ZOHO

ManageEngine

# 2025 Health Benefits Guide

Effective January 1, 2025 through December 31, 2025

zoho.ease.com

Zoho is committed to offering a comprehensive benefits program designed to support the health and well-being of you and your dependents. As an important part of your total compensation package, we hope that you find the benefits outlined in this guide offer the options and resources to support the healthiest, happiest you!

This guide highlights Zoho's current benefit plans. It is not intended to be a legal document. If there are any inconsistencies between the information in this brochure and the plan documents or contracts, the plan document and contracts will prevail. All benefits, including your eligibility for benefits, are subject to the terms and conditions of the benefit plans, including group insurance contracts. Zoho reserves the right to modify or terminate any of the described benefits at any time and for any reason. This guide is not a guarantee of current or future employment or benefits.

**For more information about your benefits, including detailed plan summaries, please visit Zoho's benefits administration portal at: zoho.ease.com.**

Medicare notice: If you (and/or your dependents) currently have Medicare, or will become Medicare-eligible within the next 12 months, a federal law provides you additional prescription drug coverage choices. Please see page 34 for details.

# Table of Contents

# Insurance Carrier Contacts

Please contact Christian Blood at **blood@zohocorp.com** or Dina Ramos at **dina.r@zohocorp.com** for assistance or questions regarding your employee benefits.

| Carrier | Group # | Website | Contact by Phone | |
|---|---|---|---|---|
| **UnitedHealthcare**<br>Medical | 936859 | **myuhc.com** | Pre-Enrollment Help (PPO)<br>Pre-Enrollment Help (HDHP)<br>Customer Service<br>Virtual Visits<br>UHC Rewards | 866.633.2446<br>866.314.0335<br>866.801.4409<br>855.615.8335<br>866.230.2505 |
| **Kaiser Permanente**<br>Medical (CA Only) | 710444 | **kp.org** | Member Services<br>Appts & Advice 24/7<br>Mental Health Line<br>Care While Traveling | 800.464.4000<br>866.454.8855<br>800.390.3503<br>951.268.3900 |
| **Optum Bank**<br>Health Savings Account (HSA) | N/A | **optumbank.com** | HSA Support | 866.234.8913 |
| **MetLife**<br>Dental | 5924229 | **metlife.com** | Customer Service | 800.942.0854 |
| **VSP**<br>Vision | 30053952 | **vsp.com** | Customer Service | 800.877.7195 |
| **Navia Benefit Solutions**<br>Flexible Spending Account (FSA)<br>Supplemental Benefits Plan (EBHRA)<br>Lifestyle \| Wellness Account (LSA) | ZHO | **naviabenefits.com** | FSA \| LSA<br>EBHRA | 800.669.3539<br>866.897.1996 |
| **MetLife**<br>Short Term Disability<br>Long Term Disability<br>Term Life w/AD&D<br>Voluntary Term Life | 5924229 | **metlife.com** | Disability<br>Life Insurance | 800.300.4296<br>866.492.6983 |
| **MetLife \| TELUS Health**<br>Employee Assistance Program | ID: metlifeeap<br>PW: eap | **metlifeeap.lifeworks.com** | Appt. Scheduling | 888.319.7819 |
| **ID Watchdog \| Equifax**<br>Identity Theft Protection | N/A | **idwatchdog.com** | Customer Service | 800.970.5182 |
| **Rocket Lawyer**<br>Legal Support and Services | N/A | **rocketlawyer.com** | Customer Service | 877.881.0947 |
| **Fidelity Investments**<br>401(k) Retirement Plan | N/A | **netbenefits.com** | Customer Service | 800.835.5097 |

# Benefits Support | Resources

## Zoho Benefits Support

| Name | Title | Email |
|---|---|---|
| **Christian Blood** | Zoho North American People Operations | blood@zohocorp.com |
| **Dina Ramos** | Zoho HR Generalist | dina.r@zohocorp.com |

## 401(k) Plan Advisor | Consultant

| Name | Website | Phone | Email |
|---|---|---|---|
| **Three Bell Capital** | three-bell.com | 650.843.9836 | 401k@three-bell.com |

## Mindshare Group | Benefits Broker & Advisors

| Name | Title | Phone | Email |
|---|---|---|---|
| **Stephanie McCary** | Sr. Account Manager | 925.227.9900 x109 | stephanie@mindsharegroup.com |
| **Paul Unpingco** | Medicare Advisor | 925.227.9900 x116 | paul@mindsharegroup.com |

# Eligibility & Employer Contribution

## Benefits Eligibility

Zoho **employees working 30 or more hours per week are eligible** to enroll in the benefits outlined in this guide.

You may add your spouse/domestic partner and/or dependent children (up to age 26) to your benefits.

**Coverage is effective on your date of hire.**

## Employer Contributions

### Medical | Dental | Vision Plans

Zoho pays 89% of the premiums for employees, your enrolled spouse or domestic partner, and/or eligible dependents.

### Income Protection Plans

Zoho pays 100% of the premiums for Short Term Disability, Long Term Disability, and Term Life with AD&D Insurance. You may purchase additional voluntary Term Life Insurance at group discounted rates.

### Additional Benefits

#### Dependent Care FSA

Zoho will make an annual dollar-for-dollar matching contribution of up to $2,500 (individual or married) to benefits-eligible employee's Dependent Care FSA, based on employee's Dependent Care FSA contributions of up to $2,500 annually.

#### Supplemental Benefits Plan (EBHRA)

Zoho funds the mental health EBHRA, which will provide employees reimbursement for eligible mental health expenses up to a maximum of $2,150 per year. *Note: Mid-year new hires will receive a pro-rated benefit amount.*

#### Lifestyle|Wellness Benefit

Zoho funds the Lifestyle | Wellness Spending Account up to an annual maximum benefit of $500.
*Note: Mid-year new hires will receive a pro-rated benefit amount.*

#### Identity Theft Protection

Zoho funds 50% of the monthly premiums for the ID Watchdog Premium plan.

#### Legal Support & Services

Zoho provides employees, and your immediate family members a free membership to the entire Rocket Lawyer platform.

## Making Changes to Your Benefits

Unless you experience a qualifying life event (QLE), you may not make changes to your benefits until the next open enrollment period. QLE's include:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a qualified dependent
- Loss of (spousal) coverage on another plan

**When a QLE happens, you may make changes within 30 days of the event. If you miss that 30-day period, you will need to wait until the next open enrollment period to change your benefits.**

# Zoho Monthly Plan Costs

## Medical, Dental & Vision Plans

| | Premium | Zoho Pays 89% | Employee Cost |
|---|---|---|---|
| **Medical Plan 1: UnitedHealthcare Choice Plus Premier PPO 250** | | | |
| Employee Only | $803.63 | $715.23 | $88.40 |
| Employee + Spouse | $1,767.98 | $1,573.50 | $194.48 |
| Employee + Children | $1,486.72 | $1,323.18 | $163.54 |
| Full Family | $2,571.61 | $2,288.73 | $282.88 |
| **Medical Plan 2: United Healthcare Choice Plus Premier PPO 1000** | | | |
| Employee Only | $778.26 | $692.65 | $85.61 |
| Employee + Spouse | $1,712.17 | $1,523.83 | $188.34 |
| Employee + Children | $1,439.78 | $1,281.40 | $158.38 |
| Full Family | $2,490.43 | $2,216.48 | $273.95 |
| **Medical Plan 3: UnitedHealthcare Choice Plus H.S.A 2000** | | | |
| Employee Only | $637.73 | $567.58 | $70.15 |
| Employee + Spouse | $1,403.00 | $1,248.67 | $154.33 |
| Employee + Children | $1,179.79 | $1,050.01 | $129.78 |
| Full Family | $2,040.73 | $1,816.25 | $224.48 |
| **Dental Plan 1: MetLife High Plan $4000 w/Orthodontia** | | | |
| Employee Only | $65.48 | $58.28 | $7.20 |
| Employee + Spouse | $133.31 | $118.65 | $14.66 |
| Employee + Children | $142.70 | $127.00 | $15.70 |
| Full Family | $224.85 | $200.12 | $24.73 |
| **Dental Plan: MetLife Low PPO Plan $2500** | | | |
| Employee Only | $44.47 | $39.58 | $4.89 |
| Employee + Spouse | $90.47 | $80.52 | $9.95 |
| Employee + Children | $96.42 | $85.81 | $10.61 |
| Full Family | $152.04 | $135.32 | $16.72 |
| **Vision Plan: VSP Choice $10/$25** | | | |
| Employee Only | $14.67 | $13.06 | $1.61 |
| Employee + 1 | $22.79 | $20.28 | $2.51 |
| Employee + 2 (or more) | $36.15 | $32.17 | $3.98 |

# Enrolling in Benefits

## When to Enroll

### New Employees

New Zoho employees should enroll in benefits as soon as possible. **Coverage is effective on your date of hire.**

### Current Staff

If you have previously enrolled in benefits with Zoho, log-in to the Ease benefits administration portal (link below) with your email address, or user name and password, to participate in open enrollment or to change your benefit elections. *As a reminder, elections and/or changes to your benefits may only take place during open enrollment or due to a qualifying life event.*

## How to Enroll with Ease

Ease is your private benefits portal to view available benefit options and detailed information on plans and coverage amounts. Within Ease, you will also be able to make benefit selections for yourself, in addition to any eligible dependents.

***To access Zoho's Ease portal:***

*Visit:* **zoho.ease.com**

*App:* See page **32** to download the Ease App *(view-only; not for benefits enrollment or changes)*

### New Employees | First-Time Users

- You will receive an email to register with and access Ease. Click the "Sign Up" button to begin.
- You will be prompted to set-up a password. Once completed, again click "Sign Up".
- You may now select "Start Enrollment" located on the top right of your screen.
- Verify all personal information and enter any dependent information.
- You will choose "Enroll", or "Waive" at each benefit option.
- Once all selections and required forms are e-signed, select "Finish" to complete your enrollment.

### Current Staff | Returning Users

Simply visit Ease (link above), and log-in using the username and password created previously.

## 401(k) Account Enrollment & Access

Enrollment in your 401(k) is done directly with Fidelity Investments. To begin enrollment:

*Visit:* **netbenefits.com/easy**

Once enrolled, you can access your Fidelity Investments 401(k) retirement plan:

*Visit:* **netbenefits.com**

Zoho has added 401(k) plan advisory services through Three Bell Capital. For 401(k) investment consultations, please contact Three Bell by email at: **401k@three-bell.com**.

# Understanding Medical Plan Options

## Choosing a Medical Plan

Selecting the best medical plan for you and/or your dependents is an important decision as it can affect many things including: how much choice you will have to find and choose a provider, the kind of care you may receive, and the coverage and costs when receiving care. As you carefully evaluate the medical options available, consider:

- *Does the plan have the doctors and hospitals I want/need (in-network)?*
- *What do current members (family, friends, co-workers) think of the health plan and/or carrier?*
- *Does the plan meet my budget?*

| | *Most Flexible* → | | *Least Flexible* |
|---|---|---|---|
| | **PPO** Preferred Provider Organization | **HDHP** HSA-Qualified High-Deductible Health Plan | **HMO** Health Maintenance Organization |
| **Monthly Premiums** | $$$ | $$ | $$$ |
| **Deductibles** | $$ | $$$ | $ |
| **Copays** | Yes | Yes *after annual deductible met* | Yes |
| **Size of Provider Network** | Larger | Larger | Smaller |
| **Primary Care Physician (PCP) Required** | No | No | Yes |
| **Referral Required to See Specialist** | No | No | In most cases |
| **Out-of-Network Benefits** | Yes *higher out-of-pocket costs* | Yes *higher out-of-pocket costs* | No *unless emergency* |
| **Health Savings Account (HSA)-Qualified?** | No | Yes | No |

*To view brief, informational videos that provide an overview of available medical (and other health) plan options, visit:*

**mindsharegroup.com/education**

## Your Health Insurance ID Cards

After you enroll, you will receive ID cards from the medical plan insurer you select. When you receive your ID card, you will want to confirm that all information is accurate. If not, contact HR, or the plan provider (carrier).

***Please note: Most dental and vision carriers do not issue ID cards.***

UnitedHealthcare

## Choice Plus Premier PPO 250

**MEDICAL**
PPO

The medical table below provides an overview of plan deductibles, copays and benefits. For more detailed information, including prescription (Rx) drugs*, please review the full carrier plan summary and SBC available in your benefits portal.

**This plan is eligible for UHC's Core Rewards Program. Please see page 16 for program information.**

| Annual Deductibles & Maximums | In-Network | Out-of-Network |
|---|---|---|
| **Individual Deductible (ded)** | $250 | $5,000 |
| **Family Deductible** | $500 | $10,000 |
| **Individual Out-of-Pocket Max** | $1,750 | $10,000 |
| **Family Out-of-Pocket Max** | $3,500 | $20,000 |

| Copays \| Coinsurance | | |
|---|---|---|
| **Office Visits – Primary/Specialist** | $20/$20 (ded waived) -Designated Network; $20/$40 (ded waived) -Network | 30% after ded |
| **Preventive Care** | No charge | 30% after ded |
| **Lab/X-Ray** (Non-Hospital) | $0/$0 | 30% after ded |
| **Chiropractic Care** | $20/visit (ded waived), 20 visits/yr | 30% after ded |
| **Mental Health Outpatient** | $20 ded waived | 30% after ded |
| **Urgent Care** | $50 ded waived | 30% after ded |
| **Emergency Room** | $500 ded waived | Paid as in-network |
| **Inpatient Hospital** | $0 after ded | 30% after ded |

| Prescription Drug (Rx)* Copays \| Coinsurance | | |
|---|---|---|
| **Tier 1 (Most Generics)** | $10 | $10 + cost difference |
| **Tier 2** | $35 | $35 + cost difference |
| **Tier 3** | $60 | $60 + cost difference |

Log-in to your benefits portal to view your specific costs.

UnitedHealthcare

## Choice Plus Premier PPO 1000

**MEDICAL**
PPO

The medical table below provides an overview of plan deductibles, copays and benefits. For more detailed information, including prescription (Rx) drugs*, please review the full carrier plan summary and SBC available in your benefits portal.

**This plan is eligible for UHC's Core Rewards Program. Please see page 16 for program information.**

| Annual Deductibles & Maximums | In-Network | Out-of-Network |
|---|---|---|
| **Individual Deductible (ded)** | $1,000 | $5,000 |
| **Family Deductible** | $2,000 | $10,000 |
| **Individual Out-of-Pocket Max** | $2,500 | $10,000 |
| **Family Out-of-Pocket Max** | $5,000 | $20,000 |

### Copays | Coinsurance

| | | |
|---|---|---|
| **Office Visits – Primary/Specialist** | $25/$25 (ded waived) -Designated Network; $25/$50 (ded waived)-Network | 30% after ded |
| **Preventive Care** | No charge | 30% after ded |
| **Lab/X-Ray** (Non-Hospital) | $0/$0 | 30% after ded |
| **Chiropractic Care** | $25/visit (ded waived), 20 visits/yr | 30% after ded |
| **Mental Health Outpatient** | $25 ded waived | 30% after ded |
| **Urgent Care** | $50 ded waived | 30% after ded |
| **Emergency Room** | $500 ded waived | Paid as in-network |
| **Inpatient Hospital** | $0 after ded | 30% after ded |

### Prescription Drug (Rx)* Copays | Coinsurance

| | | |
|---|---|---|
| **Tier 1 (Most Generics)** | $10 | $10 + cost difference |
| **Tier 2** | $35 | $35 + cost difference |
| **Tier 3** | $60 | $60 + cost difference |

Log-in to your benefits portal to view your specific costs.

UnitedHealthcare

## Choice Plus H.S.A. 2000

**MEDICAL**
H.S.A.

The medical table below provides an overview of plan deductibles, copays and benefits. For more detailed information, including prescription (Rx) drugs*, please review the full carrier plan summary and SBC available in your benefits portal.

**This plan is eligible for UHC's Core Rewards Program. Please see page 16 for program information.**

| Annual Deductibles & Maximums | In-Network | Out-of-Network |
|---|---|---|
| Individual Deductible (ded) | $2,000 | $5,000 |
| Family Deductible | $4,000 (Aggregate) | $10,000 (Aggregate) |
| Annual HSA contribution from Zoho | **$1,000 Individual enrollment \| $ 2,000 Family enrollment** | |
| Individual Out-of-Pocket Max | $3,000 | $10,000 |
| Family Out-of-Pocket Max | $6,000 (Aggregate) | $20,000 (Aggregate) |

| Copays \| Coinsurance | | |
|---|---|---|
| Office Visits – Primary/Specialist | $0/$0 after ded | 30% after ded |
| Preventive Care | No charge | 30% after ded |
| Lab/X-Ray (Non-Hospital) | $0 after ded | 30% after ded |
| Chiropractic Care | $0 after ded; 20 visits/yr | 30% after ded |
| Mental Health Outpatient | $0 after ded | 30% after ded |
| Urgent Care | $0 after ded | 30% after ded |
| Emergency Room | $0 after ded | Paid as in-network |
| Inpatient Hospital | $0 after ded | 30% after ded |

| Prescription Drug (Rx)* Copays \| Coinsurance | | |
|---|---|---|
| Tier 1 (Most Generics) | $10 after ded | $10 after ded + cost difference |
| Tier 2 | $35 after ded | $35 after ded + cost difference |
| Tier 3 | $60 after ded | $60 after ded + cost difference |

Log-in to your benefits portal to view your specific costs.

# Optum Bank
# Health Savings Account

HSA

## Overview of HSAs

An HSA is a specialized savings account that pairs with an HSA-qualified High-Deductible Health Plan (HDHP). HSAs are a tax-advantaged way to save and pay for eligible out-of-pocket health care expenses. You may increase or decrease your HSA contributions at any time during the year.

## HSA Benefits

With an HSA, you are doing more than just reducing your out-of-pocket health care-related costs. **HSAs offer additional advantages:**

- **Tax-Free Savings.** Contributions deposited into your HSA are made on a pretax basis*.
- **Tax-Free Interest.** Any investment or interest income on your accumulated HSA balance or HSA investments is not taxable.
- **Tax-Free Withdrawals.** When you use your HSA funds to pay for IRS-eligible expenses, your withdrawals are exempt from federal income tax*.

**California and New Jersey only, H.S.A. contributions and investment earnings are not exempt from state taxes.*

## Eligible HSA Expenses

Your HSA funds may be used to pay for **IRS-eligible health care expenses**, such as:

- Medical plan deductibles & coinsurance
- Prescription drug coinsurance (if the drug is covered by your medical plan)
- Other health care expenses not covered by your plan
- Over-the-counter medicine
- Dental, including orthodontic care
- Vision care
- COBRA premiums
- Long-term care insurance premiums

## Employer Contributions to Your HSA

**Zoho will make annual contributions to your HSA of $1,000 for individual coverage, and $2,000 for family coverage.**

You may make additional tax-exempt contributions to your HSA, subject to the limits outlined below; a family member or anyone else can deposit dollars on your behalf, subject to the annual IRS limits below. *Please note, the IRS max. contribution limits below include employer contributions.*

## 2025 HSA Annual Maximum Contributions

| | |
|---|---|
| **Individual** | $4,300 |
| **Family** | $8,550 |
| **Catch-up Contributions** (Age 55+) | $1,000 |

## HSA Balance Rollovers

Unused HSA funds will automatically rollover to the following year. Your HSA account is also fully portable, which means you own the account, and can take it with you if your employment status changes.

## HSAs and Medicare

**Due to IRS rules, you are not eligible to contribute to an HSA if you are enrolled in Medicare Part A.** In these circumstances, signing up for Part A is not recommended.

## UnitedHealthcare (UHC) Website

Maximizing your health plan and benefits begins with UHC's digital member tools. When you register your member account with UHC, you'll gain access to a variety of exclusive benefits and services. You can also:

- **Find** a primary doctor, facility or specialist, and compare costs
- **Connect** with providers by phone or video to discuss medical conditions
- **Manage** claims and prescriptions
- **Discover** members-only resources and benefits

*Visit:* **myuhc.com**

*App:* See page **32** to download the UHC App

## Find an In-Network Provider/Facility

UnitedHealthcare makes it easy to find in-network health care providers, pharmacies, urgent care centers, hospitals and other services. To locate providers, facilities and resources that accept your plan:

*Visit:* **uhc.com**, and go to the "Find a doctor" tab

*App:* See page **32** to download the UHC App

*Note:* *When using UHC's "Find a doctor" search tool, select* **CHOICE PLUS** *when choosing your plan/network.*

In addition to scheduling a visit with a doctor or your Primary Care Physician (PCP), UnitedHealthcare offers a variety of a ways you can access care.

## 24/7 Virtual Visits

Virtual visits are a way to schedule same-day care visits for common urgent care needs, or when your primary care provider (PCP) is not available; and, with your plan, your cost is usually $0.

*Visit* **myuhc.com**

*Call:* 855.615.8335

*App:* See page **32** to download the UHC App

## In-Person Care

### Convenience Care Clinics

Convenience clinics are widely available in most cities and offer walk-ins and/or scheduled appointment medical assistance for simple medical concerns.

*Visit:* **myuhc.com**, use the "Find a Provider" tool, and search "Convenience Care Clinic"

### Urgent Care

When an appointment with your primary care provider is not available in the time frame needed, an urgent care center allows you get walk-in care for non-emergency medical issues or concerns.

## Behavioral (Mental) Health Support & Services

Your UHC health plan includes a wide-range of programs and services designed to support your mental health and well-being. With virtual or in-person care options—along with app-based support—you and your covered dependents can find and access the kind of support that's most comfortable for you.

### Employee Assistance Program (EAP)

***Your UHC plan may include*** *access to UHC Employee Assistance Program which offers eligible subscribers* ***up to 3 confidential visits with a behavioral health provider, in-person or by phone, for $0***. To begin, call your UHC EAP coordinator to speak with an EAP coordinator for a no-cost, confidential assessment and referral.

*Call:* 888.887.4114

### In-Person Mental Health Support

You can use UHC's provider search tool for assistance finding an in-network behavioral health provider.

*Visit:* **uhc.com/find-a-doctor**, and select "Find a mental health provider"

### App-Based Mental Health Support—Calm Health

The Calm Health app provides programs and tools to help support your mental health and well-being — all at your own pace. As a UHC member, Calm Health is included in your health plan and available at no additional cost.

*To access Calm Health, you'll want to begin by visiting your UHC member account.*

*Visit:* **myuhc.com**

*App:* See page **32** to download the Calm Health App

UnitedHealthcare

# Fitness & Well-Being Member Benefits

UHC MEMBER BENEFITS

## Real Appeal: Lifestyle and Weight Management Program

Your UHC plan includes access to UHC's Real Appeal, a healthy lifestyle and weight management program designed to help you build better habits across key areas to support your healthy lifestyle such as: nutrition, fitness, sleep and stress. This program is available at no additional cost to eligible members and dependents as part of your health plan benefits.

With Real Appeal, UHC members have access to: support from an on-line health coach, digital tools to help you track your food, activity and progress, along with a Success Kit to kick-start your health journey. To join and get started:

*Visit:* **enroll.realappeal.com**

Once enrolled, you may sign in to your Real Appeal|Rally account

*Visit:* **accounts.werally.com**

*App:* See page **32** to download the Real Appeal | RallyCoach App

## One Pass Select: Fitness & Well-Being Program

One Pass Select is a subscription-based fitness and well-being program to support your healthy lifestyle. Access thousands of gym locations, and digital fitness options. There are no long-term contracts, you have access to a nationwide network of gym locations, with the ability to add family members (ages 18+), and you may cancel at anytime with 30 days notice.

***To participate, you will sign in to your myuhc.com member account. For more information on the program:***

*Visit:* **uhc.com/onepassfitness**

*Call:* 866.230.2505

*App:* See page **32** to download the UHC App

## UHC Rewards Program

UHC offers members an exclusive digital rewards program just for taking care of your health. UHC Rewards allows participating members* to earn up to $300 with Core Rewards-eligible plans, and up to $1,000 with Premium Rewards-eligible plans (*per participant, per year) just for completing healthy activities!

***To participate, you will need to register for the UHC Rewards program:***

*Visit:* **myuhc.com** and select "UHC Rewards"

*Call:* 866.230.2505

*App:* See page **32** to download the UHC App

# Kaiser Permanente

## HMO Plans

**MEDICAL**
HMO

*Available to California residents only*

The medical table below provides an overview of plan coverage and benefits. For more detailed information, including prescription (Rx) drugs*, please review the full carrier plan summary and SBC available in your benefits portal.

| | Platinum 90 HMO 0/10 PCP | Gold 80 HMO 0/35 PCP |
|---|---|---|
| **Annual Deductibles & Maximums** | **In-Network** | **In-Network** |
| Individual Deductible (ded) | $0 | $0 |
| Family Deductible | $0 | $0 |
| Individual Out-of-Pocket Max | $3,000 | $7,700 |
| Family Out-of-Pocket Max | $6,000 | $15,400 |
| **Copays \| Coinsurance** | | |
| Office Visits – Primary/Specialist | $10/$20 | $35/$60 |
| Preventive Care | No charge | No charge |
| Most Lab/X-Ray | $20/$40 | $30/$40 |
| Chiropractic Care | $15; 20 visits/yr | $15; 20 visits/yr |
| Mental Health Outpatient | $10 | $35 |
| Urgent Care | $10 | $35 |
| Emergency Room | $200 (waived if admitted) | $350 (waived if admitted) |
| Inpatient Hospital | $500/admit | $600/day up to 5 days |
| **Prescription Drug (Rx)* Copays \| Coinsurance** | | |
| Tier 1 (Most Generics) | $5 | $15 |
| Tier 2 | $15 | $50 |
| Tier 3 | $15 | $50 |
| Tier 4 | 10%; $250 max/script | 20%; $250 max/script |

Monthly premiums and employee costs are age specific. Log-in to your benefits portal to view your specific costs.

# Kaiser Permanente

## Find Care

KAISER RESOURCES

*Available to California residents only*

### Kaiser Member Website

Maximizing your health plan and benefits begins with Kaiser's member website. When you register your account with Kaiser, you'll gain access to a variety of members-only benefits and services. In addition, you can:

- **Find** a primary doctor
- **Contact** your doctor by e-mail
- **Manage** claims and prescriptions
- **Discover** members-only resources and benefits

*Visit:* **kp.org**, or sign-in to your existing **Kaiser member account**

*App:* See page **32** to download the Kaiser App

### Find a Doctor/Facility

As a member of Kaiser Permanente, you will utilize Kaiser's providers and facilities from The Permanente Medical Group (TPMG). If new to Kaiser, you will begin by choosing a personal doctor convenient to your home or work. Kaiser makes it easy to find and choose your personal doctor, pharmacies, urgent care centers, hospitals and other services. If you have not yet selected your personal (primary) doctor:

*Visit:* **kp.org**, and go to the "Doctors and Locations" tab

*Call:* 800.464.4000

*App:* See page **32** to download the Kaiser App

In addition to scheduling an appointment with your Kaiser physician, there are additional convenient care options from a 24/7 advice line to quick, on-line e-visits, and more.

### Kaiser Telehealth

For some health problems, a phone or video call with a doctor or nurse can save you time and money.

*Visit:* **kp.org** and sign-in to your account

*Call:* 650.358.7015 *in Northern California*

You can even call 24/7 if you have an urgent or immediate concern that can't wait for a routine visit.

*Call:* 866.454.8855 for urgent appointments and advice

### Care While Traveling

Kaiser has you covered while you're away from home. For assistance, or to learn more about travel coverage:

*Visit:* **kp.org/travel**

*Call:* 951.268.3900

# Kaiser Permanente

## Member Benefits & Programs

KAISER RESOURCES

*Available to California residents only*

### Mental Health & Well-Being Support

Whether you're having a hard time mentally or emotionally, you can connect with a mental health professional, and no referral is needed. Kaiser's mental health support includes access to providers, services, and programs to support your total health: mind, body, and spirit.

#### Types of Mental Health Care & Support

Kaiser offers individual and/or group therapy, health classes, medication support, and self-care resources. Mental health care is accessible in-person, by video, or phone. To learn more about the types of care available, and how you can access mental health support and services:

*Visit:* **Kaiser Mental Health**

*Call:* 800.390.3503

#### Wellness Support

To learn more about additional wellness resources, including digital apps to support you with concerns with sleep, stress, anxiety, and more:

*Visit:* **Kaiser Wellness Resources**

*App:* See page 32 to download self care Apps included with your Kaiser membership.

### Kaiser Wellness Programs & Discounts

As a Kaiser member, you have access to a wide range of programs designed to help you save money and take better care of yourself. To learn more about these offers and more as a benefit of your Kaiser membership:

*Visit:* **Kaiser Fitness Deals**

To learn more about Kaiser wellness programs and classes:

*Visit:* **Kaiser Health and Wellness**

# Navia Benefit Solutions

## Supplemental Benefits Plan

**EBHRA**

## Overview of Benefit

In support of mental health expenses that are not fully covered by your selected medical plan, Zoho provides employees a Supplemental Benefits Plan. This additional benefit is facilitated through a Excepted Benefit Health Reimbursement Account (EBHRA), administered by Navia Benefit Solutions. The plan reimburses you, up to federal-allowed limits, for eligible expenses.

**Your EBHRA account runs on the calendar year, beginning January 1st and continuing through December 31st.**

## Qualified Expenses

**Funded by Zoho, the EBHRA will reimburse eligible expenses, up to an annual maximum of $2,150.**

*Note: Mid-year new hires will receive a pro-rated benefit amount.*

| Mental Health Support* |
|---|
| Licensed Therapist |
| Licensed Psychologist |
| Licensed Psychiatrist |
| Licensed Psychologist |
| Licensed Psychotherapy |

**Per federal guidelines, the above expenses are eligible under 213(d) and can be eligible under an EBHRA. Please note, therapy/counseling—such as marriage or family counseling—not required for a medical or mental purpose will typically not qualify.*

## How an EBHRA Works

Once you've incurred an eligible expense and your patient responsibility has been determined, you may submit a claim to Navia for reimbursement.

If your expenses are covered by insurance, you must wait until your insurance carrier has applied your benefits before using the EBHRA to pay for any remaining patient responsibility. If you do not claim your full balance by the end of the plan year, **unused funds will not rollover to the following plan year.**

## How to Set-up Your EBHRA

Your EBHRA is administered by Navia Benefit Solutions. To set up your account:

*Visit:* naviabenefits.com, select "I'm a participant", and **enter Employer Code: ZHO**.

*App:* See page 33 to download the Navia App

## Submitting Claims for Reimbursement

1. **Log-in** to the Navia benefits portal to complete a claim form, itemize your expenses, and list the total amount of your claim.
2. **Attach** an itemized statement that includes the date, type and cost of service. Ideal forms of documentation include an Explanation of Benefits (EOB) from your insurance carrier or an itemized statement from the provider.
3. **Submit** the claim form and supporting documentation to Navia. The most efficient way to submit a claim is by using the on-line claim submission Navia App. Allow 2 business days for your claim to be reviewed and processed once it has been received.
4. Reimbursements are processed weekly on Tuesday. Reimbursements will be directly deposited into your bank account or a check mailed to your home. Direct deposits may take 1-2 days to post to your bank account.
5. You will have 60 days to submit claims at the end of the plan year. If your employment is terminated, or you lose EBHRA coverage, you will have 60 days after your date of termination to submit claims for expenses incurred prior to your benefit termination date.

## Using Navia Mobile Pay

To take advantage of Navia Mobile Pay:

- Open your digital wallet (Apple | Google | Samsung)
- Enter your Navia debit card details
- Complete the authentication process

And begin using your digital wallet to pay for eligible expenses.

# MetLife Dental

## PPO Dental Plans

DENTAL

You will receive stronger benefits and coverage when using a contracted, In-Network dentist. To find the most up-to-date list of MetLife in-network dental providers:

*Visit:* metlife.com

*Call:* 800.942.0854

*App:* See page 32 to download the MetLife App

If you choose to see an out-of-network dentist, your costs may be higher, and an out-of-network dentist can "balance bill" you for the difference between the contracted allowance and their fee.

*This table provides an overview of the benefits and coverage. For more detailed information, please review the carrier's full plan summary, available on-line in your benefits platform.*

| | Low PPO Plan | | High PPO Plan *w/Orthodontia* | |
|---|---|---|---|---|
| **Deductible & Annual Benefit** | **In-Network Dentists** | **Out-of-Network Dentists** | **In-Network Dentists** | **Out-of-Network Dentists** |
| **Annual Deductible**<br>Waived for Preventive services | $50 \| Individual<br>$150 \| Family | $50 \| Individual<br>$150 \| Family | $25 \| Individual<br>$75 \| Family | $25 \| Individual<br>$75 \| Family |
| **Annual Maximum**<br>Annual benefit amount paid by the plan | **$2,500 per person** | | **$4,000 per person** | |

**Plan Pays**

| Service Type | Negotiated Fee Schedule | 99% of UCR* | Negotiated Fee Schedule | 99% of UCR* |
|---|---|---|---|---|
| **Preventive and Diagnostic Services**<br>Oral exams, cleanings, and x-rays | 100% | 100% | 100% | 100% |
| **Basic Services**<br>Fillings, extractions, endodontics, and periodontics | 90% | 90% | 90% | 90% |
| **Major Services**<br>Crowns,dentures, bridges, and implants | 60% | 60% | 65% | 65% |
| **Orthodontia**<br>Adults and dependent children to age 26 | Not covered | | 50% | 50% |
| **Orthodontia Lifetime Maximum**<br>Per individual | N/A | | **$2,000** | |

Limitations and exclusions may apply to some benefits.

**UCR - Usual, Customary and Reasonable: The amount paid for a dental service in a geographic area based on what providers in the area usually charge for the same or similar dental service. The higher the UCR %, the lower potential balance billing will occur.*

# VSP Vision Plan

## Choice $10/$25

VISION

To take full advantage of your vision plan and pay the least out-of-pocket, visit a VSP provider. To find the most updated list of VSP in-network providers:

*Visit:* vsp.com

*Call:* 800.877.7195

*App:* See page 33 to download the VSP App

If you receive services from an out-of-network provider, you will be responsible for paying at the time of service. You may then request the allowed reimbursement from VSP.

*This table provides an overview of the benefits and coverage. For more detailed information, please review the carrier's full plan summary, available on-line in your benefits platform.*

| Benefit | Description | Copay | Frequency |
|---|---|---|---|
| **Well Vision Exam** | Focus on your eyes and overall wellness | $10 | Every calendar year |
| **Prescription (Rx) Glasses** | | $25 | |
| **Frames** | • $250 frame allowance*<br>• 20% savings on the amount over the allowance<br>• $135 Costco frame allowance | Included in Rx Glasses | Every calendar year |
| **Lenses** | • Single vision, lined bifocal, and lined trifocal lenses<br>• Impact-resistant lenses for dependent children | Included in Rx Glasses | Every calendar year |
| **Lens Enhancements** | • Anti-glare coating<br>• Tints/light-reactive lenses<br>• Scratch-resistant coating<br>• Standard progressive lenses<br>• Premium progressive lenses<br>• Custom progressive lenses | $0<br>$0<br>$0<br>$0<br>$95 - $105<br>$50 - $175 | Every calendar year |
| **LightCare** | $250 allowance for ready-made non-Rx sunglasses, or ready-made non-Rx blue light filtering glasses, instead of Rx glasses or contacts<br>*This benefit is only available through a VSP Provider* | $25 | Every calendar year |
| **Contacts**<br>(Instead of Rx Glasses) | • $200 contacts allowance*<br>• Contact lens exam (evaluation and fitting) | Up to $60 | Every calendar year |
| **Essential Medical EyeCare**** | • Retinal screening for members with diabetes<br>• Additional exams and services beyond routine care for immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more | $0<br>$20 per exam | As needed |
| **Additional Savings** | **Glasses and Sunglasses**<br>Extra 20 - 30% savings. See VSP summary for details. | | |
| | **Routine Retinal Screening**<br>Maximum $39 copay as an enhancement to Well Vision Exam. | | |
| | **Laser Vision Corrections**<br>Average 5% - 15% savings; discount available only from contracted facilities. | | |

**Allowance on frames and/or contacts from certain retailers may vary.*
***Coordination with your medical coverage my apply.*

Navia Benefit Solutions

# Health Care Flexible Spending Account

HEALTH CARE **FSA**

## Health Care FSA Overview

A Healthcare FSA can help you save an average of 20-30% on eligible health care expenses every plan year. The amount you contribute to your Health Care FSA is deducted from your paycheck before federal, state, local, and social security taxes are withheld. When you have an eligible expense, you are reimbursed from your account, and the money is not taxed.

**Your Heath Care FSA runs on the calendar year, from January 1st through December 31st.**

*Please note, if you elect to participate in the Health Care FSA, you must re-enroll each year.*

## Health Care Reimbursement Account

A Health Care Flexible Spending Account (FSA) is an expense account that works with your health plan, allowing you to set aside a portion of your salary on a pretax basis to pay for **IRS-eligible expenses**. There are more than 38,000 ways you can use your FSA funds. You can use a Healthcare FSA for eligible medical, dental, vision, over-the-counter and/or prescription drug expenses.

| Health Care FSA | 2025 |
|---|---|
| **Annual Maximum Contribution** *per calendar year* | $3,300 |
| Amount you may carryover at the end of the plan year | $660 |

## How to Set-up Your Navia FSA

Your FSA is administered by Navia Benefit Solutions. To set up your account:

*Visit:* **naviabenefits.com**, select "I'm a participant", and **enter Employer Code: ZHO**.

*Call:* 800.669.3539

*App:* See page **33** to download the Navia App

## Accessing Your FSA Benefits

Just swipe your Navia (Debit) card or use Navia Mobile Pay (Apple or Android digital wallet) to pay for eligible expenses. Funds come directly out of your FSA and are paid to the provider. You can also submit claims directly through Navia's FSA website or mobile app. To receive reimbursement from your FSA account, eligible expenses must be incurred–services received–during the plan year while you are/were an active participant.

Claims must be received by Navia within the grace period, generally 60-90 days after the plan year ends. Terminated employees: FSA eligible expenses you submit must have been incurred on or before date of termination.

## Special Note

**If you enroll in a Health Savings Account (HSA)-qualified medical plan**, you may participate in a limited purpose FSA for dental and vision expenses ONLY. If offered by your employer, you will use your HSA for all qualified medical expenses.

Navia Benefit Solutions

# Dependent Care Flexible Spending Account

DEPENDENT CARE **FSA**

## Dependent (Day) Care FSA Overview

A Dependent Care FSA can help you save up to $1,500 a year on day care expenses eligible every year. The amount you contribute to your Dependent Care FSA is deducted from your paycheck before federal, state, local, and social security taxes are withheld. When you have an eligible expense, you are reimbursed from your account, and the money is not taxed.

**Your Dependent Care FSA runs on the calendar year, from January 1st through December 31st.**

*Please note, if you elect to participate in the Dependent Care FSA, you must re-enroll each year.*

## Dependent (Day) Care Reimbursement Account

The Dependent Day Care portion of the FSA allows employees use pre-tax dollars toward qualified dependent day care. Common qualifying expenses include:

- The cost of care for dependent children up to age 13
  *Preschool, day care, camps, a nanny or au pair, before/after school care*
- Elder care, Disabled dependent care expenses

| **Dependent Day Care** *Annual Maximum Contribution* | **2025** |
|---|---|
| Married filing separately | $2,500 |
| Individuals, or married couples filing jointly | $5,000 |

## Zoho Contributions to Your FSA

**Zoho will make an annual dollar-for-dollar matching contribution of up to $2,500 (individual or married) to benefits-eligible employee's Dependent Care FSA, based on employee's Dependent Care FSA contributions of up to $2,500 annually.**

## How to Set-up Your Navia FSA

Your FSA is administered by Navia Benefit Solutions. To set up your account:

*Visit:* naviabenefits.com, select "I'm a participant", and **enter Employer Code: ZHO**.

*App:* See page 33 to download the Navia App

## Accessing Your FSA Benefits

Just swipe your Navia (Debit) card or use Navia Mobile Pay (Apple or Android digital wallet) to pay for eligible expenses. Funds come directly out of your FSA and are paid to the provider. You can also submit claims directly through Navia's FSA website or mobile app. To receive reimbursement from your FSA account, eligible expenses must be incurred–services received–during the plan year while you are/were an active participant.

Claims must be received by Navia within the grace period, generally 60-90 days after the plan year ends. Terminated employees: FSA eligible expenses you submit must have been incurred on or before date of termination.

# Navia Benefit Solutions

## Lifestyle | Wellness Spending Account

LSA

### LSA Overview

A Lifestyle Spending Account (LSA) is a Zoho-funded, post-tax account that reimburses employees for eligible expenses related to your physical health and well-being. This benefit is for Zoho benefits-eligible employees only; spouse/domestic partner and dependent children are not included. *Note: new hires will receive a pro-rated benefit amount.*

**Zoho funds the Lifestyle | Wellness Spending Account up to an annual maximum benefit of $500.**
*Note: Mid-year new hires will receive a pro-rated benefit amount.*

**Your LSA runs on the calendar year, from January 1st through December 31st.**

### Eligible Expenses

This supplemental plan reimburses employees for eligible, fitness-related expenses, including:

- Gym and health club memberships
- Group or individual exercise classes
  - Yoga, Pilates, personal training, aerobics, etc.
- Nutrition counseling with a certified Dietitian
- Weight management program fees
  - WW, Jenny Craig, etc.
- Exercise apps, DVDs, and videos
- Home fitness equipment
  - Treadmill,stationary or trail bike, elliptical or rowing machine, hand weights, etc.

### Submitting LSA Claims

Your LSA is administered by Navia Benefit Solutions. To set up your account:

*Visit:* naviabenefits.com, select "I'm a participant", and **enter Employer Code: ZHO**.

*App:* See page 33 to download the Navia App

***If you participate in an FSA, please do not use the Navia debit card to pay for Lifestyle|Wellness expenses.***

Wellness-related expenses are submitted with an itemized statement/receipt directly through Navia's FSA website or mobile app, and Navia will process your claim and send you a reimbursement.

Claims must be received by Navia within 60 days after the plan year ends. Terminated employees have 60 days after your termination to submit claims incurred prior to your benefit termination date.

MetLife

# Income Protection Plans

DISABILITY & LIFE INSURANCE

## Short-Term Disability Insurance

In the event you become sick or disabled for more than 7 days, you may be eligible to receive Short-Term Disability (STD) benefits on a weekly basis, up to 12 weeks.

Paid for by Zoho, the STD plan is administered by MetLife, and coordinates with any applicable state disability program, to bring your weekly benefit up to 66 2/3% of your salary.

## Long-Term Disability Insurance

In the event you remain sick or disabled for more than 90 days, you may be eligible to receive Long-Term Disability (LTD) benefits on a monthly basis as long as you are deemed "disabled", or until you reach normal Social Security retirement age.

Paid for by Zoho, the LTD plan is administered by MetLife, and coordinates with any applicable state disability program, to bring your monthly benefit up to 66 2/3% of your salary.

## Term Life with AD&D Insurance

Term Life with Accidental Death and Dismemberment (AD&D) insurance can provide financial resources for your family or loved ones in the event of your death, or terminal illness.

Life insurance is paid to your beneficiaries after your death, while AD&D is paid in the event of an accidental death, or for certain accidental injuries. If you leave the company, you may be able to convert to an individual plan.

***Note: Your beneficiaries are entered and updated in your benefits platform.***

| Insurance Type | Coverage | Maximum Benefit | Benefit Duration |
|---|---|---|---|
| **Short-Term Disability** | 66 2/3% of weekly earnings; coordinates with state disability programs, where applicable | $2,000 per week | Begins on 8th day of disability up to 12 weeks |
| **Long-Term Disability** | 66 2/3% of monthly earnings; coordinates with state disability programs, where applicable | $13,000 per month | Begins on 91st day of disability until age 65, or normal Social Security age |
| **Term Life w/AD&D** | 2x basic annual earnings rounded to the next higher $1,000 | $600,000 | Paid at time of death to designated beneficiary |

*Benefits listed above are a summary only. Please refer to carrier plan summary available in your Benefits portal for specific policy details, including policy limitations and exclusions.*

MetLife

# Voluntary Term Life w/AD&D

VOLUNTARY
**LIFE INSURANCE**

## Overview

Employees who wish to purchase additional, supplemental Term Life w/AD&D insurance may purchase coverage at discounted rates for: yourself, your spouse or domestic partner and/or child/ren. You must elect supplemental coverage for yourself in order to elect coverage for your dependents.

When you enroll in this benefit, you pay the full cost through payroll deductions. If your employment with Zoho ends, you may convert your coverage to an individual policy.

## Guaranteed Issue

If you enroll as a new hire, you are guaranteed $100,000 of coverage without any medical questions, or proof of good health. Any amount over the guaranteed issue requires completion of a Statement of Health form. This form must be approved by MetLife before the higher amount of supplemental coverage is effective.

**If you enroll for this benefit after your initial hire date, or are applying for additional coverage during Open Enrollment, you will be required to complete a Statement of Health form for approval by MetLife.**

| Voluntary Term Life w/ AD&D Insurance | Coverage | Maximum Benefit | Guaranteed Issue |
|---|---|---|---|
| **Employee** | Increments of $10,000 | The lesser of 5 times your Basic Annual Earnings, or $500,000 | Up to $100,000 new employees only |
| **Spouse** | Increments of $5,000 | $100,000 not to exceed 50% of the employee amount | Up to $20,000 new employees only |
| **Child/ren** *Ages 6 months through 19 years (25 if full-time student)* | Flat amounts: $1,000, $2,000, $4,000, $5,000 or $10,000 | $10,000 | Up to $10,000 |

*Spouse amount cannot exceed 50% of the employee's approved Voluntary Life benefit. Benefits for children under 6 months of age are limited.*

### Voluntary Term Life w/AD&D Insurance

*Example costs per pay period*

| Age | $50,000 | $100,000 | $150,000 | $200,000 | $250,000 |
|---|---|---|---|---|---|
| **Under 30** | $2.20 | $4.40 | $6.60 | $8.80 | $11.00 |
| **30 - 34** | $2.48 | $4.95 | $7.43 | $9.90 | $12.38 |
| **35 - 39** | $2.75 | $5.50 | $8.25 | $11.00 | $13.75 |
| **40 - 44** | $3.88 | $7.75 | $11.63 | $15.50 | $19.38 |
| **45 - 49** | $5.88 | $11.75 | $17.63 | $23.50 | $29.38 |
| **50 - 54** | $9.13 | $18.25 | $27.38 | $36.50 | $45.63 |
| **55 - 59** | $14.08 | $28.15 | $42.33 | $56.30 | $70.38 |
| **60 - 64** | $20.98 | $41.95 | $62.92 | $83.90 | $104.88 |
| **65 - 69** | $33.45 | $66.90 | $100.35 | $133.80 | $167.25 |
| **70 - 99** | $62.85 | $125.70 | $188.55 | $251.40 | $314.25 |

MetLife

# Employee Assistance Program

EAP

## Overview of Your EAP

MetLife's LifeWorks Employee Assistance Program (EAP), sponsored by Zoho and provided by TELUS Health One, is available to you and your eligible household members at no extra cost. Your EAP offers confidential help and support for with: family, work, money, legal, identity theft recovery, health, and everyday life.

*Call:* 888.319.7819

*Visit:* **metlifeeap.lifeworks.com**, and enter: Username: **metlifeeap** | Password: **eap**

*App:* See page **33** to download the TELUS Health One App

## EAP Mental Health Support & Services

### In-Person or Virtual Counseling

*Receive up to 5 in-person (or virtual) sessions for a wide-range of personal topics with a licensed counselor* for you and your eligible household members, per issue, per calendar year.

### Unlimited, 24/7 On-line or Phone Support

Call the number above to speak with a counselor, or schedule an in-person or video conference appointment.

## Work/Life Assistance & Resources

### Referral and Specialist Services

Unlimited access to on-line tools designed to help you connect with support and resources across a wide range of topics including: family, work, financial, legal, identity theft recovery, health, and everyday life.

# ID Watchdog | Equifax

## Identity Theft Protection Services

**ID THEFT PROTECTION**

### A Benefit to Help Protect Your Identity

Zoho offers a voluntary benefit for protection against identity theft through ID Watchdog.

ID Watchdog helps warn you when your personal information is stolen, and helps you better protect yourself and your family from identity fraud—when stolen information is used for illicit gain. You'll have greater peace of mind knowing you don't have to face the complexities of identity theft alone.

### ID Watchdog Platinum

ID Watchdog Platinum offers powerful features to help you:

| Control and Manage | Monitor and Detect | Support and Restore |
|---|---|---|
| Credit report lock \| Multi-bureau | Dark web monitoring | Fully-managed resolution services |
| Blocked inquiry alerts \| One bureau | Data breach notifications | On-line resolution tracker |
| Sub-prime loan lock | High-risk transactions monitoring | Up to $1MM ID Theft insurance with 401(k)/HSA stolen funds reimbursement |
| Financial accounts monitoring | Public records monitoring | Lost wallet vault and assistance application alerts |
| Social accounts/s monitoring and take-over alerts | USPS change of address monitoring | Deceased family member fraud remediation |
| Registered sex offender reporting | identity profile report | Credit freeze assistance |
| Customized alert options, and more | VantageScore credit scores, and more | |

### Benefit Support

*Call*: 866.513.1528 to speak with the ID Watchdog customer care team.

*Visit*: idwatchdog.com

*App:* See page 33 to download the ID Watchdog App

### ID Watchdog Platinum Plan

**Zoho pays 50% of the monthly premium** ($12.95/employee, $22.95/employee + family) **for the ID Watchdog Platinum plan.** On the employee-only plan, an individual, under age 18, may be added to the account at no additional cost.

| Zoho employee cost | | |
|---|---|---|
| | Per month | Per pay period |
| Employee-only | $6.48 | $3.24 |
| Employee + Family | $11.48 | $5.74 |

# Rocket Lawyer

## Legal Support & Services

LEGAL SUPPORT

### Benefit Overview

This Zoho-funded benefit provides eligible employees access, and a free membership, to the entire Rocket Lawyer platform. Benefits are available to employees and immediate family members, including a spouse or partner and minor children.

With Rocket Lawyer, access the legal help you need: estate planning, getting married, buying a home, starting a family / elder care, landlord / tenant issues, and more. Your free membership includes:

**Documents**
Make all the legal documents you need with built-in disputer protection

**RocketSign©**
Sign electronically and securely, and invite others to sign. Add your own documents and sign the ones you make on Rocket Lawyer.

**Ask a Lawyer**
Ask a lawyer questions on-line or get a free 30-minute phone consultation (one per issue), A lawyer will also review any document, up to 10 pages, at no cost to you (limited to two documents per member, per month).

**Tax Preparation**
Let Rocket Lawyer do your taxes at a 50% discount. Taxes are completed by an CPA or EA.

**Additional Discounts**
Hire any lawyer from Rocket Lawyer's nationwide network for 40% off their hourly rate.

### Using the Program

*Visit*: **rocketlawyer.com**, and register using your Zoho company email address.

*Call*: 877.881.0946 between 6 AM - 6 PM PST to speak with a Rocket Lawyer customer care team.

*Email:* **benefitssupport@rocketlawyer.com**

*App:* See page **33** to download the Rocket Lawyer App

Fidelity Investments

# 401(k) Retirement Plan

401(k)

## 401(k) Plan Overview & Eligibility

Administered by Fidelity Investments, Zoho's 401(k) retirement plan allows you to save and invest in your future by setting aside a portion of each paycheck into a tax-qualified retirement savings plan.

**Employees, age 21+ years old are automatically enrolled in Zoho's 401(k) plan at a 3% salary deferral rate after your first payroll period has processed.**

***Zoho offers a generous company match on your salary deferrals into the plan, 100% on your first 3% of salary deferred, and 50% on the next 2% of salary deferrals.****

## Plan Enrollment & Access

To enroll in the 401(k) plan, if not previously registered with Fidelity or NetBenefits:

*Visit:* netbenefits.com/easy

*Text:* "START" to 343898

After enrollment, you may access your plan benefits:

*Visit:* netbenefits.com

## 401(k) Contribution Limits

You may contribute between 0% and 100% of eligible compensation, up to IRS annual contribution limits:

| 2025* IRS Annual 401(k) Contribution Limits | |
|---|---|
| **401(k) Elective Deferrals** (up to age 50) | $23,500 |
| **Catch-up Contributions** (age 50-60) | $8,000 |
| **Catch-up Contributions** (age 60-63) | $12,000 |

**Projected IRS 2025 contribution limits, subject to change pending IRS release of 2025 401(k) limits.*

## Rollover Contributions

Take advantage of the strong lineup of investment options by rolling over any retirement savings from a previous 401(k), 403(b), or another tax-qualified plan. Transfer your money any time. Contact Fidelity customer service for details.

## Why Invest in a 401(k)?

For most Americans, Social Security provides less than half of the income needed in retirement! Contributing to your company's 401(k) Retirement Plan provides you with distinct advantages in saving for retirement:

### Tax Advantages

Contributions are taken out before taxes are calculated, and your money grows tax deferred, which means your savings will grow faster! If you elect Roth deferrals, your contributions are taken after tax, and your investments grow tax-free, with no tax on distributions in retirement.

### Maximize Your Contributions

***Be sure to contribute at least 5% to your 401(k) plan to receive the maximum match by Zoho.***

### Long-Term Growth

Contributions received are invested in market-based stock, bond, or fixed income investment funds. Short term fluctuations in value may occur, but over time, the power of staying invested will result in a substantial nest egg for your future!

## Zoho 401(k) Plan Education

Zoho has prepared a 401(k) plan educational video for employees. To view:

*Visit:* workdrive.zohoexternal.com

# Mobile Apps & Bookmarks

**It's never been easier to access information designed to help you get the most from your benefits!**

Set-up website bookmarks for easy access to your insurance plans. Prefer the flexibility to manage claims, appointments, and access information on-the-go? Scan the QR codes provided below to download mobile apps connecting you—on any mobile device—to your insurance carriers, plan administrators, and members-only resources.

## Zoho Benefits Administration

| | Mobile App | Website | Notes |
|---|---|---|---|
| **Zoho's Ease**<br>Benefits Administration | | zoho.ease.com | *Zoho's benefits administration portal.* ***Please note this is view-only access—****not for benefits enrollment &/or changes.* |

## Insurance Carriers | Plan Administrators

| | Mobile App | Website | Notes |
|---|---|---|---|
| **UnitedHealthcare**<br>Medical | | myuhc.com | *Find care and pricing, refill prescriptions, access ID card, check benefits & coverage, view claims & access virtual care.* |
| **UnitedHealthcare**<br>Mental Health Support<br>*Calm Health* | | app.calmhealth.com | *Unlock the benefits of Calm Health. Calm will be your guide to a better relationship with your mental and physical health.* |
| **UnitedHealthcare**<br>**Fitness & Wellness**<br>*Real Appeal \| RallyCoach* | | coaching | *Schedule appointments, contact care provider, manage claims & prescriptions, access digital ID card, find care locations (including urgent care), review coverage, health history, and more.* |
| **Kaiser Permanente**<br>Medical | | kp.org | *Schedule appointments, contact care provider, manage claims & prescriptions, access digital ID card, find care locations (including urgent care), review coverage, health history, and more.* |
| **Kaiser Permanente**<br>Mental Health Support<br>*Calm • Headspace • myStrength* | | kp.org | *Sign in to kp.org before making a Calm, Headspace, and/or myStrength account. Kaiser members can set up available self-care accounts at no additional cost.* |
| **Optum Bank**<br>Health Savings Account | | optumbank.com | *Access your Health Savings Account from anywhere, including the ability to pay with your digital wallet.* |
| **MetLife**<br>Dental | | metlife.com | *Search for providers, view claim status & history, access digital ID card, and contact customer support.* |

CONTINUED ON NEXT PAGE

# Mobile Apps & Bookmarks, continued

**It's never been easier to access information designed to help you get the most from your benefits!**

Set-up website bookmarks for easy access to your insurance plans. Prefer the flexibility to manage claims, appointments, and access information on-the-go? Scan the QR codes provided below to download mobile apps connecting you—on any mobile device—to your insurance carriers, plan administrators, and members-only resources.

## Insurance Carriers | Plan Administrators

| | Mobile App | Website | Notes |
|---|---|---|---|
| **VSP**<br>Vision | | vsp.com | *View benefit coverage, access member ID card, find a doctor, access member extras, shop eyewear, contacts & plans.* |
| **Navia Benefit Solutions**<br>FSA \| EBHRA \| LSA | | naviabenefits.com | *Submit claims, view account balances, access list of eligible expenses for payment or reimbursement.* |
| **MetLife**<br>Income Protection Plans | | metlife.com | *Review claim information and make updates, report absences; contact your case manager and upload relevant documents; setup and update direct deposit information.* |
| **MetLife**<br>Employee Assistance Program<br>*TELUS Health One* | | metlifeeap.lifeworks.com | *Username: metlifeeap \| Password: eap* |
| **ID Watchdog \| Equifax**<br>Identity Theft Protection | | idwatchdog.com | *Receive fraud alerts, drill into alert details and history, check credit score and credit history, manage the contents of your wallet in case of loss or theft, and more.* |
| **Rocket Lawyer**<br>Legal Support & Services | | rocketlawyer.com | *The mobile app offers legal advice from a national network of verified, licensed attorneys. Ask a lawyer through the app and get an answer within 1 business day. Make contracts by answering simple questions to easily make and customize it. You can even sign contracts electronically with RocketSign and invite others to sign, all from the comfort of your phone!* |
| **Fidelity Investments**<br>401(k) Retirement Plan | | fidelity.com | *Select Fidelity NetBenefits tab to download from the QR code, or URL link provided.* |

# Mindshare Group

# Medicare

## Medicare Overview

Medicare is a federal health insurance program primarily for retirees age 65+. However, there are other circumstances where it can apply, including certain disabled people under age 65, anyone with kidney failure, and occasionally individuals who are still working but chose to transition to Medicare before retirement.

## What Happens at Age 65?

During the months leading up to your 65th birthday, you will begin to receive various marketing communications regarding enrollment in Medicare, Medicare Advantage, and Medicare Supplemental coverage. The relevance of this information depends on your situation:

If you are continuing to work and remain eligible for employer-based benefits, you can defer Medicare enrollment until retirement without restrictions or penalties. Generally this option is best, due to the substantial employer funding of health insurance premiums, and the strength of prescription drug coverage under most employer plans. The employer group prescription benefits must meet the "creditable coverage requirement" on the month you turn 65. Anyone on HDHP employer group plans may have to change plans.

If you are retiring, this information is pertinent, but can be overwhelming. Six months prior to turning 65 is an ideal time to discuss your needs and coverage options with a qualified Medicare advisor who can guide you in the process of evaluating plan options and enrolling in coverage.

## For More Information on Medicare

For information regarding Medicare and Supplemental Medicare insurance plans—

*Visit:* **mindsharegroup.com/about-medicare**

If you wish to speak to a Medicare Advisor regarding Medicare, Medicare Advantage and Medicare Supplemental plans and costs, including Prescription Drug coverage with Medicare Part D, please contact Mindshare Group's dedicated Medicare Advisor.

*Call:* Paul Unpingco at 925.227.9900 x116
*Email:* **paul@mindsharegroup.com**

## When to Sign-up for Medicare

Most people turning 65 have contributed to Medicare via payroll taxes for many years. If you have been paying Medicare taxes for more than 10 years, or 40 quarters, there is no premium for Medicare Part A. In general, with one exception, enrolling in Part A is fine, even if you remain on employer-sponsored group coverage. **The ONE EXCEPTION is for those on a High-Deductible plan who are contributing to a Health Savings Account (HSA). Due to more recent IRS rules, you are NOT eligible to contribute to an HSA if you are enrolled in Medicare Part A. In these circumstances, signing up for Part A is NOT recommended.**

Anyone enrolling in Medicare Part B pays a premium for coverage. If you are continuing coverage under your employer plan (recommended), then it is best to defer Part B until retiring and moving to full Medicare coverage. There are no restrictions or penalties to defer Part B as long as you maintain employer sponsored group coverage from the month you turn 65.

Other factors to consider are the income related adjustment for highly compensated individuals, those with high cost prescription medications, if your spouse has not turned 65, and if you work for an employer with fewer than 20 employees.

Once you determine that you are enrolling in Medicare coverage, you must make the transition within 63 days of losing employer group coverage (COBRA does not qualify as employer group coverage. Note: We highly recommend a thorough evaluation with your trusted financial advisor (CFP or CPA relative to the impact of your decision).

# Annual Notices

## Medicare Part D Creditable Coverage Notice

If you or any of your eligible dependents are eligible for Medicare, or will soon become eligible for Medicare, please read this notice. If not, you can disregard this notice.

This notice has information about your current prescription drug coverage under the health plan and about 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 at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

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

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- The prescription drug coverage offered under your employer PPO or HMO health plans, on average for all plan participants, is expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (or penalty) if you later decide to join a Medicare drug plan. NOTE: If you are covered under a High-Deductible Health Plan (HDHP) with no prescription drug coverage until meeting your annual plan deductible, your health plan may not be considered Creditable Coverage. If this applies, please contact Mindshare Group for clarification and to avoid potential penalties under Medicare Part D.

**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 available at **www.medicare.gov/medicare-and-you**. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

*Visit:* **www.medicare.gov/drug-coverage-part-d**, or

*Visit:* **www.shiphelp.org** for personalized help

**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 (2) month Special Enrollment Period (SEP) 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 coverage may be affected. Contact your plan administrator for an explanation of the prescription drug coverage plan provisions/options under the plan available to Medicare eligible individuals when you become eligible for Medicare Part D. If you do decide to join a Medicare drug plan and drop your current Employer coverage, be aware that you and your dependents may not be able to get this coverage back.

**What Triggers the Part D Late Enrollment Penalty?**

If you drop or lose your current Employer coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (or penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium will be subject to the Part D late enrollment penalty. For example, if you go 19 months without creditable coverage, you will pay 19% of the national average Part D premium. This penalty will be added to your monthly premium for life. In addition you may have to wait until October to enroll in a Part D plan where coverage would begin on January 1st.

# Annual Notices

The Health Insurance and Portability and Accountability Act (HIPAA), the Affordable Care Act (ACA), the Centers for Medicare and Medicaid Services, and the Department of Labor require that we provide various notices to eligible employees. Many of these notices are included on the following pages, and other notices are available on-line or upon request.

## Continuation Coverage Rights Under COBRA
## Consolidated Omnibus Budget Reconciliation Act

If you are enrolled in an employer sponsored health plan(s), you and your enrolled spouse and/or dependents may be eligible for COBRA continuation coverage due to employment termination or reduction of work hours. COBRA is a temporary extension of health plan coverage that generally lasts for 18 months. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

A spouse and dependent children also qualify for COBRA coverage due to any of the following qualifying events:

- Divorce or legal separation from primary subscriber (employee), or
- Primary subscriber (employee) enrolls in Medicare benefits, or
- Death of primary subscriber (employee)

Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

Under COBRA, monthly health plan premiums are paid directly by the subscriber to a third party administrator or directly to insurance carrier(s). Additional fees for administration of COBRA may apply.

For all qualifying events, if you elect to continue your coverage under COBRA, you must notify the Plan Administrator within 60 days after the qualifying event occurs.

Questions concerning your COBRA continuation coverage should be directed to your employer. The Health Insurance and Portability and Accountability Act (HIPAA), the Affordable Care Act (ACA), the Centers for Medicare and Medicaid Services, and the Department of Labor require that your employer provide various notices to eligible employees.

## HIPAA Notice Of Privacy Practices

HIPAA establishes a set of national standards to address the use and disclosure of individual's health information – called Protected Health Information (PHI). To obtain a copy of the Notice of Privacy Practices (NOPP), or for more information regarding the Plan's privacy policies or your rights under HIPAA, please contact HR.

## HIPAA Special Enrollment Rules

You have the right to later enroll yourself and eligible dependents for coverage in the health plan(s) under "special enrollment provisions", described:

- Loss of Coverage. If you decline coverage for yourself or your dependents (including your spouse) because of group health plan coverage or other health insurance, you may be able to enroll yourself or your dependents if you or your dependents lose eligibility for that other coverage; or if the other employer stops contributing toward your or your dependents' other coverage. You must request enrollment within 30 days after your or your dependents' other coverage ends, or after the employer stops contributing toward the other coverage.
- Marriage, Birth or Adoption. If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and/or your dependents. You must request enrollment within 30 days after the marriage, birth, or placement for adoption.
- Medicaid Event. If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Additional information regarding your rights to enroll in group coverage can be found in the applicable group health plan Explanation of Coverage (EOC) or insurance contract.

## Notice Of Patient Protections

HMO plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in your HMO network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. Until you make this designation, your carrier will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your insurance carrier.

You do not need prior authorization from your carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care 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 a list of participating health care professionals who specialize in obstetrics or gynecology, contact your insurance carrier.

## Women's Health And Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (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:

- 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; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. See the health insurance plan summaries for details.

If you would like more information on WHCRA benefits, you may contact your insurance carrier.

# Annual Notices

## Newborns' And Mothers' Health Protection Act

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, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). 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 not in excess of 48 hours (or 96 hours).

## Premium Assistance Under Medicaid And The Children's Health Insurance Program

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available. To request contact information for your states Medicaid or CHIP office, please call Mindshare Group at 925.227.9900.

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, contact your State Medicaid or CHIP office or dial 1-877-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, visit **www.dol.gov**, or call 866.444.EBSA (3272).

## Health Insurance Exchange Notice

This notice provides some basic information about the Health Insurance Marketplace, an alternative place to purchase health insurance coverage. **IMPORTANT NOTE**: Health Insurance coverage purchased through an Exchange, such as Covered CA, is individual coverage, not employer sponsored group coverage, and may have lower levels of benefits and smaller provider and facility networks

**What is the Health Insurance Marketplace?**

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

The 2024 open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1, 2024, through Dec. 15, 2024. Individuals must enroll or change plans prior to Dec. 15, 2024, for coverage starting Jan. 1, 2025. After Jan. 1, 2025, you can get coverage through the Marketplace for 2025 only if you qualify for a special enrollment period or are applying for Medicaid.

**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 does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for 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. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.8 percent (as adjusted each year after 2014) 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. Your employer sponsored health plans meet the "minimum value standard" and provide "minimum essential benefits" to all employees and dependents, so employees will not qualify for any premium subsidy.

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, this 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.

Please visit HealthCare.gov or CoveredCA.com for more information, as well as an on-line application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## Uniformed Services Employment And Reemployment Rights Act

**Health Insurance Protection**

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

For further information on USERRA, contact VETS at 866.4.USA. DOL or visit **www.dol.gov/agencies/vets**.


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