

Nutanix 2022 Medical Plans Comparison Chart

The following charts provide an overview of key coverage features and costs for each medical plan.

	UnitedHealthcare Select Plus (CA) Choice Plus (Outside CA)		United Healthcare HDHP with HSA		Kaiser Permanente HMO (Northern and Southern CA)	
Paycheck Deductions	\$0 for all coverage tiers Nutanix pays the full cost		\$0 for all coverage tiers Nutanix pays the full cost		\$0 for all coverage tiers Nutanix pays the full cost	
Imputed Income	Due to IRS regulations, if you cover a domestic partner and/or their children, the value of these benefits is considered imputed income. See page 3 for details.					
PLAN FEATURES						
Provider Network	UnitedHealthcare Select Plus (CA) Choice Plus (Outside CA) myuhc.com		UnitedHealthcare Choice Plus myuhc.com		Kaiser Permanente kp.org	
Deductible	In-Network: \$0 Individual \$0 Family	Out-of-Network: \$6,000 Individual \$12,000 Family	In-Network: \$1,500 Individual \$3,000 Family	Out-of-Network: \$3,000 Individual \$6,000 Family	In-Network: \$0 Individual \$0 Family	Out-of-Network: N/A
Nutanix Account Contribution	None		\$600 Individual \$1,200 Family to an HSA (you keep unused funds; they carry over year to year)		\$1,500 Individual \$3,000 Family to an HRA (funds not used during the calendar year do not carry over for future use)	
What You Pay for Most Services	In-Network: \$0	Out-of-Network: 40% (after deductible)	In-Network: 10% (after deductible)	Out-of-Network: 30% (after deductible)	In-Network: Copays, as noted below	Out-of-Network: N/A
Out-of-Pocket Maximum	In-Network: \$0 Individual \$0 Family	Out-of-Network: \$10,000 Individual \$20,000 Family	In-Network: \$3,000 Individual \$6,000 Family	Out-of-Network: \$6,000 Individual \$12,000 Family	In-Network: \$1,500 Individual \$3,000 Family	Out-of-Network: N/A



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	UnitedHealthcare Select Plus (CA) Choice Plus (Outside CA)		United Healthcare HDHP with HSA		Kaiser Permanente HMO (Northern and Southern CA)	
MEDICAL SERVICES	Employee Cost		Employee Cost		Employee Cost	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Services	\$0	Not covered	\$0	30% (after deductible)	\$0	Not covered
Well-Baby / Well-Child Visit	\$0	Not covered	\$0	30% (after deductible)	\$0	Not covered
Office Visit	\$0	40% (after deductible)	10% (after deductible)	30% (after deductible)	\$20 copay for most visits	Not covered
Specialist Visit	\$0	40% (after deductible)	10% (after deductible)	30% (after deductible)	\$20 copay for most visits	Not covered
Virtual Care	\$0	40% (after deductible)	10% (after deductible)	30% (after deductible)	\$0	Not covered
X-ray / Lab / Imaging	\$0	40% (after deductible)	10% (after deductible)	30% (after deductible)	X-ray / Lab: \$10 per encounter Imaging: \$50 per encounter	Not covered
Urgent Care	\$0	40% (after deductible)	10% (after deductible)	30% (after deductible)	\$20 copay per visit	Not covered
Inpatient Hospital / Surgery	\$0	40% (after deductible)	10% (after deductible)	30% (after deductible)	\$250 copay per admission	Not covered
Emergency Services	\$0	\$0	10% (after deductible)	10% (after deductible)	\$50 copay per visit	Not covered
Ambulance	\$0	\$0 for emergency \$0 for non-emergency if meeting certain criteria 40% (after deductible) for non-emergency	10% (after deductible)	\$0 for emergency \$0 for non-emergency if meeting certain criteria 30% (after deductible) for non-emergency	\$100 per trip	Not covered
Mental Health & Substance Use Disorder Therapy	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Virtual Care—Behavioral Health	\$0	40% (after deductible)	10% (after deductible)	30% (after deductible)	\$20 copay for most visits	Not covered
Office Visits	\$0	40% (after deductible)	10% (after deductible)	30% (after deductible)	\$20 copay for most visits	Not covered
Inpatient Care	\$0	40% (after deductible)	10% (after deductible)	30% (after deductible)	\$250 copay per admission	Not covered
Outpatient Care	\$0	40% (after deductible)	10% (after deductible)	30% (after deductible)	\$20 copay per visit	Not covered

Nutanix 2022 Medical Plans Comparison Chart continued

	UnitedHealthcare Select Plus (CA) Choice Plus (Outside CA)		United Healthcare HDHP with HSA		Kaiser Permanente HMO (Northern and Southern CA)	
MEDICAL SERVICES	Employee Cost		Employee Cost		Employee Cost	
Other Services	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Chiropractic	\$0 Limit of 24 visits per year (in-network and out-of-network combined)	40% (after deductible)	10% (after deductible) Limit of 24 visits per year (in-network and out-of-network combined)	30% (after deductible)	\$15 copay Limit of 20 visits per year (Chiropractic and Acupuncture combined)	Not covered
Acupuncture	\$0 Limit of 24 visits per year (in-network and out-of-network combined)	40% (after deductible)	10% (after deductible) Limit of 24 visits per year (in-network and out-of-network combined)	30% (after deductible)		
Physical, Speech & Occupational Therapy	\$0 Limit of 60 visits per year (in-network and out-of-network combined)	40% (after deductible)	10% (after deductible)	30% (after deductible)	\$20 copay	Not covered
Applied Behavioral Analysis (ABA) Therapy	\$0	40% (after deductible)	10% (after deductible)	30% (after deductible)	\$20 copay	Not covered
Fertility Treatment (Infertility diagnosis and treatment of underlying medical condition covered)	\$0	40% (after deductible)	10% (after deductible)	30% (after deductible)	50%	Not covered
Gender Affirmation Services	\$0	40% (after deductible)	10% (after deductible)	30% (after deductible)	Copay varies by type of service; contact Kaiser Permanente for details	Not covered
Nutritionist Visits	\$0 No limits; chronic conditions only	40% (after deductible)	10% (after deductible) No limits, no medical necessity requirement	30% (after deductible)	\$0 (referral may be required)	Not covered

Nutanix 2022 Medical Plans Comparison Chart continued

	UnitedHealthcare Select Plus (CA) Choice Plus (Outside CA)		United Healthcare HDHP with HSA		Kaiser Permanente HMO (Northern and Southern CA)	
PRESCRIPTIONS	Employee Cost*		Employee Cost*		Employee Cost	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 1 (generics and some brand name)	Retail: \$0; Mail order: \$0	Retail: \$10 (after deductible) Mail order: Not covered	10% (after deductible)	30% (after deductible)	\$10 per prescription for 1 to 30 days Mail order: Usually 2x the plan pharmacy cost sharing for up to a 100-day supply	Not covered
Tier 2 (preferred brand name)	Retail: \$0; Mail order: \$0	Retail: \$30 (after deductible) Mail order: Not covered	10% (after deductible)	30% (after deductible)	\$10 per prescription for 1 to 30 days Mail order: Usually 2x the plan pharmacy cost sharing for up to a 100-day supply	Not covered
Tier 3 (higher-cost brand name and select generics)	Retail: \$0; Mail order: \$0	Retail: \$50 (after deductible) Mail order: Not covered	10% (after deductible)	30% (after deductible)	\$10 per prescription for 1 to 30 days Mail order: Usually 2x the plan pharmacy cost sharing for up to a 100-day supply	Not covered

* 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. You can find the UHC list of medications at myuhc.com and the Kaiser list at kp.org.

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, available on the benefits website at nutanixbenefits.com.

This guide 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.

Mail-Order Prescriptions Save Time



There are several advantages to using the mail-order pharmacy for medications you take on an ongoing basis.

Fewer refills: You can receive larger quantities (usually a 90-day supply instead of 30) at a lower cost, saving you money and time requesting monthly refills.

Free shipping: There's no extra shipping charge for mail-order prescriptions.

Convenience: Avoid trips to the pharmacy, standing in line and waiting for your prescriptions.

Log in to myuhc.com or kp.org to learn about each plan's services.

Learn More About Your Medical Plan



The Medical Plan Comparison Charts provide an overview of your medical plan options. You can find detailed information about each plan in its Summary of Benefits and Coverage (SBC). The SBCs summarize important information about your health coverage options in a standard format to help you compare costs and features across plans. The SBCs are available at nutanixbenefits.com under **Resources > Documents > Medical**. A paper copy is also available, free of charge, by opening a Global People Services (GPS) People Portal ticket.