

# 2024 Health and Wellness Benefits



At Ambarella, you and your family's health and wellbeing is our top priority. Our 2024 benefits package is designed to protect you physically and financially.

We are pleased to offer the 2024 Ambarella Benefits Program.

## Employee Eligibility

Any active, regular, full-time employee working a minimum of 25 hours per week will be eligible for all benefits effective on their date of hire.

## Dependent Eligibility

- Your legal spouse or domestic partner; or
- Your dependent children (including your step-children and legally adopted children) up to age 26; or
- A child which includes your natural child, adopted child, a child placed with you for adoption, stepchild, domestic partner's child, or a child for whom you, your spouse, or domestic partner are the legal guardian; or
- Any dependent child who reaches the age limit and is incapable of self-support because of a mental or physical disability

# Medical

	<b>Kaiser HMO</b> <i>California Only</i> Network Only	<b>Kaiser HMO HSA</b> <i>California Only</i> Network Only	<b>Cigna OAP HMO</b> <i>All Employees</i> Network Only	<b>Cigna OAP PPO*</b> <i>All Employees</i>	<b>Cigna HSA*</b> <i>All Employees</i>
<b>Annual Deductible</b> (Individual / Family)	None	\$1,600 / \$3,200	None	\$500 / \$1,500	\$1,600 / \$3,200
<b>Out-of-Pocket Max</b> (Individual / Family)	\$2,500 / \$5,000	\$3,200 / \$6,400	\$2,500 / \$5,000	\$3,500 / \$7,000	\$3,000 / \$6,000
<b>Primary / Specialty Care Office Visits</b>	\$30 copay	10% after deductible	\$30 copay	\$20 copay / \$40 copay	20% after deductible
<b>Preventive Care</b>	No charge	No charge	No charge	No charge	No charge
<b>Outpatient Surgery</b>	\$250 copay	10% after deductible	\$250 copay	20% after deductible	20% after deductible
<b>Inpatient Hospital</b>	\$500 copay	10% after deductible	\$500 copay	20% after deductible	20% after deductible
<b>Emergency Room</b> <i>(waived if admitted)</i>	\$100 copay	10% after deductible	\$100 copay	\$150 copay + 20%	20% after deductible
<b>Retail Prescriptions</b> <i>(up to 30 day)</i>	\$15 generic \$35 brand	\$10 generic \$30 brand after ded.	Tier 1 \$15 Tier 2 \$35 Tier 3 \$50	Tier 1 \$15 Tier 2 \$30 Tier 3 \$50	Tier 1 \$15 Tier 2 \$40 Tier 3 \$60
<b>Mail Order Prescriptions</b>	\$30 generic \$70 brand (up to 100 day)	\$20 generic \$60 brand after ded. (up to 100 day)	Tier 1 \$38 Tier 2 \$105 Tier 3 \$150 (up to 90 day)	Tier 1 \$38 Tier 2 \$90 Tier 3 \$150 (up to 90 day)	Tier 1 \$38 Tier 2 \$120 Tier 3 \$180 (up to 90 day)

\*Non-network benefits available; refer to benefit summaries on the benefits

# Dental



Life's brighter under the sun

## SunLife Dental PPO

	Network	Non-Network
<b>Calendar Year Maximum</b>		\$2,000
<b>Deductible</b>		\$50 / individual; \$150 / family
<b>Preventive</b>	Plan pays 100%; deductible waived	Plan pays 100%; deductible waived
<b>Basic</b>	Plan pays 90% after deductible	Plan pays 80% after deductible
<b>Major</b>	Plan pays 60% after deductible	Plan pays 50% after deductible
<b>Orthodontia</b> (adult and child)		50%
<b>Orthodontia Lifetime Maximum</b>		\$1,500 / person

Provides members coverage for preventive services, without it counting towards their annual maximums

If your provider is in-network, you cannot be balanced billed for amounts that exceed the negotiated contract rate. When you go out of network, you still have coverage however your provider may balance bill you if they charge more than what SunLife considers Usual, Reasonable and Customary.

# Vision



## VSP Vision Signature Network

	Network	Non-Network
<b>Service Frequency</b>	Exams, lenses, frames every calendar year	
<b>Examination Copay</b>	\$10	Up to \$50 allowance
<b>Materials Copay</b>	\$25	Reimbursement schedule
<b>Frames Benefits</b>	\$150 allowance	Up to \$70 allowance
<b>Elective Contacts</b> <i>(in lieu of lenses and frames)</i>	\$150 allowance	Up to \$105 allowance

### Extra Savings

Glasses and Sunglasses: Extra \$20 to spend on featured frame brands. Go to [vsp.com/specialoffers](http://vsp.com/specialoffers) for details. 30% savings on additional glasses and sunglasses, including lens enhancements from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.

Retinal Screening: No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.

Laser Vision Correction: Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

# Additional Benefits

## SunLife Life and AD&D Benefits

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- Basic Life / AD&D
- 1x annual salary, up to \$400,000 maximum

## Voluntary Life / AD&D

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**Employee:** \$10,000 to \$500,000 (maximum of 5x salary)

*Guarantee Issue:* \$150,000 (age reductions may apply)

**Spouse:** increments of \$5,000 to \$500,000

*Guarantee Issue:* \$25,000 (age reductions may apply)

**Children** (from birth to age 26): increments of \$2,000 to \$10,000 maximum

- Employee must elect coverage if you want to purchase coverage for dependents
- AD&D is a separate election; life and AD&D amounts can be different
- AD&D is not subject to Evidence of Insurability

**Please note: If you did not previously elect Voluntary Life/AD&D, you will be subject to Evidence of Insurability (EOI).**

## Short Term Disability

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- Elimination Period: 7 days
- Maximum Benefit Duration: 25 weeks
- Benefit Percentage: 60%
- Maximum Benefit: Up to \$3,000 per week

## Long Term Disability

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- Elimination Period: 180 days
- Maximum Benefit Duration: Up to Social Security Normal Retirement Age
- Benefit Percentage: 60%
- Maximum Benefit: Up to \$10,000 per month

## Navia Benefits Flexible Spending Account (FSA)

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- Healthcare FSA: \$3,200 annual maximum (projected)
- Dependent Care FSA: Maximum contribution up to \$5,000 or \$2,500 for married individuals filing separately
- Transit: \$315 per month
- Parking: \$315 per month

## Additional Plans, Perks and Rewards

- Lunch program with Forkable
- Employee Stock Purchase Plan
- Patent Incentive Program
- Tuition Reimbursement
- Disability Salary Continuation
- Business Travel Accident
- Employee Assistance Program
- Legal and Identity Theft
- Rocket Lawyer – Company paid benefit
- Accident Insurance, Critical Illness and Hospital Indemnity
- Ambarella HSA Contributions
  - \$750 individual / \$1,500 family



# 401(K) – Fidelity Investments

## Ambarella Corp. 401(k) Plan (the “Plan”)

Enroll or manage your account on-line through Fidelity NetBenefits® at [www.401k.com](http://www.401k.com) or by calling 800-835-5097.

- **You are eligible the first of the month following your date of hire (*must be age 21 or older*).**
- **You may contribute up to 90% per pay period up to the IRS maximum.**
  - **2024 IRS Limit:** \$23,000 (+\$7,500 if age 50 or older)
- **New employees are subject to auto enrollment at a starting rate of 5% (Pre-Tax) with an annual increase of 1% each year you reach 10%.** Contributions are invested into the Plan’s default investment (*age-based target date funds*). You may opt out or change your investments at any time.
- **You may contribute on a Traditional (*Pre-Tax*) and/or Roth (*Post-Tax*) basis.**
- **Employer Match:** 100% of the first 4% deferred from eligible compensation; capped at \$3,000 per year
  - The Match is 100% vested immediately
  - Traditional and Roth contributions count towards the Match
  - Catch-up contributions are not eligible for the Match
- **Additional After-Tax (*Non-Roth*):** The Plan allows you to contribute additional After-Tax dollars above the standard IRS limit noted above. These contributions are also eligible for in-plan Roth conversions (*it is recommended that you consult a Tax Advisor before initiating any in-plan Roth conversions due to potential tax implications*).
- **Additional information surrounding investment offerings, loans and withdrawals can be found by logging into your account through Fidelity NetBenefits®.**

# Employee Cost per Pay Period\*

	EMPLOYEE ONLY 2024	EMPLOYEE + SPOUSE 2024	EMPLOYEE + CHILD(REN) 2024	EMPLOYEE + FAMILY 2024
<b>Medical</b>				
Cigna OAP IN	\$20.00	\$105.00	\$77.00	\$169.00
Cigna OAP PPO	\$26.00	\$136.50	\$99.50	\$219.50
Cigna HDHP	\$17.50	\$38.00	\$31.00	\$53.50
Kaiser HMO (CA)	\$16.00	\$54.00	\$47.50	\$79.00
Kaiser HMO HSA (CA)	\$13.00	\$28.00	\$25.50	\$38.00
<b>Dental</b>				
SunLife Dental	\$7.00	\$14.00	\$16.00	\$24.50
<b>Vision</b>				
VSP Vision	\$2.00	\$2.50	\$2.50	\$4.00

\*Based on semi-monthly / 24 pay periods per year



<a href="#">2024 Benefits</a>	<a href="#">Medical</a>	<a href="#">Dental</a>	<a href="#">Vision</a>	<a href="#">Additional Benefits</a>	<a href="#">401(k)</a>	<a href="#">Per Pay Period Costs</a>	<a href="#">Benefit Contacts</a>
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# Benefit Contacts

Medical	Group #	Telephone #	Website
Kaiser HMO, HMO HSA	604254	800-464-4000	<a href="http://www.kp.org">www.kp.org</a>
Cigna OAP IN, OAP PPO, HDHP	637515	866-494-2111	<a href="http://www.mycigna.com">www.mycigna.com</a>
Dental & Vision	Group #	Telephone #	Website
SunLife Dental	948706	800-442-7742	<a href="http://www.sunlife.com">www.sunlife.com</a>
VSP Vision	30043523	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Ancillary	Group #	Telephone #	Website
SunLife Basic and Vol. Life and AD&D	948706	800-247-6875	<a href="http://www.sunlife.com">www.sunlife.com</a>
SunLife STD	948706	855-629-8811	<a href="http://www.sunlife.com">www.sunlife.com</a>
SunLife LTD	948706	800-247-6875	<a href="http://www.sunlife.com">www.sunlife.com</a>
SunLife Accident, Critical Illness and Hospital Indemnity	948706	877-820-5306	<a href="http://www.sunlife.com">www.sunlife.com</a>
Navia Benefits FSA, HSA, Commuter	AMB	425-452-3500	<a href="http://www.naviabenefits.com">www.naviabenefits.com</a>
AIG Business Travel Accident Plan (BTA)	9160829	877-244-6871 Within U.S. 715-346-0859 Outside U.S.	<a href="http://www.aig.com">www.aig.com</a> Email: <a href="mailto:assistance@aig.com">assistance@aig.com</a>
Legal Club of America	AMBARELLA	800-316-5387	<a href="http://www.legalclub.com">www.legalclub.com</a>
Fidelity 401(k)		800-835-5097	<a href="http://www.401k.com">www.401k.com</a>
Rocket Lawyer		877-881-0947	<a href="http://Go.rocketlawyer.com/ambarella">Go.rocketlawyer.com/ambarella</a>

This guide highlights the main features of the plans in the Ambarella Employee Benefits Program. It is intended to help you choose the benefits that are best suited for you. It does not include all plan rules and details, including limitations and exclusions. The plans are governed by plan documents, insurance contracts and company policies. Should there be any inconsistencies between this guide and those materials, the plan documents, insurance contracts and company policies will govern. These documents are available to employees upon request. Ambarella reserves the sole and exclusive right to alter, reduce or eliminate any pay practice, policy or benefit at any time, without advanced notice, except for those provisions required by law. Health and welfare benefits are not vested benefits.

