



**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><br><br>Rate Effective 1/1/2024 through 12/31/2024 | Employee Only   | \$960.28         |
|                  |  | Employee + Spouse   | \$2,268.91       |
|                  |  | Employee + Domestic Partner   | \$2,268.91       |
|                  |  | Employee + 1 Child  | \$2,118.22       |
|                  |  | Employee + 2 or more children   | \$2,118.22       |
|                  |  | Employee + Family   | \$3,368.10       |
|                  |  | Spouse + 1 Child  | \$2,407.82       |
|                  |  | Spouse + 2 or more children   | \$2,407.82       |
|                  |  | Child Only  | \$1,157.94       |
|                  |  | Spouse Only   | \$1,308.63       |
|                  |  | Children Only   | \$1,157.94       |
|                  |  | <b>Hawaii Options</b><br><br>Rate Effective 1/1/2024 through 12/31/2024 | Employee Only    |
|                  | Employee + Spouse  |   | \$2,216.26       |
|                  | Employee + Domestic Partner  |   | \$2,216.26       |
|                  | Employee + 1 Child   |   | \$1,757.64       |
|                  | Employee + 2 or more children  |   | \$1,757.64       |
|                  | Employee + Family  |   | \$3,170.25       |
|                  | Spouse + 1 Child   |   | \$2,088.62       |
|                  | Spouse + 2 or more children  |   | \$2,088.62       |
|                  | Child Only   |   | \$676.02         |
|                  | Spouse Only  |   | \$1,134.63       |
|                  | Children Only  |   | \$676.02         |

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|------------------|---|---|-----------------------------|------------|
| <b>MEDICAL</b>   | <b>Kaiser HMO N.CA</b><br>Rate Effective 1/1/2024 through 12/31/2024<br>* This plan is bundled with<br><b>HRA Kaiser - HealthEquity</b> | Employee Only   | \$798.78                    |            |
|                  |   | Employee + Spouse   | \$1,837.20                  |            |
|                  |   | Employee + Domestic Partner   | \$1,837.20                  |            |
|                  |   | Employee + 1 Child  | \$1,357.93                  |            |
|                  |   | Employee + 2 or more children   | \$1,357.93                  |            |
|                  |   | Employee + Family   | \$2,316.46                  |            |
|                  |   | Spouse + 1 Child  | \$1,517.68                  |            |
|                  |   | Spouse + 2 or more children   | \$1,517.68                  |            |
|                  |   | Child Only  | \$559.14                    |            |
|                  |   | Spouse Only   | \$1,038.42                  |            |
|                  |   | Children Only   | \$559.14                    |            |
|                  |   | <b>Kaiser HMO S.CA</b><br>Rate Effective 1/1/2024 through 12/31/2024<br>* This plan is bundled with<br><b>HRA Kaiser - HealthEquity</b> | Employee Only               | \$797.76   |
|                  |   |   | Employee + Spouse           | \$1,837.20 |
|                  |   |   | Employee + Domestic Partner | \$1,837.20 |
|                  | Employee + 1 Child  |   | \$1,357.93                  |            |
|                  | Employee + 2 or more children   |   | \$1,357.93                  |            |
|                  | Employee + Family   |   | \$2,316.46                  |            |
|                  | Spouse + 1 Child  |   | \$1,517.68                  |            |
|                  | Spouse + 2 or more children   |   | \$1,517.68                  |            |
|                  | Child Only  |   | \$559.14                    |            |
|                  | Spouse Only   |   | \$1,038.42                  |            |
|                  | Children Only   | \$559.14  |                             |            |

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|------------------|---|---|-------------------|------------|
| <b>MEDICAL</b>   | <b>UHC HDHP</b><br>Rate Effective 1/1/2024 through 12/31/2024 | Employee Only   | \$883.44          |            |
|                  |   | Employee + Spouse   | \$2,031.93        |            |
|                  |   | Employee + Domestic Partner   | \$2,031.93        |            |
|                  |   | Employee + 1 Child  | \$1,501.87        |            |
|                  |   | Employee + 2 or more children   | \$1,501.87        |            |
|                  |   | Employee + Family   | \$2,562.01        |            |
|                  |   | Spouse + 1 Child  | \$1,678.56        |            |
|                  |   | Spouse + 2 or more children   | \$1,678.56        |            |
|                  |   | Child Only  | \$618.43          |            |
|                  |   | Spouse Only   | \$1,148.49        |            |
|                  |   | Children Only   | \$618.43          |            |
|                  |   | <b>UHC POS Choice Plus Network Non-CA</b><br>Rate Effective 1/1/2024 through 12/31/2024 | Employee Only     | \$915.80   |
|                  |   |   | Employee + Spouse | \$2,106.32 |
|                  | Employee + Domestic Partner                                   |   | \$2,106.32        |            |
|                  | Employee + 1 Child  |   | \$1,556.86        |            |
|                  | Employee + 2 or more children                                 |   | \$1,556.86        |            |
|                  | Employee + Family   |   | \$2,655.81        |            |
|                  | Spouse + 1 Child  |   | \$1,740.02        |            |
|                  | Spouse + 2 or more children                                   |   | \$1,740.02        |            |
|                  | Child Only  |   | \$641.06          |            |
|                  | Spouse Only   |   | \$1,190.52        |            |
|                  | Children Only   | \$641.06  |                   |            |

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|------------------|--|-------------------------------|------------------|
| <b>MEDICAL</b>   | <b>UHC POS Select Plus Network CA Only</b><br><br>Rate Effective 1/1/2024 through 12/31/2024 | Employee Only                 | \$915.80         |
|                  |  | Employee + Spouse             | \$2,106.32       |
|                  |  | Employee + Domestic Partner   | \$2,106.32       |
|                  |  | Employee + 1 Child            | \$1,556.86       |
|                  |  | Employee + 2 or more children | \$1,556.86       |
|                  |  | Employee + Family             | \$2,655.81       |
|                  |  | Spouse + 1 Child              | \$1,740.02       |
|                  |  | Spouse + 2 or more children   | \$1,740.02       |
|                  |  | Child Only                    | \$641.06         |
|                  |  | Spouse Only                   | \$1,190.52       |
|                  |  | Children Only                 | \$641.06         |
| <b>DENTAL</b>    | <b>Delta Dental PPO</b><br><br>Rate Effective 1/1/2024 through 12/31/2024                    | Employee Only                 | \$55.30          |
|                  |  | 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              | \$131.92         |
|                  |  | Spouse + 2 or more children   | \$131.92         |
|                  |  | Child Only                    | \$68.23          |
|                  |  | Spouse Only                   | \$54.26          |
|                  |  | Children Only                 | \$68.23          |

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|-------------------------------|---|-------------------------------|--|
| <b>VISION</b>                 | <b>VSP Vision PPO</b><br><br>Rate Effective 1/1/2024 through 12/31/2024 | 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              | \$45.93  |
|                               |   | Spouse + 2 or more children   | \$45.93  |
|                               |   | Child Only                    | \$21.63  |
|                               |   | Spouse Only                   | \$18.99  |
|                               |   | Children Only                 | \$21.63  |
|                               |   | <b>EAP</b>                    | <b>Concern EAP</b><br><br>Rate Effective 1/1/2024 through 12/31/2024 |
| Employee + Spouse             | \$2.86  |                               |  |
| Employee + Domestic Partner   | \$2.86  |                               |  |
| Employee + 1 Child            | \$2.86  |                               |  |
| Employee + 2 or more children | \$2.86  |                               |  |
| Employee + Family             | \$2.86  |                               |  |
| Spouse + 1 Child              | \$2.86  |                               |  |
| Spouse + 2 or more children   | \$2.86  |                               |  |
| Child Only                    | \$2.86  |                               |  |
| Spouse Only                   | \$2.86  |                               |  |
| Children Only                 | \$2.86  |                               |  |

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|------------------|---|---|-------------------|---------|
| <b>HCRA</b>      | <b>Carrot HRA</b><br><br>Rate Effective 1/1/2024 through 12/31/2024 | 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><br><br>Rate Effective 1/1/2024 through 12/31/2024<br><br>* This plan is bundled with<br><br><b>Kaiser HMO N.CA</b><br><b>Kaiser HMO S.CA</b> | Employee Only     | \$33.87 |
|                  |   |   | Employee + Spouse | \$90.19 |
|                  | Employee + Domestic Partner   |   | \$90.19           |         |
|                  | Employee + 1 Child  |   | \$90.19           |         |
|                  | Employee + 2 or more children                                       |   | \$90.19           |         |
|                  | Employee + Family   |   | \$90.19           |         |
|                  | Spouse + 1 Child  |   | \$90.19           |         |
|                  | Spouse + 2 or more children   |   | \$90.19           |         |
|                  | Child Only  |   | \$33.87           |         |
|                  | Spouse Only   |   | \$33.87           |         |

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|---------------------------|---|-------------------------------|------------------|
| <b>CUSTOMBILL<br/>ING</b> | <b>Ginger EAP</b><br><br>Rate Effective 1/1/2024 through 12/31/2024 | Employee Only                 | \$3.58           |
|                           |   | Employee + Spouse             | \$3.58           |
|                           |   | Employee + Domestic Partner   | \$3.58           |
|                           |   | Employee + 1 Child            | \$3.58           |
|                           |   | Employee + 2 or more children | \$3.58           |
|                           |   | Employee + Family             | \$3.58           |
|                           |   | Spouse + 1 Child              | \$3.58           |
|                           |   | Spouse + 2 or more children   | \$3.58           |
|                           |   | Child Only                    | \$3.58           |
|                           |   | Spouse Only                   | \$3.58           |
|                           |   | Children Only                 | \$3.58           |

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