



## YOUR BENEFITS & EMPLOYMENT GUIDE



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### CORPORATE MISSION STATEMENT

At Nyla, our most valuable resources are our employees. We believe every individual truly enriches the team with his or her knowledge and experience. Nyla team members are ever curious, life-long learners. We are creative, inventive, and adaptable; quick to address changing times, needs, and technologies. Further, Team Nyla has a passion to always provide our very best. We set the standard through our professionalism and commitment to excellence. We never lose sight of the end goal – helping our customer achieve their mission.

INSURANCES  
PROVIDED BY

CareFirst   
BlueCross BlueShield 



# MEDICAL INSURANCE

## ADVANTAGE H.S.A. PLAN



- Qualified High Deductible Plan  
    > H.S.A. [Pretax](#) Deduction Contribution Savings
- Employer HSA Deductible Contribution  
    > [\\$500 Annually for any coverage level](#)
- No Referral Needed!
- National Provider Networks available while traveling or residing outside the BlueChoice Network

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE	Individual - \$1,500 / Family - \$3,000	Individual - \$3,000 / Family - \$6,000
ANNUAL OUT OF POCKET MAX	Individual - \$5,550 / Family - \$11,000	Individual - \$9,000 / Family - \$18,000
PREVENTATIVE SERVICES	No Charge	No Charge
OTHER SERVICES		
Office Visits for Illness	\$25 PCP & \$50 Specialist Copay after Deductible	\$70 Copay after Deductible
Lab and X-Ray – Freestanding	\$25 Lab/\$50 X-Ray Copay after Deductible	\$75 Lab/\$100 X-Ray Copay after Deductible
Physical, Speech, Occupational Therapy or Chiropractic Services	\$50 Copay after Deductible	\$70 Copay after Deductible
Emergency Room	\$250 Copay after Deductible	\$250 Copay after In-Network Deductible
Urgent Care	\$100 Copay after Deductible	\$100 Copay after In-Network Deductible
Maternity – Pre & Postnatal/ Delivery/Facility	Pre & Postnatal—No Charge; Delivery & Facility—\$500 after Deductible	Pre & Postnatal—\$70 Copay after Deductible; Delivery & Facility—\$600/ Day up to 5 Days after Deductible
HOSPITAL & OUTPATIENT SURGERY		
Outpatient Facility – Freestanding	\$300 Copay after Deductible	\$400 Copay after Deductible
Outpatient Facility – Hospital	\$500 Copay after Deductible	\$600 Copay after Deductible
Inpatient Facility Services	\$500/Day up to 5 Days after Deductible	\$600/Day up to 5 Days after Deductible
PHARMACY (MEDICAL DEDUCTIBLE APPLIES)		
Generic/Preferred/Non Preferred (30 Days)	\$10/\$45/\$65	
90 Day Home Delivery – Generic/ Preferred/Non-Preferred	2 X's 30 Day Copays after Deductible	
Note—This BlueChoice Advantage Plan provides the BlueChoice Network for members residing in the MD, DC and VA Network area yet offers the National Blue Card PPO Network for member		
Blue Rewards is an incentive program where you can earn up to \$300 per adult and \$750 per family for taking an active role in getting healthy and staying healthy.		
Please refer to your Summary Plan Description for all other benefit coverage information. Carrier Contract Provisions Govern if there is a discrepancy between this summary and CareFirst’s contract.		



## DENTAL INSURANCE

### TRADITIONAL DENTAL PLAN WITH ORTHO

CareFirst BlueCross BlueShield	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE	\$50 Individual/\$150 Family	\$50 Individual/\$150 Family
ANNUAL PLAN MAXIMUM	Dental - \$1500 per member Orthodontics - \$1200 per child - lifetime	
PREVENTATIVE SERVICES	100%	100% of U&C
BASIC SERVICES	80%	80% of U&C
MAJOR SERVICES	50%	50% of U&C
ORTHODONTIC SERVICES	50%	50% of U&C
Go To: <a href="http://WWW.CAREFIRST.COM">WWW.CAREFIRST.COM</a> to find a participating provider		



## VISION INSURANCE



BENEFIT	COVERAGE
Blue Vision Plus Plan	You Pay
Eye Exam (Every 12 months)	\$10 Copay
Prescription Glasses (Every 12 months)	In-Network
Lenses	Single, Bi or Tri-Focal Lenses - No Charge
Frames - Davis Vision Collection	No Charge—wide selection of frames
Contacts - Medically Necessary and Davis Vision Collection	No Charge
Other Lens Options	See Plan Summary for more details
Network	Davis Vision
Out-Of-Network Benefits Available - See plan summary.	

### WHEN DO MY BENEFITS BEGIN AND END?

#### MEDICAL, DENTAL & VISION

- Begins on date of hire
- Ends the last day of the month you are terminated

#### STD, LTD, Life/AD&D

- Begins on date of hire
- Ends the day of termination

#### 401K

- Begins on date of hire
- Ends the last day of the month you are terminated





## OTHER BENEFITS

### 401K—EMPLOYER MATCH

Employees are eligible and 100% vested upon start. Nyla contributes 3% and provides an additional dollar-for-dollar match up to 5% for a total possible contribution from Nyla of 8%.

### LIFE INSURANCE—Employer Paid

1 times your annual salary up to a maximum of \$100,000. All amounts are guaranteed issue.

### DISABILITY INSURANCE— Employer Paid

- > Short Term Disability (STD) – 60% up to \$2,000 weekly. Benefit is Tax Free
- > Long Term Disability (LTD) – 60% up to \$7,500 monthly. Benefit is Tax Free

### NEW EMPLOYEE REFERRAL PROGRAM

Referring employee bonus ranging from \$5000—\$10,000 annually. No total limits for referral bonuses. Paid annually for as long as you both work for the company.

### YEARLY MERIT BONUS PROGRAM

Up to 3% of employee's annual salary based on company profit and employee performance.

### YEARLY BUSINESS DEVELOPMENT PROGRAM

Up to 3% of the revenue generated from work brought to the company. Paid out once per year.

### RECOGNITION AWARD

Based on supervisor nomination

### CONTINUOUS LEARNING ASSISTANCE

\$5,000 total yearly budget available for education, training, conference, books, and hours spent on learning.

### PROFESSIONAL TECHNOLOGY ENHANCEMENT

Up to \$500 every other year for equipment used for skills development or Nyla business.

### HEALTHY LIVING & FITNESS INCENTIVE

\$500 tax-free for gym memberships or \$500 taxable towards all other wellness activities to include supplies.

### EMPLOYEE ASSISTANCE PROGRAM

Free telephonic and face-to-face counseling for daily issues such as family, financial, workplace, drug & alcohol abuse, etc... Immediate Family members can also use this service.

### CHARITY

Each employee will receive 8 hours per year to volunteer at the charity of their choice. NYLA donates \$100 a year in employee's name to a charity.

**See handbook for additional information.**



## PERSONAL/VACATION TIME INFORMATION

The following is a brief summary of your paid Annual Leave. Please refer to your employee handbook and The Human Resource Department for further details, examples and definitions.

### ANNUAL LEAVE

Each employee receives **four** weeks of AL annually. Accrual of AL begins the first day of employment. Employees are allowed to have up to 14-days negative AL balance.

### HOLIDAYS

Nyla provides **10** paid holidays, following the Federal Government Holiday schedule.

- |                                      |                    |
|--------------------------------------|--------------------|
| > New Years Day                      | > Veterans Day*    |
| > Labor Day                          | > Memorial Day     |
| > Martin Luther King Jr.'s Birthday* | > Thanksgiving Day |
| > Columbus Day*                      | > Independence Day |
| > Washington's Birthday*             | > Christmas Day    |

\*able to be used as a floating holiday

### OTHER PAID TIME OFF

The following paid leaves are allowed with management approval:

- > Jury Duty – 1 Day maximum per year
- > Bereavement for immediate family (Spouse, Child, Parent) – Up to 3 Days of paid leave
- > Bereavement for non-immediate family members – 1 Day paid leave
- > Military Reserve Duty – 5 Days Maximum per year
- > Employees earn an additional day off per year of employment - 80 hours maximum

### OTHER ALLOWED LEAVES OF ABSENCE WITHOUT PAY

- > Disability Leave (not paid by company but disability insurance will)
- > Military Service Leave



# BENEFIT CONTRIBUTIONS INFORMATION

## EMPLOYEE'S SEMI-MONTHLY COST

BENEFIT PLAN	INDIVIDUAL	PARENT/CHILD	HUSBAND/WIFE	FAMILY
MEDICAL RX	No Cost	\$103.36	\$108.80	\$212.16
DENTAL	No Cost	\$9.00	\$13.75	\$19.00
VISION	No Cost	\$1.00	\$1.75	\$2.25
SHORT TERM DISABILITY	100% Employer Paid			
LONG TERM DISABILITY	100% Employer Paid			
LIFE & AD&D	100% Employer Paid			

## RESOURCE DIRECTORY

### MEDICAL

CareFirst  
BlueChoice  
(866) 520-6099  
www.carefirst.com

### DENTAL

CareFirst  
Blue Cross Blue Shield  
(866) 520-6099  
www.carefirst.com

### LIFE & DISABILITY

UNUM  
(866) 679-3054  
www.unum.com

### EMPLOYEE ASSISTANCE PROGRAM

1-800-854-1446  
www.lifebalance.net

### 401K

Vision Financial Group  
Jason Weska  
410-9109740  
benefits@nyla.io

### INSURANCE BROKER

Vision Financial Group  
Jason Weska  
410-9109740  
benefits@nyla.io



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