



Employee Benefits Overview

Plan Year: April 1, 2017 - March 31, 2018



Ayla Networks' 2017 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 **April 1, 2017 to March 31, 2018**.

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:	helpdesk@melitagroup.com
Hours:	Monday–Friday, 8am–5pm PST

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.

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.

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.

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:	https://workforcenow.adp.com/
User ID:	To be provided by HR
Initial Password:	To be provided by HR

Important Note about Plan Year vs. Calendar Year

Because our benefits program plan year runs from **April 1st to March 31st**, it's important to note that some of the benefit plans are subject to calendar year limits as follows:

Medical: The deductible and out of pocket maximum will reset every January 1st

Dental: The deductible and maximum benefit will reset every January 1st

Vision: Based on service plan year

Your Costs

MEDICAL

CALCULATING YOUR COSTS: Find the rate for yourself and EACH dependent based on the age of each person AS OF THE BEGINNING OF THE PLAN YEAR. Each covered person (employee, spouse, child) has a separate premium, including each child. However, there are no additional premiums charged if you have more than 3 children under the age of 21.

Age	Blue Shield Platinum PPO 150/15		Blue Shield Platinum HMO 0/25		Blue Shield Silver PPO/HSA 2000/20%		Kaiser Platinum 90 HMO 0/15	
	Employee Monthly Cost	Dependent Monthly Cost	Employee Monthly Cost	Dependent Monthly Cost	Employee Monthly Cost	Dependent Monthly Cost	Employee Monthly Cost	Dependent Monthly Cost
0-18	\$33.90	\$84.75	\$30.22	\$75.55	\$27.43	\$68.58	\$25.58	\$63.95
19	\$33.90	\$84.75	\$30.22	\$75.55	\$27.43	\$68.58	\$24.18	\$60.45
20	\$33.90	\$84.75	\$30.22	\$75.55	\$27.43	\$68.58	\$24.18	\$60.45
21	\$53.38	\$133.46	\$47.59	\$118.98	\$43.20	\$108.01	\$38.08	\$95.19
22	\$53.38	\$133.46	\$47.59	\$118.98	\$43.20	\$108.01	\$38.08	\$95.19
23	\$53.38	\$133.46	\$47.59	\$118.98	\$43.20	\$108.01	\$38.08	\$95.19
24	\$53.38	\$133.46	\$47.59	\$118.98	\$43.20	\$108.01	\$38.08	\$95.19
25	\$53.60	\$134.00	\$47.78	\$119.45	\$43.38	\$108.44	\$38.23	\$95.58
26	\$54.67	\$136.67	\$48.73	\$121.83	\$44.24	\$110.60	\$38.99	\$97.48
27	\$55.95	\$139.87	\$49.88	\$124.69	\$45.28	\$113.19	\$39.91	\$99.76
28	\$58.03	\$145.07	\$51.73	\$129.33	\$46.96	\$117.40	\$41.39	\$103.48
29	\$59.74	\$149.34	\$53.25	\$133.13	\$48.34	\$120.86	\$42.61	\$106.52
30	\$60.59	\$151.48	\$54.02	\$135.04	\$49.04	\$122.59	\$43.22	\$108.05
31	\$61.87	\$154.68	\$55.16	\$137.89	\$50.07	\$125.18	\$44.13	\$110.33
32	\$63.15	\$157.89	\$56.30	\$140.75	\$51.11	\$127.77	\$45.05	\$112.61
33	\$63.95	\$159.89	\$57.01	\$142.53	\$51.76	\$129.39	\$45.62	\$114.04
34	\$64.81	\$162.02	\$57.78	\$144.44	\$52.45	\$131.12	\$46.23	\$115.57
35	\$65.24	\$163.09	\$58.16	\$145.39	\$52.79	\$131.98	\$46.53	\$116.33
36	\$65.66	\$164.16	\$58.54	\$146.34	\$53.14	\$132.85	\$46.84	\$117.09
37	\$66.09	\$165.23	\$58.92	\$147.29	\$53.48	\$133.71	\$47.14	\$117.85
38	\$66.52	\$166.29	\$59.30	\$148.24	\$53.83	\$134.58	\$47.44	\$118.61
39	\$67.37	\$168.43	\$60.06	\$150.15	\$54.52	\$136.30	\$48.05	\$120.14
40	\$68.23	\$170.56	\$60.82	\$152.05	\$55.21	\$138.03	\$48.66	\$121.66
41	\$69.51	\$173.77	\$61.96	\$154.91	\$56.25	\$140.62	\$49.58	\$123.94
42	\$70.73	\$176.84	\$63.06	\$157.64	\$57.24	\$143.11	\$50.45	\$126.13
43	\$72.44	\$181.11	\$64.58	\$161.45	\$58.63	\$146.56	\$51.67	\$129.18
44	\$74.58	\$186.45	\$66.48	\$166.21	\$60.35	\$150.89	\$53.19	\$132.99
45	\$77.09	\$192.72	\$68.72	\$171.80	\$62.38	\$155.96	\$54.98	\$137.46
46	\$80.08	\$200.19	\$71.39	\$178.46	\$64.80	\$162.01	\$57.12	\$142.79
47	\$83.44	\$208.60	\$74.38	\$185.96	\$67.53	\$168.81	\$59.52	\$148.79
48	\$87.28	\$218.21	\$77.81	\$194.53	\$70.64	\$176.59	\$62.26	\$155.64
49	\$91.07	\$227.69	\$81.19	\$202.97	\$73.70	\$184.26	\$64.96	\$162.40
50	\$95.35	\$238.36	\$85.00	\$212.49	\$77.16	\$192.90	\$68.01	\$170.02
51	\$99.56	\$248.91	\$88.76	\$221.89	\$80.57	\$201.43	\$71.01	\$177.54
52	\$104.21	\$260.52	\$92.90	\$232.24	\$84.33	\$210.83	\$74.33	\$185.82
53	\$108.90	\$272.26	\$97.08	\$242.71	\$88.13	\$220.33	\$77.68	\$194.20
54	\$113.98	\$284.94	\$101.61	\$254.01	\$92.24	\$230.59	\$81.30	\$203.24
55	\$119.05	\$297.62	\$106.13	\$265.32	\$96.34	\$240.85	\$84.91	\$212.28
56	\$124.55	\$311.37	\$111.03	\$277.57	\$100.79	\$251.98	\$88.83	\$222.09
57	\$130.10	\$325.25	\$115.98	\$289.94	\$105.28	\$263.21	\$92.79	\$231.99
58	\$136.02	\$340.06	\$121.26	\$303.15	\$110.08	\$275.20	\$97.02	\$242.55
59	\$138.96	\$347.40	\$123.88	\$309.69	\$112.46	\$281.14	\$99.12	\$247.79
60	\$144.89	\$362.21	\$129.16	\$322.90	\$117.25	\$293.13	\$103.34	\$258.36
61	\$150.01	\$375.03	\$133.73	\$334.32	\$121.40	\$303.50	\$107.00	\$267.49
62	\$153.37	\$383.43	\$136.73	\$341.82	\$124.12	\$310.30	\$109.40	\$273.49
63	\$157.59	\$393.98	\$140.49	\$351.22	\$127.53	\$318.83	\$112.40	\$281.01
64	\$160.15	\$400.38	\$142.77	\$356.93	\$129.61	\$324.02	\$114.23	\$285.58
65+	\$160.15	\$400.38	\$142.77	\$356.93	\$129.61	\$324.02	\$114.23	\$285.58

DENTAL/VISION

	Delta Dental Premier		VSP Vision	
	Monthly Total	Employee Monthly Cost	Monthly Total	Employee Monthly Cost
Employee Only (EE)	\$60.48	\$6.05	\$10.82	\$1.08
EE + Spouse-DP/EE + 1	\$118.48	\$20.55	\$18.54	\$3.01
EE + Child/EE + 1	\$130.23	\$23.49	\$18.54	\$3.01
EE + Children/EE + 2	\$130.23	\$23.49	\$18.93	\$3.11
EE + Spouse-DP + Child(ren)/EE + 2	\$186.28	\$37.50	\$30.52	\$6.01

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.
- HMO plans do not come with a deductible (set dollar amount you must pay before the insurance carrier begins paying for medical expenses).
- You pay nothing out-of-pocket for in-network preventive care.
- For other office visits and procedures, you pay a set amount (called a copay).

Carrier/Plan Name	Kaiser Platinum 90 HMO 0/15
Network Name:	HMO
Group/Policy Number:	704574
Customer Service Phone:	(800) 464-4000
Website:	https://www.kp.org

Individual Deductible	None
Family Deductible	None
Individual Out of Pocket Max	\$4,000
Family Out of Pocket Max	\$8,000
Co-insurance	None
Office Visit Copay	\$15/visit
Specialist Office Visit Copay	\$40/visit
Inpatient Hospital	\$290/day (up to 5 days then no charge)
Emergency Room	\$150/visit
Inpatient Surgery	\$290/day (up to 5 days then no charge)
Outpatient Surgery	\$290/procedure
Outpatient Facility	\$290/procedure
Physical Therapy	\$15/visit
Lab/X-Ray	Lab: \$20/encounter. X-ray: \$40/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.

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.
- HMO plans do not come with a deductible (set dollar amount you must pay before the insurance carrier begins paying for medical expenses).
- You pay nothing out-of-pocket for in-network preventive care.
- For other office visits and procedures, you pay a set amount (called a copay).

Carrier/Plan Name	Blue Shield Platinum Access+ HMO 0/25
Network Name:	Access+ HMO Provider
Group/Policy Number:	W0019628
Customer Service Phone:	(888) 319-5999
Website:	https://www.blueshieldca.com

Individual Deductible	None
Family Deductible	None
Individual Out of Pocket Max	\$2,500
Family Out of Pocket Max	\$5,000
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/surgery
Outpatient Facility	\$150/surgery
Physical Therapy	\$25/visit
Lab/X-Ray	Lab: \$20/visit. X-ray: \$50/visit
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 / 20% (max \$500)

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.
- You pay nothing out-of-pocket for in-network preventive care.

Carrier/Plan Name	Blue Shield Platinum Full PPO 150/15
Network Name:	Full PPO Provider
Group/Policy Number:	W0019628
Customer Service Phone:	(888) 319-5999
Website:	https://www.blueshieldca.com

	In Network	Out of Network
Individual Deductible	\$150	\$300
Family Deductible	\$300	\$600
Individual Out of Pocket Max	\$3,000	\$8,000
Family Out of Pocket Max	\$6,000	\$16,000
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%
Lab/X-Ray	10%	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 / 30% (max \$500)	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.

Carrier/Plan Name	Blue Shield Silver Full PPO Savings 2000/20%
Network Name:	Full PPO Provider
Group/Policy Number:	W0019628
Customer Service Phone:	(888) 319-5999
Website:	https://www.blueshieldca.com

	In Network	Out of Network
Individual Deductible	\$2,000	\$4,000
Family Deductible	\$4,000 (\$2,600/member)	\$8,000 (\$4,000/member)
Individual Out of Pocket Max	\$5,050	\$10,000
Family Out of Pocket Max	\$6,500	\$20,000
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%
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	\$15	Not covered
Rx Preferred	\$50	Not covered
Rx Non-Preferred	\$75	Not covered
Rx Specialty	30% (max \$250)	Not covered
Rx Mail Order (Generic/Preferred/Non-Preferred)	\$30 / \$100 / \$150 / 30% (max \$500)	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)		
	Employee only	Employee + Family
Maximum Contribution Amount	Up to \$3,400 annual for 2017	Up to \$6,750 annually for 2017
	Members between the ages of 55 through 65 are eligible to make "catch-up" contributions up to an additional \$1,000 annually	
What expenses are allowed	Eligible Expenses	Ineligible Expenses
	<ul style="list-style-type: none"> -Medical, dental, and vision deductibles -Prescription medication -Acupuncture and chiropractor 	<ul style="list-style-type: none"> -Over-the-counter medication -Cosmetic or elective surgery -Personal trainers -Marriage or career counseling
Advantages of an HSA	<ul style="list-style-type: none"> -HSA funds can be used to pay for medical, dental, vision, alternative medicine, long-term care premiums, COBRA, and other covered services. -When used for eligible medical expenses, HSA funds are tax-free.* -Contributions come out of your paycheck pre-tax and earnings grow tax-free.* -HSA funds roll over from year-to-year. -HSA accounts are portable and yours to keep regardless of your employer or insurance carrier. -Deposits can be invested in mutual funds. 	
Things to Consider	<ul style="list-style-type: none"> -Plans eligible for HSAs come with a high annual deductible. -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. -Members will need to save receipts for eligible expenses for tax filing purposes. 	

**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.

Carrier/Plan Name	Delta Dental PPO Plan 3 with Adult & Child Ortho
Network Name:	PPO
Group/Policy Number:	3292-6051
Customer Service Phone:	(800) 765-6003
Website:	https://www.deltadentalins.com

	In Network	Out of Network
Annual Maximum	\$2,000/person	\$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%	50%
Orthodontia Max Lifetime Benefit	\$1,000	\$1,000
Adult Orthodontia Coverage	Yes	Yes

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

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:	https://www.vsp.com

	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:	https://www.mutualofomaha.com

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:	https://www.mutualofomaha.com
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 LTD benefits will be paid to an employee. The max benefit period is determined by your age when you become disabled. LTD 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.

Vendor Name	Navia Benefit Solutions
Our Plan Year	April 1, 2017 - March 31, 2018
Group/Policy Number:	AYL
Customer Service Phone:	(800) 669-3539
Website:	https://www.naviabenefits.com

	Health Care Account	Dependent Care Account
Maximum Contribution Amount	Up to \$2,600 per employee annually	Up to \$5,000 per household annually
What expenses are allowed?	<ul style="list-style-type: none"> -Health related costs (medical, dental, orthodontia, and vision expenses) -Prescription medication expenses 	<ul style="list-style-type: none"> -Dependents 12 and under or physically disabled dependents -Work day childcare services -Cost of care at a licensed daycare -Before or after-school care
What happens to unused account funds at the end of the year?	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.	
Rollover Provision	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
How do I make changes to my participation?	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.	
What if I participate in an HDHP + HSA?	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.	
Where can I get more information?	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 www.irs.gov	

Commuter Program

How this plan works:

- Pay for your monthly commuter 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	https://www.naviabenefits.com
	Transportation
Maximum Contribution Amount	Up to \$255 per month
What expenses are allowed?	<ul style="list-style-type: none"> -Mass transit fares -Monthly bus passes -Vanpooling fees
What expenses are not allowed?	<ul style="list-style-type: none"> -Taxi fares -Bridge tolls -Cost of auto maintenance

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	https://www.mutualofomaha.com/eap/

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	http://www.axa-assistance.us

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

1.800.986.6660 Ext. 2

helpdesk@melitagroup.com

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



Benefits Notices HIPAA Disclosure Health Care Reform Info

Ayla Networks
April 1, 2017 - March 31, 2018

Important Notice About Your Prescription Drug Coverage & Medicare

Please read this notice carefully and store it in an easily accessible location. This notice has information about your current prescription drug coverage with your employer, as well as your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage—including which drugs are covered and at what cost—with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where to find help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you should know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can receive this coverage if you join a Medicare Prescription Drug Plan or a Medicare Advantage Plan (such as an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide, at minimum, a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. We have determined that the prescription drug coverage offered by Kaiser and Blue Shield of CA are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage would pay and is, therefore, considered creditable coverage. Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (i.e., penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two-month special enrollment period to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current employer coverage may be affected.

If you decide to join a Medicare drug plan and drop your current employer coverage, be aware that you and your dependents may be able to get this coverage back.

When Will You Pay a Higher Premium (or Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (i.e., penalty) to join a Medicare drug plan later.

If you are without creditable prescription drug coverage for 63 continuous days or more, your monthly premium may increase by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you are without creditable coverage for 19 months, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You will receive this notice each year. You will also receive it before the next period during which you can join a Medicare drug plan and in the event that this coverage through your employer changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. You will also receive a copy of the handbook in the mail every year from Medicare. You may be contacted directly by a representative for Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the Medicare & You handbook for the telephone number) for personalized help.
- Call 800.MEDICARE (633.4227). TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit www.socialsecurity.gov or call 800.772.1213 (TTY users: call 800.325.0778).

Remember: Keep this creditable coverage notice. If you decide to join a Medicare drug plan, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (i.e., penalty).

Date:	2/17/2017
Name of Entity/Sender:	Ayla Networks
Contact Position/Office:	Steve Ruiz
Address:	4250 Burton Drive, Suite 100, Santa Clara, CA 95054
Phone Number:	(408) 830-9844

Plan Notices

Patient Protection Plan Notice (Non-Grandfathered)

Our HMO group health plan requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members as patients. For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from your group health plan or any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures (including obtaining prior authorization for certain services) following a pre-approved treatment plan or procedures for making referrals. For information about how to select a primary care provider or for a list of participating primary care providers, contact your plan administrator.

Patient Protection Plan Notice (Grandfathered)

This group health plan is a grandfathered health plan under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain aspects of basic health coverage that were already in effect when the law was enacted. Having a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans (e.g., the requirement for the provision of preventive health services without any cost sharing). However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act (e.g., the elimination of lifetime limits on benefits). Questions regarding which protections do and do not apply to a grandfathered health plan and what might cause a plan to shift from grandfathered health plan status can be directed to the plan administrator. You may also contact the Employee Benefits Security Administration at the U.S. Department of Labor at 866.444.3272 or www.dol.gov/ebsa/healthreform. This website features a table summarizing which protections do and do not apply to grandfathered health plans.

Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable) after consulting with the mother. In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay of 48 hours or less (or 96 hours or less).

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for the other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption. To request special enrollment or obtain more information, contact your plan administrator.

Women’s Health and Cancer Rights Act of 1998 (WHCRA) Enrollment Notice

If you have had or are planning to have a mastectomy, you may be entitled to certain benefits under the WHCRA. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for the following:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

Premium Assistance Under Medicaid and Children's Health Insurance Program (CHIP)

Medicaid and the children’s health insurance program (CHIP) offer free or low-cost health coverage to children and families. If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 877.KIDS.NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31,2016. Contact your State for more information on eligibility -

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

<p style="text-align: center;">ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p style="text-align: center;">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p>
<p style="text-align: center;">COLORADO – Medicaid</p> <p>Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943</p>	<p style="text-align: center;">IOWA – Medicaid</p> <p>Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562</p>
<p style="text-align: center;">KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p style="text-align: center;">NEW HAMPSHIRE – Medicaid</p> <p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218</p>
<p style="text-align: center;">KENTUCKY – Medicaid</p> <p>Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570</p>	<p style="text-align: center;">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP</p>
<p style="text-align: center;">LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p style="text-align: center;">NEW YORK – Medicaid</p> <p>Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p style="text-align: center;">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p style="text-align: center;">NORTH CAROLINA – Medicaid</p> <p>Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100</p>
<p style="text-align: center;">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120</p>	<p style="text-align: center;">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p style="text-align: center;">MINNESOTA – Medicaid</p> <p>Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739</p>	<p style="text-align: center;">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p style="text-align: center;">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p style="text-align: center;">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p style="text-align: center;">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p style="text-align: center;">PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462</p>
<p style="text-align: center;">NEBRASKA – Medicaid</p> <p>Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633</p>	<p style="text-align: center;">RHODE ISLAND – Medicaid</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300</p>
<p style="text-align: center;">NEVADA – Medicaid</p> <p>Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900</p>	<p style="text-align: center;">SOUTH CAROLINA – Medicaid</p> <p>Website: http://www.scdhhs.gov Phone: 1-888-549-0820</p>

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Page/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Notice of HIPAA Privacy Notices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of the self-funded health plan(s) (the "Plan") sponsored by Ayla Networks ("Plan Sponsor") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH Act) and subsequent amending regulations ("HIPAA Privacy Rule"). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this HIPAA Privacy Notice to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- Your past, present, or future physical or mental health or condition;
- The provision of health care to you; or
- The past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact the individual listed at the end of this notice.

Our Responsibilities

Ayla Networks required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your Protected health information; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised HIPAA Privacy Notice electronically or by first class mail to the last known address on file.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. Not every use or disclosure in a category will be listed.

For Treatment. We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

Required Disclosures

- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law-enforcement official:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

Coroners, Medical Examiners, and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your protected health information to researchers when:

- the individual identifiers have been removed; or
- when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

Your Rights

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney).

Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- treating such person as your personal representative could endanger you; and
- in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing.

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to the individual listed at the end of this Notice. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the individual listed at the end of this Notice.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the individual listed at the end of this Notice. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit it in writing to the individual listed at the end of this Notice. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person. To request restrictions, you must send your request in writing the individual listed at the end of this notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing the individual listed at the end of this notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact to the individual listed below. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

HIPAA Contact

Name of Entity/Sender: Ayla Networks

Office: Steve Ruiz

Address: 4250 Burton Drive, Suite 100, Santa Clara, CA 95054

Phone Number: (408) 830-9844



Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

As a result of the healthcare law, the Health Insurance Marketplace is now available as a new option to purchase health insurance. To assist you as you evaluate options for you and your family, this notice provides some basic information about the marketplace and employment based health coverage offered by your employer.

What Is the Health Insurance Marketplace?

The marketplace is designed to help you find health insurance that meets your needs and fits your budget. The marketplace serves as a one-stop shop for finding and comparing private health insurance options. You may also be eligible for a new tax credit that lowers your monthly premium immediately. Open enrollment for health insurance coverage through the marketplace is now available.

Can I Save Money on My Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer either does not offer coverage or offers coverage that doesn't meet certain standards. The amount of savings on your premium for which you are eligible depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings Through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or for a reduction in certain cost-sharing amounts if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and no other members of your family) is more than 9.5 percent of your household income for the year or if the coverage your employer provides does not meet the minimum value standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, the employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about the coverage offered by your employer, please check your summary plan description or contact the Melita Group Benefits Help Desk at helpdesk@melitagroup.com or 800.986.6660.

The marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. Please visit www.healthcare.gov for more information, including an online application for health insurance coverage and contact information for the Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the marketplace, you will be asked to provide this information. This information is numbered to correspond to the marketplace application.

Employer Name		Employer ID Number (EIN)
Ayla Networks		27-3609473
Employer Address		Employer Phone Number
4250 Burton Drive, Suite 100		(408) 830-9844
City	State	Zip
Santa Clara	CA	95054
Who Can We Contact About Employee Health Coverage at This Job?		
Steve Ruiz		
Phone Number (If Different)		Email Address
(408) 816-2787		steve@aylanetworks.com

Basic Information About Health Coverage Offered by This Employer:

As your employer, we offer a health plan to:

- All employees
- Some employees. Eligible employees are: Full time employees working at least 30 hours per week

With respect to dependents:

- We do offer coverage. Eligible dependents are: Spouse, Domestic Partner, and Children up to age 26
- We do not offer coverage

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable based on employee wages.

Note: Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the marketplace. The marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (e.g., you are an hourly employee or you work on a commission basis), you are newly employed mid-year, or you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the marketplace, www.healthcare.gov will guide you through the process. Below is the employer information you'll enter when you visit www.healthcare.gov to find out if you can get a tax credit to lower your monthly premiums.

The following information corresponds with the Marketplace Employer Coverage Tool. Completing this section is optional for employers but will help ensure employees understand their coverage choices.

1. Is the Employee Currently Eligible for Coverage Offered by This Employer, or Will the Employee Be Eligible in the Next 3 Months?

Yes (Continue)

Yes (Continue)

1.a. If the Employee Is Not Eligible Today, Including as a Result of a Waiting or Probationary Period, When Is the Employee Eligible for Coverage? (MM/DD/YYYY) (Continue)

No (STOP and return this form to employee)

2. Does the Employer Offer a Health Plan That Meets the Minimum Value Standard*?

Yes (Go to question 3)

No (STOP and return form to employee)

3. For the Lowest-Cost Plan That Meets the Minimum Value Standard* Offered Only to the Employee (Do Not Include Family Plans): If the Employer Has Wellness Programs, Provide the Premium That the Employee Would Pay if He/She Received the Maximum Discount for Any Tobacco Cessation Programs and Didn't Receive Any Other Discounts Based on Wellness Programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often?

Weekly

Every 2 weeks

Twice per month Monthly

Quarterly

Yearly

If the plan year will end soon and you know that the health plans offered will change, proceed to question #4. If you don't know, STOP and return this form to the employee.

4. What Change Will the Employer Make for the New Plan Year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 3.)

a. How much will the employee have to pay in premiums for that plan? \$ _____

b. How often?

Weekly

Every 2 weeks

Twice per month Monthly

Quarterly

Yearly

Date of change (MM/DD/YYYY):

*An employer-sponsored health plan meets the minimum value standard if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c) (2) (C) (ii) of the Internal Revenue Code of 1986).