



COBRA Monthly Premium Rate Sheet
Nutanix, Inc. Health Plans

Rates by Coverage Level	MEDICAL	MEDICAL	MEDICAL	MEDICAL	MEDICAL
	Aetna International - Med & Den	Kaiser HMO N.CA (no HRA)	Kaiser HMO S.CA (no HRA)	UHC CDHP CA	UHC CDHP Non-CA
Coverage Levels	monthly rate 1/1/2026 - 12/31/2026	monthly rate 1/1/2026 - 12/31/2026	monthly rate 1/1/2026 - 12/31/2026	monthly rate 1/1/2026 - 12/31/2026	monthly rate 1/1/2026 - 12/31/2026
Employee Only	\$1,048.08	\$906.80	\$906.80	\$1,095.12	\$1,095.12
Employee + Spouse	\$2,477.64	\$2,085.63	\$2,085.63	\$2,497.13	\$2,497.13
Employee + Domestic Partner	\$2,477.64	\$2,085.63	\$2,085.63	\$2,497.13	\$2,497.13
Employee + 1 Child	\$2,311.16	\$1,541.57	\$1,541.57	\$1,883.41	\$1,883.41
Employee + 2 or more children	\$2,311.16	\$1,541.57	\$1,541.57	\$1,883.41	\$1,883.41
Employee + Family	\$3,676.36	\$2,629.72	\$2,629.72	\$3,110.88	\$3,110.88
Spouse Only	\$1,048.08	\$906.80	\$906.80	\$1,095.12	\$1,095.12
Spouse + 1 Child	\$2,311.16	\$1,541.57	\$1,541.57	\$1,883.41	\$1,883.41
Spouse + 2 or more children	\$2,311.16	\$1,541.57	\$1,541.57	\$1,883.41	\$1,883.41
Child Only	\$1,048.08	\$906.80	\$906.80	\$1,095.12	\$1,095.12
Children Only	\$2,311.16	\$1,541.57	\$1,541.57	\$1,883.41	\$1,883.41



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Rates by Coverage Level	MEDICAL	MEDICAL	MEDICAL	DENTAL	DENTAL
	UHC Hawaii Plan	UHC POS Choice Plus Network Non-CA	UHC POS Select Plus Network CA Only	Delta Core	Delta Core Plus
Coverage Levels	monthly rate 1/1/2026 - 12/31/2026	monthly rate 1/1/2026 - 12/31/2026	monthly rate 1/1/2026 - 12/31/2026	monthly rate 1/1/2026 - 12/31/2026	monthly rate 1/1/2026 - 12/31/2026
Employee Only	\$1,635.53	\$1,111.90	\$1,111.90	\$57.22	\$71.72
Employee + Spouse	\$3,350.98	\$2,557.34	\$2,557.34	\$113.37	\$142.09
Employee + Domestic Partner	\$3,350.98	\$2,557.34	\$2,557.34	\$113.37	\$142.09
Employee + 1 Child	\$2,657.56	\$1,890.22	\$1,890.22	\$127.82	\$160.19
Employee + 2 or more children	\$2,657.56	\$1,890.22	\$1,890.22	\$127.82	\$160.19
Employee + Family	\$4,793.42	\$3,224.50	\$3,224.50	\$193.71	\$242.77
Spouse Only	\$1,635.53	\$1,111.90	\$1,111.90	\$57.22	\$71.72
Spouse + 1 Child	\$2,657.56	\$1,890.22	\$1,890.22	\$127.82	\$160.19
Spouse + 2 or more children	\$2,657.56	\$1,890.22	\$1,890.22	\$127.82	\$160.19
Child Only	\$1,635.53	\$1,111.90	\$1,111.90	\$57.22	\$71.72
Children Only	\$2,657.56	\$1,890.22	\$1,890.22	\$127.82	\$160.19



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Rates by Coverage Level	VISION	EAP	CUSTOMBILLING
	VSP Vision PPO	Concern EAP	Headspace Care EAP
Coverage Levels	monthly rate 1/1/2026 - 12/31/2026	monthly rate 1/1/2026 - 12/31/2026	monthly rate 1/1/2026 - 12/31/2026
Employee Only	\$19.18	\$3.45	\$3.76
Employee + Spouse	\$38.38	\$3.45	\$3.76
Employee + Domestic Partner	\$38.38	\$3.45	\$3.76
Employee + 1 Child	\$41.06	\$3.45	\$3.76
Employee + 2 or more children	\$41.06	\$3.45	\$3.76
Employee + Family	\$65.62	\$3.45	\$3.76
Spouse Only	\$19.18	\$3.45	\$3.76
Spouse + 1 Child	\$41.06	\$3.45	\$3.76
Spouse + 2 or more children	\$41.06	\$3.45	\$3.76
Child Only	\$19.18	\$3.45	\$3.76
Children Only	\$41.06	\$3.45	\$3.76



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