



# Employee Benefits Overview

Plan Year: January 1, 2019 - December 31, 2019



# Ayla Networks' 2019 Benefits Program!

Our employee benefits program is an important part of our compensation package. As a company that values the health and well-being of our employees and their families, we are proud to offer a comprehensive, cost-effective benefits package as detailed in this guide.

Our benefits program plan year is [January 1, 2019 - December 31, 2019](#).

You are eligible for enrollment in our benefits program on [the first day of the month following your date of hire](#).

If you have any benefits-related questions or if you need assistance with a benefits issue, please contact the [Melita Help Desk](#):

Phone:	800.986.6660 Ext. 2
Email:	<a href="mailto:helpdesk@melitagroup.com">helpdesk@melitagroup.com</a>
Hours:	Monday–Friday, 8am–5pm PST

## [Benefits Website:](#)

To view information about our benefits program online, visit our benefits website at:

[www.aylabenefits.com](http://www.aylabenefits.com)

**IMPORTANT:** The coverage details in this booklet serve as a summary of the coverages available under each insurance carrier's plan. Refer to the Summary of Benefits & Coverages (SBC) for full coverage details. Should there be any discrepancies between this summary and the SBC, the SBC will apply.

# Eligibility & Enrollment

## Who is Eligible?

Regular full-time employees who are scheduled for **30+** hours per week are eligible for our health insurance program. The following family members are eligible: spouse, domestic partner and children up to age 26, regardless of full-time student status.

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## When to Enroll

You have 30 days from your eligibility date to enroll when you are a new hire, or you may enroll during open enrollment.

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## How to Make Changes

If you have a qualified life event (marriage, divorce, birth of a child, adoption, or loss of coverage), you may make changes to your enrollment within 30 days of the life event. You may also make changes to certain plans during the annual Open Enrollment period.

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## How to Enroll

To make the enrollment process faster and easier, we use a cloud-based enrollment software. The software is easy to use and available 24/7 from any web browser. To get started, login with the credentials below to start the enrollment process. You may also process your life events and Open Enrollment changes through this software. Be sure to complete the enrollment process no later than 30 days from your date of hire to ensure your enrollment is processed and you receive your ID cards.



Website:	<a href="https://workforcenow.adp.com/">https://workforcenow.adp.com/</a>
User ID:	To be provided by HR
Initial Password:	To be provided by HR

# Medical HMO Plan

## How this plan works:

- Available in California Only.
- You receive medical care from hospitals and doctors in the HMO network.
- Your selected Primary Care Physician coordinates all of your healthcare, including office visits, prescription medications, and referrals to specialists.
- Preventive visits are covered at 100%.
- For other office visits and procedures, you pay a set amount (called a copay).

Carrier/Plan Name	Kaiser Platinum 90 HMO 0/15
<b>Network Name:</b>	<b>Kaiser HMO</b>
Group/Policy Number:	704574
Customer Service Phone:	(800) 464-4000
Website:	<a href="http://www.kp.org">http://www.kp.org</a>

Individual Deductible	None
Family Deductible	None
Individual Out of Pocket Max	\$3,350
Family Out of Pocket Max	\$6,700
Co-insurance	None
Office Visit Copay	\$15/visit
Specialist Office Visit Copay	\$30/visit
Inpatient Hospital	\$250/day (up to 5 days then no charge)
Emergency Room	\$150/visit
Inpatient Surgery	\$250/day (up to 5 days then no charge)
Outpatient Surgery	\$125/procedure
Outpatient Facility	\$125/procedure
Physical Therapy	\$15/visit
Lab/X-Ray	Lab: \$15/encounter. X-ray: \$30/encounter
Rx Deductible - Individual	None
Rx Deductible - Family	None
Rx Generic	\$5
Rx Preferred	\$15
Rx Non-Preferred	\$15
Rx Specialty	10% (max \$250)
Rx Mail Order (Generic/Preferred/Non-Preferred)	\$10 / \$30 / \$30

**Due to the Affordable Care Act, pediatric dental and vision must be included in all health plans offered to small businesses. Call Melita Help Desk for more information.**

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- For other office visits and procedures, you pay a set amount (called a copay).

Carrier/Plan Name	BlueShield Platinum Access+ HMO 0/25
<b>Network Name:</b>	<b>Access+ HMO</b>
Group/Policy Number:	W0019628
Customer Service Phone:	(888) 319-5999
Website:	<a href="http://www.blueshieldca.com">http://www.blueshieldca.com</a>

Individual Deductible	None
Family Deductible	None
Individual Out of Pocket Max	\$2,000
Family Out of Pocket Max	\$4,000
Co-insurance	None
Office Visit Copay	\$25/visit
Specialist Office Visit Copay	\$50/visit
Inpatient Hospital	\$250/day (up to 3 days/admission)
Emergency Room	\$250/visit
Inpatient Surgery	\$250/day (up to 3 days/admission)
Outpatient Surgery	\$150/procedure
Outpatient Facility	\$150/procedure
Physical Therapy	\$25/visit
Lab/X-Ray	Lab: \$20/encounter. X-ray: \$50/encounter
Rx Deductible - Individual	None
Rx Deductible - Family	None
Rx Generic	\$5
Rx Preferred	\$15
Rx Non-Preferred	\$25
Rx Specialty	20% (max \$250)
Rx Mail Order (Generic/Preferred/Non-Preferred)	\$10 / \$30 / \$50

**Due to the Affordable Care Act, pediatric dental and vision must be included in all health plans offered to small businesses. Call Melita Help Desk for more information.**

# Medical PPO Plan

## How this plan works:

- You can choose to receive medical care from hospitals and doctors of your choice, but you get the greatest cost savings when you utilize providers within the PPO network.
- You can see specialists at any time without needing a referral from your primary care doctor.
- PPO plans have an annual deductible, or set dollar amount you must pay before the insurance carrier begins paying for medical expenses.
- After the deductible amount is met, you are responsible for the coinsurance, which is a percentage of the total cost for services, up to the out-of-pocket max, at which point the plan pays 100% of all costs.
- Preventive visits are covered at 100%.

<b>Carrier/Plan Name</b>	<b>Blue Shield Platinum Full PPO 250/15</b>
<b>Network Name:</b>	<b>Full PPO</b>
Group/Policy Number:	W0019628
Customer Service Phone:	(888) 319-5999
Website:	<a href="http://www.blueshieldca.com">http://www.blueshieldca.com</a>

	In Network	Out of Network
Individual Deductible	\$250	\$500
Family Deductible	\$500	\$1,000
Individual Out of Pocket Max	\$3,900	\$7,800
Family Out of Pocket Max	\$7,800	\$15,600
Co-insurance	10%	40%
Office Visit Copay	\$15/visit	40%
Specialist Office Visit Copay	\$30/visit	40%
Inpatient Hospital	10%	40% (+ excess of \$2,000/day)
Emergency Room	\$100/visit + 10%	\$100/visit + 10%
Inpatient Surgery	10%	40% (+ excess of \$2,000/day)
Outpatient Surgery	10%	40% (+ excess of \$350/day)
Outpatient Facility	10%	40% (+ excess of \$350/day)
Physical Therapy	10%	40% (+ excess of \$350/day)
Lab/X-Ray	Lab: \$15/visit. X-ray: \$30/visit (non-hospital facility)	40% (+ excess of \$350/day)
Rx Deductible - Individual	None	Not covered
Rx Deductible - Family	None	Not covered
Rx Generic	\$5	Not covered
Rx Preferred	\$30	Not covered
Rx Non-Preferred	\$50	Not covered
Rx Specialty	30% (max \$250)	Not covered
Rx Mail Order (Generic/Preferred/Non-Preferred)	\$10 / \$60 / \$100	Not covered

**Due to the Affordable Care Act, pediatric dental and vision must be included in all health plans offered to small businesses. Call Melita Help Desk for more information.**

# Medical HSA Plan

## How this plan works:

- You can choose to receive medical care from hospitals and doctors of your choice, but you get greater cost savings when you utilize providers within the network.
- PPO plans have a high annual deductible, or set dollar amount you must pay before the insurance carrier begins paying for medical expenses.
- After the deductible amount is met, you are responsible for the coinsurance, which is a percentage of the total cost for services, up to the out-of-pocket max, at which point the plan pays 100% of all costs.
- You pay nothing out-of-pocket for in-network preventive care.
- Members of HSA plans are eligible for a tax-free Health Savings Account (HSA). More details on next page.

<b>Carrier/Plan Name</b>	<b>Blue Shield Silver Full PPO Savings 2000/20%</b>
<b>Network Name:</b>	<b>Full PPO</b>
Group/Policy Number:	W0019628
Customer Service Phone:	(888) 319-5999
Website:	<a href="http://www.blueshieldca.com">http://www.blueshieldca.com</a>

	In Network	Out of Network
Individual Deductible	\$2,000	\$4,000
Family Deductible	Individual: \$2,800 / Family: \$4,000	\$8,000
Individual Out of Pocket Max	\$6,550	\$12,550
Family Out of Pocket Max	\$7,500	\$25,100
Co-insurance	20%	50%
Office Visit Copay	20%	50%
Specialist Office Visit Copay	20%	50%
Inpatient Hospital	20%	50% (+ excess of \$2,000/day)
Emergency Room	\$150/visit + 20%	\$150/visit + 20%
Inpatient Surgery	20%	50% (+ excess of \$2,000/day)
Outpatient Surgery	20%	50% (+ excess of \$350/day)
Outpatient Facility	20%	50% (+ excess of \$350/day)
Physical Therapy	20%	50% (+ excess of \$350/day)
Lab/X-Ray	20%	50% (+ excess of \$350/day)
Rx Deductible - Individual	Combined with medical ded	Not covered
Rx Deductible - Family	Combined with medical ded	Not covered
Rx Generic	\$20	Not covered
Rx Preferred	\$55	Not covered
Rx Non-Preferred	\$80	Not covered
Rx Specialty	30% (max \$250)	Not covered
Rx Mail Order (Generic/Preferred/Non-Preferred)	\$40 / \$110 / \$160	Not covered

**Due to the Affordable Care Act, pediatric dental and vision must be included in all health plans offered to small businesses. Call Melita Help Desk for more information.**

# Medical Health Savings Account

Health Savings Account (HSA)		
<b>Maximum Contribution Amount</b>	Employee only	Employee + Family
	Up to \$3,500 annually for 2019	Up to \$7,000 annually for 2019
	Members between the ages of 55 through 65 are eligible to make "catch-up" contributions up to an additional \$1,000 annually	
<b>What expenses are allowed</b>	<b>Eligible Expenses</b>	<b>Ineligible Expenses</b>
	<ul style="list-style-type: none"> <li>-Medical, dental, and vision deductibles</li> <li>-Prescription medication</li> <li>-Acupuncture and chiropractor</li> </ul>	<ul style="list-style-type: none"> <li>-Over-the-counter medication</li> <li>-Cosmetic or elective surgery</li> <li>-Personal trainers</li> <li>-Marriage or career counseling</li> </ul>
<b>Advantages of an HSA</b>	<ul style="list-style-type: none"> <li>-HSA funds can be used to pay for medical, dental, vision, alternative medicine, long-term care premiums, COBRA, and other covered services.</li> <li>-When used for eligible medical expenses, HSA funds are tax-free.*</li> <li>-Contributions come out of your paycheck pre-tax and earnings grow tax-free.*</li> <li>-HSA funds roll over from year-to-year.</li> <li>-HSA accounts are portable and yours to keep regardless of your employer or insurance carrier.</li> <li>-Deposits can be invested in mutual funds.</li> </ul>	
<b>Things to Consider</b>	<ul style="list-style-type: none"> <li>-Plans eligible for HSAs come with a high annual deductible.</li> <li>-High-Deductible Health Plans and Health Savings Accounts can seem more complicated than traditional health plans. Take the time to fully understand how your plan works.</li> <li>-Members will need to save receipts for eligible expenses for tax filing purposes.</li> </ul>	

*\*Does not apply to state taxes in Alabama, California, or New Jersey*



# Dental Plan

## How this plan works:

-Dental plans offer flexibility to see any dentist or specialist in or out of network.

-Costs are lowest when enrollee visits a participating network provider.

-No ID cards needed. Simply provide the identifying information requested by the dental office.

<b>Carrier/Plan Name</b>	<b>Delta Dental PPO Plan 3 with Adult &amp; Child Ortho</b>
<b>Network Name:</b>	<b>PPO</b>
Group/Policy Number:	3292-6051
Customer Service Phone:	(800) 765-6003
Website:	<a href="https://www.deltadentalins.com/">https://www.deltadentalins.com/</a>

	In Network	Out of Network*
Annual Maximum	\$2,000/person	
Individual Deductible	\$40	\$50
Family Deductible	\$120	\$150
Deductible Waived for Preventive?	Yes	Yes
Preventive Coinsurance	100%	100%
Basic Coinsurance	80%	80%
Endodontics/Periodontics Coinsurance	80%	80%
Major Coinsurance	50%	50%
Orthodontia Coinsurance	50%	
Orthodontia Max Lifetime Benefit	\$1,000	
Adult Orthodontia Coverage	Yes	

*NOTE: Percentages shown above are **carrier's** responsibility.*

*\*Plan benefits for out-of-network services are based on a percentage of the Usual, Customary & Reasonable (UCR) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.*

# Vision Plan

## How this plan works:

- Vision benefits offer the enrollee flexibility to see any eye doctor or specialist in or out of network.
- Costs are lowest when enrollee visits a participating network provider.
- No ID cards needed. Simply provide the identifying information requested by the vision office.

Carrier/Plan Name	VSP Choice
Group/Policy Number:	30058981
Customer Service Phone:	(800) 877-7195
Website:	<a href="http://www.vsp.com">http://www.vsp.com</a>

	In Network	Out of Network
Exam	\$10	Up to \$45
Materials	\$10	Varies
Eye Exam - Frequency	Every 12 months	
Lenses - Frequency	Every 12 months	
Frames - Frequency	Every 12 months	
Frame / Contacts Allowance	\$130	Up to \$70
Contacts (instead of glasses)	\$130	Up to \$105

# Life Insurance

## How this plan works:

- Life insurance is designed to provide protection for your family against loss of income due to death.
- Provided to you at no cost, however, you are subject to imputed income on amounts in excess of \$50,000

Carrier/Plan Name	Mutual of Omaha
Group/Policy Number:	G000AS7W
Customer Service Phone:	(800) 877-5176
Website:	<a href="http://www.mutualofomaha.com">http://www.mutualofomaha.com</a>

Life/AD&D Coverage	1 x annual salary
Maximum Benefit	\$200,000
Guarantee Issue Amount*	\$200,000

\*Evidence of Insurability (EOI) form will need to be completed for amounts above the guarantee issue.

# Disability Insurance

## How this plan works:

- Disability benefits protect you and your family by providing a portion of your income during times when you are unable to work.
- Duration of disability is determined by treating physician. Periods below are the max allowable.
- These benefits are provided at no cost to you.

## Long-Term Disability Plan - Taxable Benefit

Carrier/Plan Name:	Mutual of Omaha
Group/Policy Number:	G000AS7W
Customer Service Phone:	(800) 877-5176
Website:	<a href="http://www.mutualofomaha.com">http://www.mutualofomaha.com</a>
Elimination Period	90 days
Benefit Percentage	66.67%
Maximum Monthly Benefit	\$10,000
Benefit Duration	Up to SSNRA

## Definitions

Elimination Period	The elimination period is the number of days or months from the start of a valid disability before the disability benefit is paid.
Benefit Duration	The length of time that the <b>LTD</b> benefits will be paid to an employee. The max benefit period is determined by your age when you become disabled. <b>LTD</b> benefits will be paid from the end of the elimination period until the earliest of: (1) Completion of the benefit duration, (2) Employee's recovery, or (3) Employee's death.
Taxable Benefit	Employer pays 100% of the premiums with post-tax dollars so if you receive a benefit under this policy it will be taxable as income.
SSNRA	Social Security Normal Retirement Age

# Flexible Spending Account

## How this plan works:

-FSAs are like checking accounts that can be funded using pre-tax dollars deducted from your paycheck and those dollars can be used for eligible health care and dependent care expenses.

-You must enroll in your FSA every year in which you plan to participate, even if you are currently enrolled in the FSA.

<b>Vendor Name</b>	<b>Navia Benefit Solutions</b>
<b>Our Plan Year</b>	<b>April 1, 2018 - March 31, 2019</b>
Group/Policy Number:	AYL
Customer Service Phone:	(800) 669-3539
Website:	<a href="https://www.naviabenefits.com">https://www.naviabenefits.com</a>

	Health Care Account	Dependent Care Account
<b>Maximum Contribution Amount</b>	Up to \$2,650 per employee annually	Up to \$5,000 per household annually
<b>What expenses are allowed?</b>	-Health related costs (medical, dental, orthodontia, and vision expenses) -Prescription medication expenses	-Dependents 12 and under or physically disabled dependents -Work day childcare services -Cost of care at a licensed daycare -Before or after-school care
<b>What happens to unused account funds at the end of the year?</b>	If you do not use the money you contribute to either of your FSA accounts, it will be forfeited. This is a mandated provision known as the "use-it-or-lose-it" rule.	
<b>Rollover Provision</b>	If you have a balance in your healthcare account at the end of the plan year, up to \$500 will be rolled over to your account for the following plan year. Any unused funds exceeding \$500 will be forfeited, as mandated by IRS regulations.	N/A
<b>Grace Period Provision</b>	The plan offers a 2.5-month grace period at the end of the plan year, This means you may incur expenses up to 2.5 months after the end of the plan year and still file a claim for those expenses.	N/A
<b>How do I make changes to my participation?</b>	You can make changes to your participation and/or contribution amount during the open enrollment period or with a qualifying event only. Make sure you budget and plan ahead according to your projected health and dependent care needs.	
<b>What if I participate in an HDHP + HSA?</b>	If you enroll in a High Deductible Health Plan, you can still enroll in a Limited Purpose Health Care FSA. The Limited Purpose FSA should only be used for eligible dental and vision expenses.	
<b>Where can I get more information?</b>	IRS Publication 502: Medical and Dental Expenses, and IRS Publication 503: Child and Dependent Care Expenses list eligible expenses. The publications are available online from the IRS website at <a href="http://www.irs.gov">www.irs.gov</a>	

# Commuter Program

## How this plan works:

- Pay for your monthly commuter and parking expenses tax-free.
- Funds are directly deducted from your paycheck.
- Participation in this benefit and the contribution amount can be changed at any time throughout the plan year.

	Vendor Info
Vendor Name	Navia Benefit Solutions
Group Number	AYL
Customer Service	(800) 669-3539
Website	<a href="https://www.naviabenefits.com">https://www.naviabenefits.com</a>
	Transportation
Maximum Contribution Amount	Up to \$265 per month for 2019
What expenses are allowed?	<ul style="list-style-type: none"> <li>-Mass transit fares</li> <li>-Monthly bus passes</li> <li>-Vanpooling fees</li> </ul>
What expenses are not allowed?	<ul style="list-style-type: none"> <li>-Taxi fares</li> <li>-Bridge tolls</li> <li>-Cost of auto maintenance</li> </ul>

# Employee Assistance Plan (EAP)

The EAP is an invaluable company-paid benefit that is available to you and your dependents 24/7. We encourage you to access the counselors and referral services of the EAP to assist you with challenges you are experiencing in your life including marital / family / relationship issues, addiction, stress, financial troubles, legal concerns, and child care.

	Vendor Info
Vendor Name	Mutual of Omaha
Group Number	G000AS7W
Customer Service	(800) 316-2796
Website	<a href="https://www.mutualofomaha.com/eap/">https://www.mutualofomaha.com/eap/</a>

# Travel Assistance Plan

Travel assistance may help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip up to 90 days in length and more than 100 miles from home. Services include pre-trip assistance, emergency travel support services, and medical assistance.

	Vendor Info
Vendor Name	Mutual of Omaha thru AXA Assistance
Group Number	9900MOO2
Customer Service	(800) 856-9947
Website	<a href="http://www.axa-assistance.us">http://www.axa-assistance.us</a>

If you have questions or need support contact the Melita Help Desk

**1.800.986.6660 Ext. 2**

**[helpdesk@melitagroup.com](mailto:helpdesk@melitagroup.com)**

**Monday - Friday 8:00 AM - 5:00 PM PST**

