



COBRA Monthly Premium Rate Sheet
Nutanix, Inc. Health Plans

Insurance	Plan Name	Coverage Level	102% Rate
MEDICAL	Aetna International - Med & Den 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	\$2,118.22
		Spouse + 2 or more children	\$2,118.22
		Child Only	\$960.28
		Spouse Only	\$960.28
		Children Only	\$2,118.22
		Hawaii Options 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		\$1,757.64
	Spouse + 2 or more children		\$1,757.64
	Child Only		\$1,081.63
	Spouse Only		\$1,081.63
	Children Only		\$1,757.64

* If a plan is bundled, you will see which plan(s) it is bundled with in the plan name column. All plans in a bundle must be elected. Rates from both plans must be added together to determine the total premium.



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

Insurance	Plan Name	Coverage Level	102% Rate	
MEDICAL	Kaiser HMO N.CA Rate Effective 1/1/2024 through 12/31/2024 * This plan is bundled with HRA Kaiser - HealthEquity	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	\$1,357.96	
		Spouse + 2 or more children	\$1,357.96	
		Child Only	\$798.78	
		Spouse Only	\$798.78	
		Children Only	\$1,357.93	
		Kaiser HMO S.CA Rate Effective 1/1/2024 through 12/31/2024 * This plan is bundled with HRA Kaiser - HealthEquity	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		\$1,357.93	
	Spouse + 2 or more children		\$1,357.93	
	Child Only		\$798.78	
	Spouse Only		\$798.78	
	Children Only	\$1,357.93		

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COBRA Monthly Premium Rate Sheet
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Insurance	Plan Name	Coverage Level	102% Rate	
MEDICAL	UHC HDHP 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	\$1,501.87	
		Spouse + 2 or more children	\$1,501.87	
		Child Only	\$883.44	
		Spouse Only	\$883.44	
		Children Only	\$1,501.87	
		UHC POS Choice Plus Network Non-CA 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		\$1,556.86	
	Spouse + 2 or more children		\$1,556.86	
	Child Only		\$915.80	
	Spouse Only		\$915.80	
	Children Only	\$1,556.86		

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COBRA Monthly Premium Rate Sheet
Nutanix, Inc. Health Plans

Insurance	Plan Name	Coverage Level	102% Rate
MEDICAL	UHC POS Select Plus Network CA Only 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	\$1,556.86
		Spouse + 2 or more children	\$1,556.86
		Child Only	\$915.80
		Spouse Only	\$915.80
		Children Only	\$1,556.86
		DENTAL	Delta Dental PPO Rate Effective 1/1/2024 through 12/31/2024
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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COBRA Monthly Premium Rate Sheet
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Insurance	Plan Name	Coverage Level	102% Rate
VISION	VSP Vision PPO 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	\$40.60
		Spouse + 2 or more children	\$40.60
		Child Only	\$18.96
		Spouse Only	\$18.96
		Children Only	\$40.60
		EAP	Concern EAP 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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COBRA Monthly Premium Rate Sheet
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Insurance	Plan Name	Coverage Level	102% Rate
HCRA	Carrot HRA 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
		HRA Kaiser - HealthEquity Rate Effective 1/1/2024 through 12/31/2024 * This plan is bundled with Kaiser HMO N.CA Kaiser HMO S.CA	Employee Only
	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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Insurance	Plan Name	Coverage Level	102% Rate
CUSTOMBILL ING	Headspace Care EAP 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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