

How Your Medical Plans Compare

Any wellbeing credits you earned for participating in BeWell activities prior to September 30, 2025, will reduce your premium up to 100% (\$38.46 / pay period).

	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 contributions	Nutanix HSA contributions for 2026 Annual: \$850 Individual / \$1,700 Family	N/A	N/A
Contribution Maximums	\$4,400 Individual / \$8,750 Family		
Annual Deductible	\$1,700 Individual / \$3,400 Family	\$0 Individual / \$0 Family	\$0 Individual / \$0 Family
Annual Out-of-Pocket (OOP) Maximum	\$3,400 Individual / \$6,800 Family	\$2,500 Individual / \$5,000 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%*	\$15 copay per visit	\$0
Doctor or Specialist Visit	10%*	\$15 copay per visit	\$20
X-ray/Lab/Imaging	10%*	\$0	X-ray/Lab: \$10 copay / Imaging: \$50 copay
Inpatient Hospital/Surgery	10%*	\$150 copay per admission	\$250 copay per admission
Urgent Care	10%*	\$30 copay per visit	\$20 copay per visit
Emergency Room	10%*	\$100 copay per visit	\$50 copay per visit
Ambulance	10%*	\$50 per trip	\$100 per trip
BEHAVIORAL HEALTH & SUBSTANCE ABUSE			
	Employee Pays	Employee Pays	Employee Pays
Virtual Behavioral Health	10%*	\$15 copay per visit	\$20 copay for most visits
Doctor or Specialist Visit	10%*	\$15 copay per visit	\$20 copay for most visits
Outpatient Care	10%*	\$15 copay per visit	\$100 copay per visit
Inpatient Care	10%*	\$150 copay per admission	\$250 copay per admission
OTHER SERVICES			
	Employee Pays	Employee Pays	Employee Pays
Applied Behavioral Analysis (ABA) Therapy	10%*	\$0	\$0
Chiropractic and Acupuncture Care	10%*—Limit of 24 visits per year	\$15 copay—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 in-network 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.

Prescription Drugs

All Nutanix medical plans include comprehensive **prescription drug coverage**. Express Scripts is the benefit provider for both the UHC CDHP with HSA and UHC POS plans. The Kaiser HMO plan only includes Kaiser pharmacies.

New for 2026

UHC POS plan: Modest copays will now apply when you fill prescriptions.

	UHC CDHP with HSA	UHC POS	Kaiser HMO (CA only)
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: \$10 copay** Mail-order: \$20 copay***	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: \$20 copay** Mail-order: \$40 copay***	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: \$30 copay** Mail-order: \$60 copay***	

* 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 preventive medication list for [UnitedHealthcare medical plans](#) and the [Kaiser HMO plan](#).