ded	not covered
Rx - Deductible	\$0	\$0	\$0	\$0	Medical ded applies	N/A
Generic	\$10	not covered	\$15	not covered	\$10 after ded	not covered
Brand - Preferred	\$20	not covered	\$30	not covered	\$20 after ded	not covered
Brand - Non-Preferred	\$40	not covered	\$60	not covered	\$40 after ded	not covered
Specialty-Preferred	20% up to \$150	not covered	20% up to \$150	not covered	30% up to \$150 after ded	not covered

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# Medical



	KPNW 2025 Rippling 10 HMO <sup>1</sup>		KPNW 2025 Rippling 1000 DHMO <sup>2</sup>		KPNW 2025 Rippling 3300 HDHP <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	\$0	not applicable	\$1,000	not applicable	\$3,300	not applicable
Out Of Pocket Max Single	\$1,500	not applicable	\$3,500	not applicable	\$6,000	not applicable
Deductible Family	\$0	not applicable	\$2,000	not applicable	\$6,600	not applicable
Out Of Pocket Max Family	\$3,000	not applicable	\$7,000	not applicable	\$12,000	not applicable
PCP Copay	\$10	not covered	\$20	not covered	30% after ded	not covered
Specialist Copay	\$20	not covered	\$30	not covered	30% after ded	not covered
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	0%	0%	20%	20%	30%	30%
Emergency Room	\$200	\$200	\$200	\$200	30% after ded	30% after ded
Urgent Care	\$20	not covered	\$30	not covered	30% after ded	not covered
Hospital Inpatient	\$100	not covered	20% after ded	not covered	30% after ded	not covered
Hospital Outpatient	\$100	not covered	20% after ded	not covered	30% after ded	not covered
Rx - Deductible	\$0	\$0	\$0	\$0	Medical ded applies	N/A
Generic	\$10	not covered	\$10	not covered	\$15 after ded	not covered
Brand - Preferred	\$20	not covered	\$30	not covered	\$35 after ded	not covered
Brand - Non-Preferred	\$40	not covered	\$60	not covered	\$70 after ded	not covered
Specialty-Preferred	20% up to \$250	not covered	20% up to \$250	not covered	30% up to \$250 after ded	not covered

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# Medical



	KPAWA 2025 Rippling 10 HMO <sup>1</sup>		KPAWA 2025 Rippling 1000 DHMO <sup>2</sup>		KPAWA 2025 Rippling 3300 HDHP <sup>3</sup>	
	In-network	Out-network	In-network	Out-network	In-network	Out-network
	Plan summary		Plan summary		Plan summary	
Deductible Single	\$0	not applicable	\$1,000	not applicable	\$3,300	not applicable
Out Of Pocket Max Single	\$1,500	not applicable	\$3,500	not applicable	\$6,000	not applicable
Deductible Family	\$0	not applicable	\$2,000	not applicable	\$6,600	not applicable
Out Of Pocket Max Family	\$3,000	not applicable	\$7,000	not applicable	\$12,000	not applicable
PCP Copay	\$10	not covered	\$20	not covered	30% after ded	not covered
Specialist Copay	\$20	not covered	\$30	not covered	30% after ded	not covered
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	0%	0%	20%	20%	30%	30%
Emergency Room	\$200	\$200	\$200	\$200	30% after ded	30% after ded
Urgent Care	\$10	\$200	\$20	\$200	30% after ded	30% after ded
Hospital Inpatient	\$100	not covered	20% after ded	not covered	30% after ded	not covered
Hospital Outpatient	\$100	not covered	20% after ded	not covered	30% after ded	not covered
Rx - Deductible	\$0	\$0	\$0	\$0	Medical ded applies	N/A
Generic	\$10	not covered	\$10	not covered	\$15 after ded	not covered
Brand - Preferred	\$20	not covered	\$30	not covered	\$35 after ded	not covered
Brand - Non-Preferred	\$40	not covered	\$60	not covered	\$70 after ded	not covered
Specialty-Preferred	20% up to \$250	not covered	20% up to \$250	not covered	30% up to \$250 after ded	not covered

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# Medical



## COMPMED A/DRUG PPO/VISION PPO/DENTAL PPO

Employee only	\$803.88
Employee and spouse	\$1,607.76
Employee and children	\$1,607.76
Employee, spouse and children	\$2,411.64

## Medical

KPCA 2025 Rippling  
10 HMOKPCA 2025 Rippling  
1000 DHMO

Employee only	\$612.91	\$662.25	\$520.26
Employee and spouse	\$1,348.42	\$1,456.95	\$1,144.57
Employee and children	\$1,225.83	\$1,324.49	\$1,040.52
Employee, spouse and children	\$1,900.03	\$2,052.96	\$1,612.81



## Medical

KPCA 2025 Rippling  
1000 DHMOKPCA 2025 Rippling  
3300 HDHP

	KPCA 2025 Rippling 1000 DHMO	KPCA 2025 Rippling 3300 HDHP	
Employee only	\$575.46	\$428.4	\$388.51
Employee and spouse	\$1,266.01	\$942.48	\$854.71
Employee and children	\$1,150.92	\$856.8	\$777.02
Employee, spouse and children	\$1,783.93	\$1,328.04	\$1,204.38

# Medical



	KPMAS 2025 Rippling 10 HMO	KPMAS 2025 Rippling 1000 DHMO	KPMAS 2025 Rippling 3300 HDHP
Employee only	\$810.05	\$682.69	\$483.33
Employee and spouse	\$1,782.11	\$1,501.91	\$1,063.34
Employee and children	\$1,620.1	\$1,365.37	\$966.67
Employee, spouse and children	\$2,511.15	\$2,116.32	\$1,498.34

## Medical




	KPGA 2025 Rippling 10 HMO	KPGA 2025 Rippling 1000 DHMO	KPGA 2025 Rippling 3300 HDHP
Employee only	\$809.27	\$678.91	\$511.14
Employee and spouse	\$1,780.39	\$1,493.6	\$1,124.51
Employee and children	\$1,618.54	\$1,357.82	\$1,022.28
Employee, spouse and children	\$2,508.73	\$2,104.63	\$1,584.54




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Medical

	CA OA Elect Choice EPO 3000/100%	CA OA Managed Choice POS 1000/80%	CA OA Managed Choice POS HDHP 3300/100% Copoly
Employee only	\$731.65	\$852.24	\$632.19
Employee and spouse	\$1,682.8	\$1,960.16	\$1,454.05
Employee and children	\$1,463.31	\$1,704.49	\$1,264.39
Employee, spouse and children	\$2,268.12	\$2,641.96	\$1,959.8

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Medical

	CA OA Managed Choice POS HDHP 5000/80%	CA Open Choice PPO 1000/80%	CA Open Choice PPO HDHP 3300/100% Copay
Employee only	\$512.37	\$865.03	\$641.66
Employee and spouse	\$1,178.45	\$1,989.57	\$1,475.8
Employee and children	\$1,024.74	\$1,730.06	\$1,283.31
Employee, spouse and children	\$1,588.34	\$2,681.58	\$1,989.13

Aetna

## Medical



CMed/Indemnity 1000/80%

Employee only	\$1,184.11
Employee and spouse	\$2,723.45
Employee and children	\$2,368.21
Employee, spouse and children	\$3,670.73

Kaiser Permanente CO

Medical



	KPCO 2025 Rippling 10 HMO	KPCO 2025 Rippling 1000 DHMO	KPCO 2025 Rippling 3300 HDHP
Employee only	\$942.61	\$780.19	\$628.26
Employee and spouse	\$2,073.74	\$1,716.42	\$1,382.18
Employee and children	\$1,885.23	\$1,560.39	\$1,256.52
Employee, spouse and children	\$2,922.1	\$2,418.6	\$1,947.61

Medical



	KPNW 2025 Rippling 10 HMO	KPNW 2025 Rippling 1000 DHMO	KPNW 2025 Rippling 3300 HDHP
Employee only	\$842.85	\$682.28	\$462.09
Employee and spouse	\$1,854.26	\$1,501.03	\$1,016.6
Employee and children	\$1,685.69	\$1,364.57	\$924.19
Employee, spouse and children	\$2,612.82	\$2,115.08	\$1,432.49



Kaiser Permanente WA

Medical



	KPWA 2025 Rippling 10 HMO	KPWA 2025 Rippling 1000 DHMO	KPWA 2025 Rippling 3300 HDHP
Employee only	\$828.66	\$693.79	\$460.09
Employee and spouse	\$1,823.05	\$1,526.34	\$1,012.2
Employee and children	\$1,657.32	\$1,387.58	\$920.18
Employee, spouse and children	\$2,568.86	\$2,150.76	\$1,426.29

Guardian

## Dental



### Dental PPO 1500-1500 (100/80/50) 1

### TX Dental PPO 1500-1500 (100/80/50) 2

In-network

Out-network

In-network

Out-network

[Plan summary](#)

[Plan summary](#)

Deductible Single	\$50	\$50	\$50	\$50
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500
Preventive Coinsurance	100%	100%	100%	100%
Basic Coinsurance	80% after ded	80% after ded	80% after ded	80% after ded
Major Coinsurance	50% after ded	50% after ded	50% after ded	50% after ded
Ortho Amount	\$1,500	\$1,500	\$1,500	\$1,500
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.

Guardian

## Dental



## Dental PPO 1500-1500 (100/80/50)

TX Dental PPO 1500-1500  
(100/80/50)

Employee only	\$46.56	\$50.7
Employee and spouse	\$94.16	\$103.48
Employee and children	\$121.06	\$133.48
Employee, spouse and children	\$180.04	\$198.67

Guardian

## Vision



Guardian-VSP Vision Plan C  
(Choice) <sup>1</sup>

Copay

Frequency

 [Plan summary](#)

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

IMPORTANT

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

Guardian

## Vision



## Guardian-VSP Vision Plan C (Choice)

Employee only	\$7.51
Employee and spouse	\$12.87
Employee and children	\$13.94
Employee, spouse and children	\$21.45

Guardian

## Life



Guardian Base Life 10,000 <sup>1</sup>

 [Plan summary](#)

- In case of your death, your beneficiary is entitled to receive a \$10,000
- 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.



Guardian

Life



Guardian Base Life 10,000

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

## Voluntary Life

Guardian Voluntary Life (300k)<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 \$300,000 of Voluntary (Supplemental) life, in increments of \$10,000. Elections above \$300,000 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 \$50,000 of coverage, and children with up to \$10,000 of coverage. A Statement of Health will be required for spousal elections in excess of \$50,000.

**IMPORTANT**

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



Guardian

# Voluntary Life



## Guardian Voluntary Life (300k)

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

## Short Term Disability

Guardian Short-Term Disability 2500 <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 12 weeks, you become eligible to receive short-term disability benefits.
- This benefit pays you 60% of your weekly earnings up to a maximum of \$2,500 per week.

**IMPORTANT**

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

Guardian

# Short Term Disability



Guardian Short-Term Disability 2500

Employee Cost Per \$10	\$0.236
Buy up cost per \$10	N/A

## Long Term Disability



Guardian Long-Term Disability (50% | \$8000 | SSNRA) <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 N/A on short-term disability, you become eligible to receive long-term disability benefits
- This benefit pays you 50% of your pre-disability monthly earnings, up to a maximum of \$8,000 per month if you are unable to perform your normal job functions after N/A.
- 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.

Guardian

# Long Term Disability



Guardian Long-Term Disability (50% | \$8000 | SSNRA)

Employee Cost Per \$100	\$0.223
Buy up cost per \$100	N/A

Voya

# Hospital Insurance



## Hospital Plan<sup>1</sup>

 [Plan summary](#)

Initial Hospital Confinement	\$	1 , 0 0 0
Daily Hospital Confinement	\$	1 5 0
Surgery	\$	e e P l a n S u m m a r y

IMPORTANT

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

Voya

## Hospital Insurance



## Hospital Plan

Employee only	\$17.12
Employee and spouse	\$34.53
Employee and children	\$26.4
Employee, spouse and children	\$43.81

Voya

# Critical Illness



## Critical Illness Plan <sup>1</sup>

 [Plan summary](#)

Initial Occurrence	\$	See Plan Summary
Recurrence	\$	See Plan Summary
Preventative Screening Benefit	\$	50

IMPORTANT

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



Voya

# Critical Illness



## Critical Illness Plan

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.

Voya

Accident Insurance



Accident Plan<sup>1</sup>

 [Plan summary](#)

Initial Treatment	\$	See Plan Summary
Follow Up Treatment	\$	100
Injury Specific Benefit	\$	See Plan Summary
Surgery	\$	See Plan Summary
Hospitalization	\$	1,500
Preventative Screening Benefit	\$	50

IMPORTANT

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

Voya

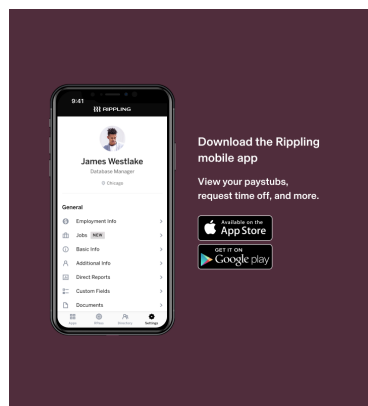
# Accident Insurance



## Accident Plan

Employee only	\$7.62
Employee and spouse	\$15.57
Employee and children	\$16.73
Employee, spouse and children	\$24.68

# Benefits Enrollment



**Sign into Rippling**

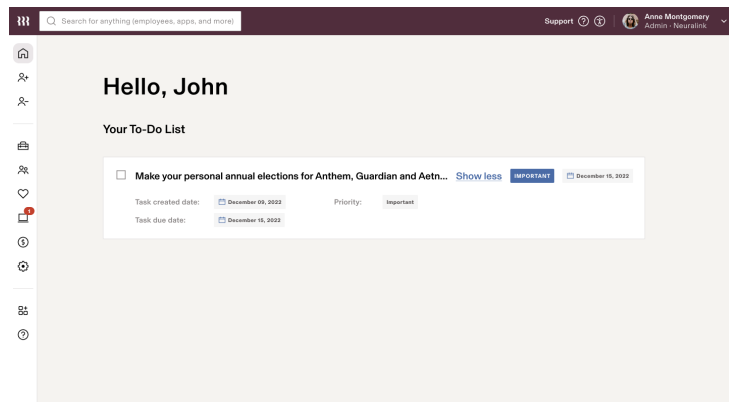
Email \*

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

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) 861-4540

Disabled?

No

Add Dependent

Back

Continue

3

Enter your dependent information

Support
Anne Montgomery  
Employee - Neuralink

Basic information

Select Plans \*

Available plans

Plan name  
Carrier name

Select

**Monthly premium**

You pay	\$20
Company pays	\$480
Total	\$500

**Plan summary**

Coverage \$20

Contribution 30%

Deductible \$5,000

Deductible (met) \$2,500

ODP max \$3,000

MSA eligible? No

Additional Details

Plan name  
Carrier name

Select

**Monthly premium**

You pay	\$20
Company pays	\$480
Total	\$500

**Plan summary**

Coverage \$20

Contribution 30%

Deductible \$5,000

Deductible (met) \$2,500

ODP max \$3,000

MSA eligible? No

Additional Details

Waive medical coverage

Waive Coverage

**Monthly premium**

You pay	\$0
Company pays	\$480
Total	\$0

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.

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

Search for anything (employees, apps, and more)

Anne Montgomery  
Employee - NeuraLink

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	Enrollees	Effective date	Monthly cost	
Gold Full PPO Savings 7750/15%	Name	12/16/2022	Total	\$1,789.13
Pacific	Name		- Company pays	\$1,311.19
Blue Shield	Name		= You pay	\$477.94
				<div>Edit</div>

Dental

Carrier and plan	Enrollees	Effective date	Monthly cost	
DM Dental 7	Name	12/16/2022	Total	\$198.04
Guardian	Name		- Company pays	\$120.90
	Name		= You pay	\$77.14
				<div>Edit</div>

Back

Continue

5

Review, confirm your plan selections and sign.

# Thank you!

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

Matthew Plank - Rippling Insurance Services, Inc.  
carriers@rippling.com