



**COBRA Monthly Premium Rate Sheet**  
**Nutanix, Inc. Health Plans**

<b>Insurance</b>	<b>Plan Name</b>	<b>Coverage Level</b>	<b>102% Rate</b>
<b>MEDICAL</b>	<b>Aetna International - Med &amp; Den</b>  Rate Effective 1/1/2023 through 12/31/2023	Employee Only	\$944.36
		Employee + Spouse	\$2,231.35
		Employee + Domestic Partner	\$2,231.35
		Employee + 1 Child	\$2,083.06
		Employee + 2 or more children	\$2,083.06
		Employee + Family	\$3,312.27
		Spouse + 1 Child	\$2,083.06
		Spouse + 2 or more children	\$2,083.06
		Child Only	\$944.36
		Spouse Only	\$944.36
		Children Only	\$2,083.06
	<b>Hawaii Options</b>  Rate Effective 1/1/2023 through 12/31/2023	Employee Only	\$880.49
		Employee + Spouse	\$1,804.14
		Employee + Domestic Partner	\$1,804.14
		Employee + 1 Child	\$1,430.81
		Employee + 2 or more children	\$1,430.81
		Employee + Family	\$2,580.73
		Spouse + 1 Child	\$1,430.81
		Spouse + 2 or more children	\$1,430.81
		Child Only	\$880.49
		Spouse Only	\$880.49
		Children Only	\$1,430.81



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<b>Insurance</b>	<b>Plan Name</b>	<b>Coverage Level</b>	<b>102% Rate</b>
<b>MEDICAL</b>	<b>Kaiser HMO N.CA</b>  Rate Effective 1/1/2023 through 12/31/2023	Employee Only	\$641.93
		Employee + Spouse	\$1,476.44
		Employee + Domestic Partner	\$1,476.44
		Employee + 1 Child	\$1,091.28
		Employee + 2 or more children	\$1,091.28
		Employee + Family	\$1,861.59
		Spouse + 1 Child	\$1,091.28
		Spouse + 2 or more children	\$1,091.28
		Child Only	\$641.93
		Spouse Only	\$641.93
		Children Only	\$1,091.28
		<b>Kaiser HMO S.CA</b>  Rate Effective 1/1/2023 through 12/31/2023	Employee Only
	Employee + Spouse		\$1,476.44
	Employee + Domestic Partner		\$1,476.44
	Employee + 1 Child		\$1,091.28
	Employee + 2 or more children		\$1,091.28
	Employee + Family		\$1,861.59
	Spouse + 1 Child		\$1,091.28
	Spouse + 2 or more children		\$1,091.28
	Child Only		\$641.93
	Spouse Only		\$641.93
	Children Only		\$1,091.28



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<b>Insurance</b>	<b>Plan Name</b>	<b>Coverage Level</b>	<b>102% Rate</b>	
<b>MEDICAL</b>	<b>UHC HDHP</b>  Rate Effective 1/1/2023 through 12/31/2023	Employee Only	\$863.09	
		Employee + Spouse	\$1,966.00	
		Employee + Domestic Partner	\$1,966.00	
		Employee + 1 Child	\$1,486.40	
		Employee + 2 or more children	\$1,486.40	
		Employee + Family	\$2,445.61	
		Spouse + 1 Child	\$1,486.40	
		Spouse + 2 or more children	\$1,486.40	
		Child Only	\$863.09	
		Spouse Only	\$863.09	
		Children Only	\$1,486.40	
		<b>UHC POS Choice Plus Network Non-CA</b>  Rate Effective 1/1/2023 through 12/31/2023	Employee Only	\$828.62
			Employee + Spouse	\$1,905.81
	Employee + Domestic Partner		\$1,905.81	
	Employee + 1 Child		\$1,408.65	
	Employee + 2 or more children		\$1,408.65	
	Employee + Family		\$2,402.99	
	Spouse + 1 Child		\$1,408.65	
	Spouse + 2 or more children		\$1,408.65	
	Child Only		\$828.62	
	Spouse Only		\$828.62	
	Children Only	\$1,408.65		



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<b>Insurance</b>	<b>Plan Name</b>	<b>Coverage Level</b>	<b>102% Rate</b>
<b>MEDICAL</b>	<b>UHC POS Select Plus Network CA Only</b>  Rate Effective 1/1/2023 through 12/31/2023	Employee Only	\$828.62
		Employee + Spouse	\$1,905.81
		Employee + Domestic Partner	\$1,905.81
		Employee + 1 Child	\$1,408.65
		Employee + 2 or more children	\$1,408.65
		Employee + Family	\$2,402.99
		Spouse + 1 Child	\$1,408.65
		Spouse + 2 or more children	\$1,408.65
		Child Only	\$828.62
		Spouse Only	\$828.62
		Children Only	\$1,408.65
		<b>DENTAL</b>	<b>Delta Dental PPO</b>  Rate Effective 1/1/2023 through 12/31/2023
Employee + Spouse	\$109.57		
Employee + Domestic Partner	\$109.57		
Employee + 1 Child	\$123.53		
Employee + 2 or more children	\$123.53		
Employee + Family	\$187.22		
Spouse + 1 Child	\$123.53		
Spouse + 2 or more children	\$123.53		
Child Only	\$55.30		
Spouse Only	\$55.30		
Children Only	\$123.53		



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<b>Insurance</b>	<b>Plan Name</b>	<b>Coverage Level</b>	<b>102% Rate</b>
<b>VISION</b>	<b>VSP Vision PPO</b>  Rate Effective 1/1/2023 through 12/31/2023	Employee Only	\$18.96
		Employee + Spouse	\$37.95
		Employee + Domestic Partner	\$37.95
		Employee + 1 Child	\$40.60
		Employee + 2 or more children	\$40.60
		Employee + Family	\$64.89
		Spouse + 1 Child	\$40.60
		Spouse + 2 or more children	\$40.60
		Child Only	\$18.96
		Spouse Only	\$18.96
		Children Only	\$40.60
		<b>EAP</b>	<b>Concern EAP</b>  Rate Effective 1/1/2023 through 12/31/2023
Employee + Spouse	\$2.95		
Employee + Domestic Partner	\$2.95		
Employee + 1 Child	\$2.95		
Employee + 2 or more children	\$2.95		
Employee + Family	\$2.95		
Spouse + 1 Child	\$2.95		
Spouse + 2 or more children	\$2.95		
Child Only	\$2.95		
Spouse Only	\$2.95		
Children Only	\$2.95		



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<b>Insurance</b>	<b>Plan Name</b>	<b>Coverage Level</b>	<b>102% Rate</b>
<b>HCRA</b>	<b>Carrot HRA</b>  Rate Effective 1/1/2023 through 12/31/2023	Employee Only	\$975.38
		Employee + Spouse	\$975.38
		Employee + Domestic Partner	\$975.38
		Employee + 1 Child	\$975.38
		Employee + 2 or more children	\$975.38
		Employee + Family	\$975.38
		Spouse + 1 Child	\$975.38
		Spouse + 2 or more children	\$975.38
		Child Only	\$975.38
		Spouse Only	\$975.38
		Children Only	\$975.38
	<b>HRA Kaiser - HealthEquity</b>  Rate Effective 1/1/2023 through 12/31/2023	Employee Only	\$13.33
		Employee + Spouse	\$35.34
		Employee + Domestic Partner	\$35.34
		Employee + 1 Child	\$35.34
		Employee + 2 or more children	\$35.34
		Employee + Family	\$35.34
		Spouse + 1 Child	\$35.34
		Spouse + 2 or more children	\$35.34
		Child Only	\$13.33
		Spouse Only	\$13.33
		Children Only	\$35.34



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<b>Insurance</b>	<b>Plan Name</b>	<b>Coverage Level</b>	<b>102% Rate</b>
<b>CUSTOMBILLING</b>	<b>Ginger EAP</b>  Rate Effective 1/1/2023 through 12/31/2023	Employee Only	\$3.37
		Employee + Spouse	\$3.37
		Employee + Domestic Partner	\$3.37
		Employee + 1 Child	\$3.37
		Employee + 2 or more children	\$3.37
		Employee + Family	\$3.37
		Spouse + 1 Child	\$3.37
		Spouse + 2 or more children	\$3.37
		Child Only	\$3.37
		Spouse Only	\$3.37
		Children Only	\$3.37