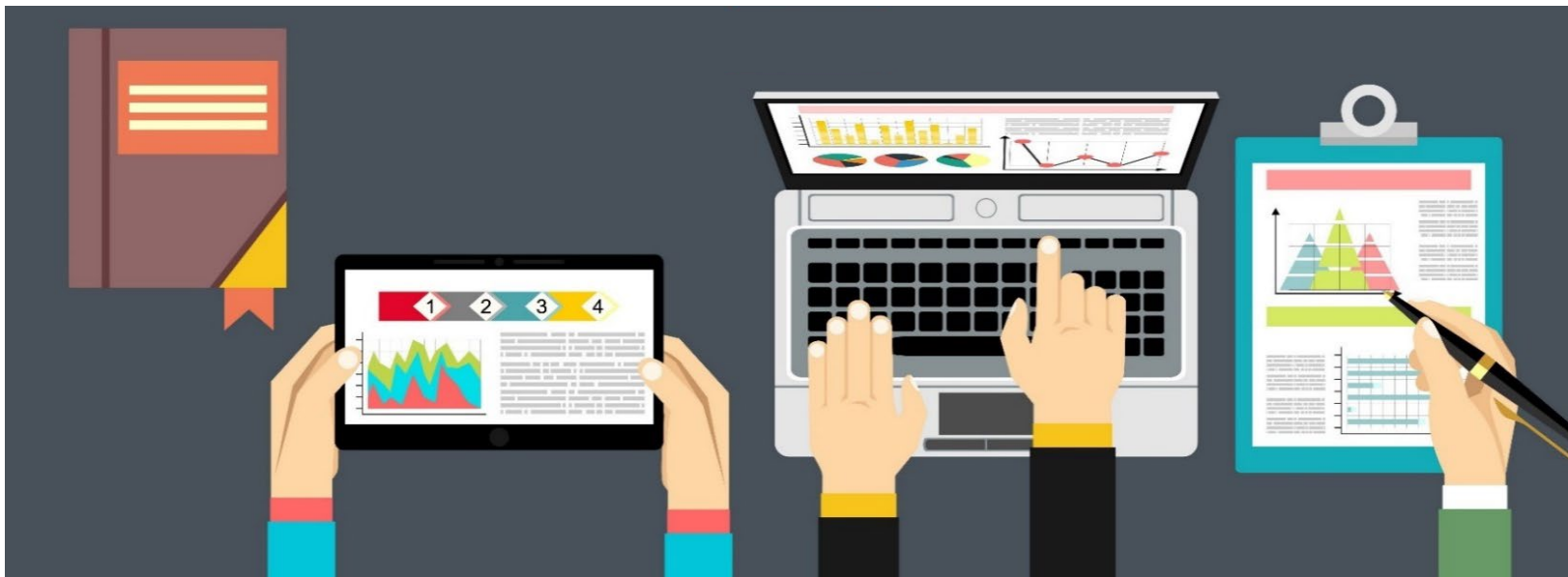




Employee Benefits Overview

Plan Year: January 1, 2021 - December 31, 2021



Ayla Networks's 2021 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 begins January 01 2021.

You are eligible for enrollment in our benefits program on **the first of month following 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

Benefits Website:

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

www.myhrcportal.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.

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:	www.myhrcportal.com
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Medical HMO Plan

How this plan works:

Available in California Only.

You must 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

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	Cigna - OAP In Network (HMO)
Network Name:	Open Access Plus HMO
Group/Policy Number:	628376
Customer Service Phone:	(866) 494-2111
Website:	https://www.cigna.com

Deductible	None
Deductible waived for	No
Other deductibles	None
Out of Pocket (OOP) Max	\$2,000/person or \$4,000/family
Primary Care Physician (PCP) Visit	\$25/visit
Specialist Visit	\$50/visit
Preventative Care	No charge
Diagnostics/X-ray/Blood work	No charge
Advanced Imaging (CT, MRI, PET)	\$50/service
Tier 1-Typically Generic	Retail: \$5 Mail Order: \$10
Tier 2-Typically Preferred Brand	Retail: \$15 Mail Order: \$30
Tier 3-Typically Non-Pref Brand	Retail: \$25 Mail Order: \$50
Tier 4-Typically Preferred Specialty	20% up to \$250
Outpatient Facility	\$150/surgery
Outpatient Physician/Surgeon Fees	No charge
Emergency Room	\$250/visit
Urgent Care	\$25/visit
Inpatient Hospital Facility Fee	\$250/day for 3 days/year
Inpatient Hospital Physician/Surgeon Fees	No charge
Rehabilitation Services (ie physical therapy)	\$50/visit

Refer to the Summary of Benefits of Coverages (SBC) document for full details of the coverages under this plan

Medical HMO Plan

How this plan works:

Available in California Only.

You must 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

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 California - Platinum 90 HMO 0/20
Network Name:	HMO
Group/Policy Number:	704574
Customer Service Phone:	800-464-4000
Website:	www.kp.org

Deductible	None
Deductible waived for	N/A
Other deductibles	None
Out of Pocket (OOP) Max	\$4,500/person or \$9,000/family (Medical); \$350/child or \$700/children (Child Dental)
Primary Care Physician (PCP) Visit	\$20/visit
Specialist Visit	\$30/visit
Preventative Care	No charge
Diagnostics/X-ray/Blood work	\$20/service (lab); \$30/service (xray)
Advanced Imaging (CT, MRI, PET)	\$100/service
Tier 1-Typically Generic	Retail: \$5 Mail Order: \$10
Tier 2-Typically Preferred Brand	Retail: \$20 Mail Order: \$40
Tier 3-Typically Non-Pref Brand	Retail: \$20 Mail Order: \$40
Tier 4-Typically Preferred Specialty	10% up to \$250
Outpatient Facility	\$125/surgery
Outpatient Physician/Surgeon Fees	N/A
Emergency Room	\$150/visit
Urgent Care	\$20/visit
Inpatient Hospital Facility Fee	\$250/day up to 5 days
Inpatient Hospital Physician/Surgeon Fees	N/A
Rehabilitation Services (ie physical therapy)	\$250/day up to 5 days (IP); \$20/visit (OP)

Refer to the Summary of Benefits of Coverages (SBC) document for full details of the coverages under this plan

Medical PPO Plan

How this plan works:

You can see specialists without a referral from your Primary Care Physician
You pay nothing out-of-pocket for in-network preventive care
The deductible must be met before coverage is provided for most services under a PPO plan
After the deductible amount is met, you are responsible for a percentage of the cost of covered expenses ("coinsurance") up to the Out-Of-Pocket max, at which point the plan pays 100% of all covered expenses
You have the option to use an Out of Network provider or facility, but the costs of doing so are significantly higher

Carrier/Plan Name	Cigna - OAP PPO
Network Name:	Open Access Plus PPO
Group/Policy Number:	628376
Customer Service Phone:	(866) 494-2111
Website:	https://www.cigna.com

	In Network	Non Network
Deductible	\$250/person or \$500/family	\$500/person or \$1,000/family
Deductible waived for	Yes. In-network preventive care, office visits, diagnostic test, imaging services, in-network outpatient hospital facility, prescription drugs, in-network urgent care facility visits.	N/A
Other deductibles	None	N/A
Out of Pocket (OOP) Max	\$3,900/person or \$7,800/family	\$7,800/person or \$15,600/family
Primary Care Physician (PCP) Visit	\$15/visit	40% after ded
Specialist Visit	\$30/visit	40% after ded
Preventative Care	No charge	40% after ded
Diagnostics/X-ray/Blood work	No charge	40% after ded
Imaging (CT, MRI, PET)	\$100/service	40% after ded
Tier 1-Typically Generic	Retail: \$5 Mail Order: \$10	Not covered
Tier 2-Typically Preferred Brand	Retail: \$30 Mail Order: \$60	Not covered
Tier 3-Typically Non-Pref Brand	Retail: \$50 Mail Order: \$100	Not covered
Tier 4-Typically Preferred Specialty	30% up to \$250	Not covered
Outpatient Facility	\$100/surgery + 10% ded waived	40% after ded
Outpatient Physician/Surgeon Fees	10% after ded	40% after ded
Emergency Room	\$100/visit + 10% after ded	Covered as In-Network
Urgent Care	\$25/visit	40% after ded
Inpatient Hospital Facility Fee	10% after ded	40% after ded
Inpatient Hospital Physician/Surgeon Fees	10% after ded	40% after ded
Rehabilitation Services (ie physical therapy)	\$30/visit	40% after ded

Refer to the Summary of Benefits of Coverages (SBC) document for full details of the coverages under this plan

Medical HSA Plan

How this plan works:

You can see specialists without a referral from your Primary Care Physician
You pay nothing out-of-pocket for in-network preventive care
Deductibles under HSA plans are much higher, and the deductible must be met before coverage is provided for most services
After the deductible amount is met, you are responsible for a percentage of the cost of covered expenses ("coinsurance") up to the Out-Of-Pocket max, at which point the plan pays 100% of all covered expenses
You have the option to use an Out of Network provider or facility, but the costs of doing are significantly higher
Members of HSA plans are eligible for a tax-free Health Savings Account (HSA). More details on next page

Carrier/Plan Name	Cigna - OAP HDHP (HSA)
Network Name:	Open Access Plus HDHP HSA
Group/Policy Number:	628376
Customer Service Phone:	(866) 494-2111
Website:	https://www.cigna.com

	In Network	Non Network
Deductible	\$2,000/person, \$2,800/person in family, or \$4,000/family	\$4,000/person, \$4,000/person in family, or \$11,200/family
Deductible waived for	Yes. In-network preventive care	N/A
Other deductibles	None	N/A
Out of Pocket (OOP) Max	\$6,500/person, \$6,500/person in family, or \$7,500/family	\$12,550/person, \$12,550/person in family, or \$25,100/family
Primary Care Physician (PCP) Visit	20% after ded	50% after ded
Specialist Visit	20% after ded	50% after ded
Preventative Care	No charge ded waived	50% after ded
Diagnostics/X-ray/Blood work	20% after ded	50% after ded
Advanced Imaging (CT, MRI, PET)	20% after ded	50% after ded
Tier 1-Typically Generic	Retail: \$20 after med ded Mail Order: \$40 after med ded	Not covered
Tier 2-Typically Preferred Brand	Retail: \$55 after med ded Mail Order: \$110 after med ded	Not covered
Tier 3-Typically Non-Pref Brand	Retail: \$80 after med ded Mail Order: \$160 after med ded	Not covered
Tier 4-Typically Preferred Specialty	30% up to \$250 after med ded	Not covered
Outpatient Facility	20% after ded	50% after ded
Outpatient Physician/Surgeon Fees	20% after ded	50% after ded
Emergency Room	\$150/visit	Covered as In-Network
Urgent Care	20% after ded	50% after ded
Inpatient Hospital Facility Fee	20% after ded	50% after ded
Inpatient Hospital Physician/Surgeon Fees	20% after ded	50% after ded
Rehabilitation Services (ie physical therapy)	20% after ded	50% after ded

Refer to the Summary of Benefits of Coverages (SBC) document for full details of the coverages under this plan

Medical Health Savings Account

Health Savings Account (HSA)		
2021 Maximum Contribution Amount	Employee only	Employee + Family
	Up to \$3,600 annually	Up to \$7,200 per household annually
	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 and OTC medication -Acupuncture and chiropractor 	<ul style="list-style-type: none"> -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 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 of California - PPO Plan 3 \$40/\$120
Network Name:	PPO
Group/Policy Number:	3292-6051 / ER# 86220
Customer Service Phone:	(800) 765-6003
Website:	https://www.deltadentalins.com/

	In Network	Non Network*
Annual Maximum	\$2,000	\$2,000
Individual Deductible	\$40	\$50
Family Deductible	\$120	\$150
Deductible Waived for Preventive?	Yes	Yes
Preventive Coinsurance	0%	0%
Basic Coinsurance	20%	20%
Endodontics/Periodontics Coinsurance	20%	20%
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 the **member'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 - VSP Vision
Group/Policy Number:	30058981
Customer Service Phone:	(800) 877-7195
Website:	www.vsp.com

	In Network	Non Network
Exam	\$10	Up to \$45
Materials	\$10	Varies
Eye Exam - Frequency	Every 12 months	Every 12 months
Lenses - Frequency	Every 12 months	Every 12 months
Frames - Frequency	Every 12 months	Every 12 months
Frame 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 - 1x salary to \$200k (\$200k GI)
Group/Policy Number:	G000AS7W
Customer Service Phone:	(800) 877-5176
Website:	www.mutualofomaha.com

Life/AD&D Coverage	1x 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.

Your Benefits Costs

Providing our employees with quality employee benefits at an affordable cost is important to us, so we subsidize a substantial portion of the costs of your benefits.



Your portion of the costs are shown below.

Employee Cost Per Month					
Medical	Employee	Employee + Spouse/DP	Employee + Child	Employee + Children	Employee + Family
Cigna - OAP HDHP (HSA)	\$63.00	\$237.00	\$205.00	\$205.00	\$379.00
Cigna - OAP In Network (HMO)	\$88.00	\$331.00	\$287.00	\$287.00	\$530.00
Cigna - OAP PPO	\$86.00	\$323.00	\$280.00	\$280.00	\$517.00
Kaiser California - Platinum 90 HMO 0/20	\$78.00	\$273.00	\$233.00	\$233.00	\$428.00
Dental	Employee	Employee + Spouse/DP	Employee + Child	Employee + Children	Employee + Family
Delta Dental - PPO Plan 3 \$40/\$120 (\$2000 max)	\$6.00	\$21.00	\$23.00	\$23.00	\$37.00
Vision	Employee	Employee + Spouse/DP	Employee + Child	Employee + Children	Employee + Family
VSP - VSP Vision	\$1.00	\$3.00	\$3.00	\$3.00	\$6.00

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 - 66.67% to \$10k/mo (90 day EP)
Group/Policy Number:	G000AS7W
Customer Service Phone:	(800) 877-5176
Website:	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:

FSA's 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	January 1, 2021 - December 31, 2021
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 \$2,750 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 -Over-the-counter drugs and medicines without a prescription such as pain relief, allergy products, and cold and flu medicine. 	<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 \$550 will be rolled over to your account for the following plan year. Any unused funds exceeding \$550 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 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	https://www.naviabenefits.com

	Transportation	Parking
Maximum Contribution Amount	Up to \$270 per month	Up to \$270 per month
What expenses are allowed?	<ul style="list-style-type: none"> -Mass transit fares -Monthly bus passes -Vanpooling fees 	<ul style="list-style-type: none"> -Parking at or near your work location -Parking at a location from which you participate in a carpool or board mass transit
What expenses are not allowed?	<ul style="list-style-type: none"> -Taxi fares -Bridge tolls -Cost of auto maintenance 	<ul style="list-style-type: none"> -Parking costs at home -Parking when not commuting to or from work location

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

