

Keep smiling

Delta Dental PPO™



Save with PPO

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a PPO dentist



PPO



NON-PPO

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

⁵ Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

Benefit Highlights: Delta Dental PPO TM

Plan Benefit Highlights for: Nutanix, Inc.

Group No: 16325

| | | | | |
|------------------------------|---|------------------------|------------------------|----------------------|
| Eligibility | For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer). | | | |
| Deductibles | None | | | |
| Maximums | \$2,000 per person each calendar year | | | |
| D & P counts toward maximum? | No | | | |
| Waiting Period(s) | Basic Services None | Major Services None | Prosthodontics None | Orthodontics None |

| Benefits and Covered Services* | Delta Dental PPO dentists** | Non-Delta Dental PPO dentists** |
|--|--------------------------------|------------------------------------|
| Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants | 100% | 100% |
| Basic Services Fillings, posterior composites and simple extractions | 100% | 80% |
| Endodontics (root canals) Covered Under Basic Services | 100% | 80% |
| Periodontics (gum treatment) Covered Under Basic Services | 100% | 80% |
| Oral Surgery Covered Under Basic Services | 100% | 80% |
| Major Services Crowns, inlays, onlays and cast restorations | 80% | 50% |
| Prosthodontics Bridges, dentures and implants | 80% | 50% |
| Orthodontic Benefits Adults and dependent children | 50% | 50% |
| Orthodontic Maximums | \$2,000 Lifetime | \$2,000 Lifetime |

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

| | | |
|---|---|---|
| Delta Dental of California 560 Mission St., Suite 1300 San Francisco, CA 94105 | Customer Service 888-335-8227 | Claims Address P.O. Box 997330 Sacramento, CA 95899-7330 |
|---|---|---|

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Revised 7/27/2023

A Look at Your VSP Vision Coverage

With VSP and NUTANIX, INC., your health comes first.



As a member, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.



With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.



NUTANIX

More Ways to Save

**Extra
\$20
to spend on
Featured Brands[†]**

bebe Calvin Klein
COLE HAAN DRAGON.
FLEXON LONGCHAMP
PARIS
and more

See all brands and offers
at **vsp.com/offers**.



**Up to
40%
Savings on
lens enhancements[‡]**

Create an account today.

Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary

NUTANIX, INC. and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:
VSP Choice
EFFECTIVE DATE:
01/01/2024



| BENEFIT | DESCRIPTION | COPAY | FREQUENCY |
|--|--|------------------------------------|---------------------|
| Your Coverage with a VSP Provider | | | |
| WELLVISION EXAM | <ul style="list-style-type: none">Focuses on your eyes and overall wellness | \$0 | Every calendar year |
| ESSENTIAL MEDICAL EYE CARE | <ul style="list-style-type: none">Retinal screening for members with diabetesAdditional exams and services beyond routine care to treat 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.Coordination with your medical coverage may apply. Ask your VSP doctor for details. | \$0 per screening \$20 per exam | Available as needed |
| PRESCRIPTION GLASSES | | | |
| FRAME* | <ul style="list-style-type: none">\$320 featured frame brands allowance\$300 frame allowance20% savings on the amount over your allowance\$165 Walmart®/Sam's Club®/Costco® frame allowance | \$0 | Every calendar year |
| LENSES | <ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lenses | \$0 | Every calendar year |
| LENS ENHANCEMENTS | <ul style="list-style-type: none">Progressive lensesAnti-glare coatingImpact-resistant lensesScratch-resistant coatingUV protectionAverage savings of 30% on other lens enhancements | \$0 \$0 \$0 \$0 \$0 | Every calendar year |
| CONTACTS (INSTEAD OF GLASSES) | <ul style="list-style-type: none">\$300 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation) | \$0 | Every calendar year |
| COMPUTER VISIONCARE (EMPLOYEE-ONLY COVERAGE) | | | |
| COMPUTER VISION EXAM | <ul style="list-style-type: none">Evaluates your needs related to computer use | \$0 | Every calendar year |
| FRAME* | <ul style="list-style-type: none">\$120 featured frame brands allowance\$100 frame allowance20% savings on the amount over your allowance | \$0 | Every calendar year |
| LENSES | <ul style="list-style-type: none">Single vision, lined bifocal, lined trifocal, and occupational lenses | \$0 | Every calendar year |
| RETINAL SCREENING | <ul style="list-style-type: none">Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease. | \$0 | Every calendar year |
| EXTRA SAVINGS | <p>Glasses and Sunglasses</p> <ul style="list-style-type: none">Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none">Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities | | |

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.
†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
+Coverage with a retail chain may be different or not apply.
VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.
To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.
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Classification: Restricted