

2025 Medical Plan Comparison Chart

	UHC CDHP with HSA	UHC POS	Kaiser HMO (CA only)
PAYCHECK DEDUCTIONS (PER BIWEEKLY PAY PERIOD)			
Employee	\$38.46	\$38.46	\$38.46
Employee + Spouse	\$93.46	\$173.46	\$133.46
Employee + Children	\$68.46	\$113.46	\$93.46
Employee + Family	\$118.46	\$238.46	\$178.46
PLAN FEATURES			
	Employee Pays	Employee Pays	Employee Pays
HSA / HRA contributions	Nutanix HSA contributions for 2024: Annual: \$825 Individual/\$1,650 Family Contribution Maximums: \$4,300 Individual/\$8,550 Family	N/A	Nutanix HRA Contributions: \$1,500 Individual/\$3,000 Family Employee Contributions: N/A
Annual Deductible	\$1,650 Individual / \$3,300 Family	\$0 Individual / \$0 Family	\$0 Individual / \$0 Family
Annual Out-of-Pocket (OOP) Maximum	\$3,300 Individual / \$6,600 Family	\$0 Individual / \$0 Family	\$1,500 Individual / \$3,000 Family
MEDICAL SERVICES			
	Employee Pays	Employee Pays	Employee Pays
Preventive Care Services (includes routine checkups, vaccines, tests, and screenings)	\$0	\$0	\$0
Virtual Care	10%*	\$0	\$0
Doctor or Specialist Visit	10%*	\$0	\$20 copay for most visits
X-ray/Lab/Imaging	10%*	\$0	X-ray/Lab: \$10 copay / Imaging: \$50 copay
Inpatient Hospital/Surgery	10%*	\$0	\$250 copay per admission
Urgent Care	10%*	\$0	\$20 copay per visit
Emergency Room	10%*	\$0	\$50 copay per visit
Ambulance	10%*	\$0	\$100 per trip
BEHAVIORAL HEALTH & SUBSTANCE ABUSE			
	Employee Pays	Employee Pays	Employee Pays
Virtual Behavioral Health	10%*	\$0	\$20 copay for most visits
Doctor or Specialist Visit	10%*	\$0	\$20 copay for most visits
Outpatient Care	10%*	\$0	\$100 copay per visit for outpatient surgery
Inpatient Care	10%*	\$0	\$250 copay per admission
OTHER SERVICES			
	Employee Pays	Employee Pays	Employee Pays
Applied Behavioral Analysis (ABA) Therapy	10%*	\$0	\$0
Chiropractic Care	10%*—Limit of 24 visits per year	\$0—Limit of 24 visits per year	\$15 copay—Limit of 20 visits per 12-month period

* After deductible

Note: This is only a partial list of the covered benefits. For an expanded list of covered services, please refer to the [medical plan benefit summaries](#).

This represents a summary of the benefits available to you as an eligible employee of Nutanix. Every effort has been made to provide an accurate summary of the terms of the plans. However, if there is a conflict between this information and the official plan documents or insurance contracts, the official plan documents and insurance contracts will control. In addition, Nutanix reserves the right to change, amend, modify, or terminate the plans in whole or in part at any time.



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PHARMACY	Employee Pays*	Employee Pays	Employee Pays*
Provider Network	Express Scripts	Express Scripts	Kaiser Permanente
Tier 1 (generics and some brand names)	10% for retail and mail-order**	Retail: \$0** Mail-order: \$0**	Retail: \$10 per 30-day fill Mail-order: \$20 per 100-day supply
Tier 2 (preferred brand names)	10% for retail and mail-order**	Retail: \$0** Mail-order: \$0**	Retail: \$30 per 30-day fill Mail-order: \$60 per 100-day supply
Tier 3 (higher-cost non-preferred brand names and select generics)	10% for retail and mail-order**	Retail: \$0** Mail-order: \$0**	

* After deductible

** Retail: up to a 30-day supply; mail-order: up to a 90-day supply

Important: For all medical plans, certain preventive medications are covered at 100% as mandated by the Affordable Care Act. See the [UnitedHealthcare list of medications](#) and the [Kaiser list](#).

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