



# Pre-Tax Benefits Plan

## Summary Plan Description (SPD) Fact Sheet

### Two-Part Document Notice

Your complete Summary Plan Description (SPD) consists of two parts as outlined below. This description of the two-part construction of the combined SPD is intentionally repeated at the beginning of both the Fact Sheet and the Description Document.

Part	Document Name	Description
Part 1 of 2	Fact Sheet	The Fact Sheet contains the details of the plan that are specific to your employer sponsored plan. It outlines which component plans your employer offers and defines all plan variables and terms referenced in this Description Document.
Part 2 of 2	Description Document	The Description Document provides an outline of each of the seven component plans as well as a detailed explanation of the rules and requirements for each component. The Description Document contains information on all possible pre-tax benefits. The specific components that your employer offers are identified in the Fact Sheet.

### Section 1: Plan Sponsor Information

Plan Name:	Nutanix Flexible Benefit Plan <i>The Plan Name is the overarching reference for all elements of the plan and is referred to as the "Plan" in the accompanying Description Document.</i>
Plan Number:	501
Employer/Plan Sponsor Name:	Nutanix, Inc. <i>The Employer/Plan Sponsor is referred to as "Your Employer" in the accompanying Description Document.</i>
Contact Information:	1740 Technology Dr., Suite 150 San Jose, CA 95110-1391 (855) 688-2649
Affiliated Employers:	None
Employer Tax ID Number:	27-0989767
State of Domicile:	DE
Plan Effective Date:	January 1, 2018
Plan Update Date:	February 1, 2019
Plan Year:	January 1 <sup>st</sup> through December 31 <sup>st</sup>
Plan Administrator:	Nutanix, Inc. <i>The Plan Administrator has authority to control and manage the operation and administration of the Plan.</i>

Agent for Service of Legal Process:	Nutanix, Inc.
Type of Cafeteria Plan:	Regular Cafeteria Plan
Coordinating Employee Benefits Plan:	The Nutanix, Inc. Employees Welfare Benefit Plan <i>The underlying welfare benefits plan sponsored by Employer that provides employee benefits and health coverages to plan participants.</i>
Contractor for Administrative Services:	Vita Administration Company/Vita Flex 900 North Shoreline Boulevard Mountain View, CA 94043 (650) 968-8811 <i>The Contractor for Administrative Services is retained by the Employer/Plan Administrator to handle the day to day administration of the Plan and is referred to as "Vita" in Description Document.</i>
Claims Fiduciary:	Vita Administration Group
Funding Arrangement/Agent:	Self-Funded by Nutanix, Inc. <i>The Funding Agent is responsible for payment of claims and holds financial risk for claims.</i>
Plan Changes or Termination:	The Plan Administrator may terminate, suspend, withdraw, amend or modify any element of this Plan in whole or in part at any time, subject to the applicable provisions of the group benefit policies or corporate policies as outlined in the contracts, corporate minutes and/or bylaws.

## Section 2: Eligibility Provisions

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Eligibility Provisions:	FSA & HRA: Regular full-time employees must be regularly scheduled to work 30 or more hours per week Commuter: Regular full-time and regular part-time employees must be regularly scheduled to work 20 or more hours per week
Initial Waiting Period:	Employees become eligible on the date of hire
Excluded Classes of Employees:	Interns; Returnships and Apprenticeships

## Section 3: Plan Components Included

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Premium Contributions	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Health Flexible Spending Account (FSA)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Dependent Care Flexible Spending Account (FSA)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Health Savings Account (HSA)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Health Reimbursement Account (HRA)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Commuter Benefits	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## Section 4: Plan Component Details

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Premium Contributions

Flex Credit Dollars:  Yes  No

Federal Maximum plan contributions:

Maximums are announced by the IRS in October or November each year for the following Plan Year; the announcement occurs after the creation of this Fact Sheet each year. Specific election maximums are outlined in other Vita Flex election materials each year.

Please refer to <http://www.vitacompanies.com/pre-tax-plan-maximums> for the most up-to-date Federal Maximums.

Health FSA

Grace Period Provision:  Yes  No

Rollover Provision:  Yes  No

Rollover Maximum: N/A

Debit Card Provision:  Yes  No

Mobile App Provision:  Yes  No

Claim Incurred Deadline: December 31<sup>st</sup>

Claim Submission Deadline: March 31<sup>st</sup> (following the end of the Plan Year)

Reimbursement Method: Direct Deposit and Check

Minimum Election: \$100 per Plan Year

Maximum Election: Federal Maximum

Employer Match: None

Dependent Care FSA

Minimum Election: \$100 per Plan Year

Maximum Election: Federal Maximum

Mobile App Provision:  Yes  No

Claim Incurred Deadline: December 31<sup>st</sup>

Claim Submission Deadline: March 31<sup>st</sup> (following the end of the Plan Year)

Health Savings Account (HSA)	Maximum Contribution:	N/A
	Employer/Plan Sponsor Contribution:	N/A
	Maximum Employer Contribution:	N/A
	Contribution Source:	N/A
Health Reimbursement Account (HRA)	Underlying Health Plan Coverage Requirement:	Employees who are enrolled in the employer-sponsored <u>Kaiser</u> medical benefit plan are eligible to participate in the HRA
	Employer Funding:	Individual - \$1,500 Family - \$3,000
	Debit Card Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Mobile App Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Account Funding Timing:	Claims based funding
	Eligible Expenses for Reimbursement:	Copayment amounts for <u>Kaiser</u> health services and prescriptions
	Plan Year:	January 1 <sup>st</sup> through December 31 <sup>st</sup>
	Claim Incurred Deadline:	Last day of the Plan Year, or last day of the month in which Employee's benefit is terminated
	Claim Submission Deadline:	March 31st following the end of the Plan Year
Commute Benefits	Pre-Tax Parking Maximum:	Federal Maximum
	Post-Tax Parking Maximum:	\$100 per month
	Pre-Tax Transit Maximum:	Federal Maximum
	Post-Tax Transit Maximum:	\$100 per month
	Debit Card Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Mobile App Provision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No