

Pre-Tax Benefits Plan

Summary Plan Description (SPD)

Fact Sheet



Two-Part Document Notice

Your complete Summary Plan Description (SPD) consists of two parts as outlined below. This description of the two-part construction of the combined SPD is intentionally repeated at the beginning of both the Fact Sheet and the Description Document.

| <u>Part</u> | <u>Document Name</u> | <u>Description</u> |
|-------------|----------------------|---|
| Part 1 of 2 | Fact Sheet | The Fact Sheet contains the details of the plan that are specific to your employer sponsored plan. It outlines which component plans your employer offers and defines all plan variables and terms referenced in this Description Document. |
| Part 2 of 2 | Description Document | The Description Document provides an outline of each of the seven component plans as well as a detailed explanation of the rules and requirements for each component. The Description Document contains information on all possible pre-tax benefits. The specific components that your employer offers are identified in the Fact Sheet. |

Section 1: Plan Sponsor Information

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| Plan Name: | Nutanix Flexible Benefit Plan <i>The Plan Name is the overarching reference for all elements of the plan and is referred to as the "Plan" in the accompanying Description Document.</i> |
| Plan Number: | 501 |
| Employer/Plan Sponsor Name: | Nutanix, Inc. <i>The Employer/Plan Sponsor is referred to as "Your Employer" in the accompanying Description Document.</i> |
| Contact Information: | 1740 Technology Dr., Suite 150 San Jose, CA 95110-1391 (855) 688-2649 |
| Affiliated Employers: | None |
| Employer Tax ID Number: | 27-0989767 |
| State of Domicile: | DE |
| Plan Effective Date: | January 1, 2018 |
| Plan Update Date: | |
| Plan Year: | January 1 st through December 31 st |
| Plan Administrator: | Nutanix, Inc. <i>The Plan Administrator has authority to control and manage the operation and administration of the Plan.</i> |
| Agent for Service of Legal Process: | Nutanix, Inc. |

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| Type of Cafeteria Plan: | Regular Cafeteria Plan |
| Coordinating Employee Benefits Plan: | The Nutanix, Inc. Employees Welfare Benefit Plan <i>The underlying welfare benefits plan sponsored by Employer that provides employee benefits and health coverages to plan participants.</i> |
| Contractor for Administrative Services: | Vita Administration Company/VitaFlex 900 North Shoreline Boulevard Mountain View, CA 94043 (650) 968-8811 <i>The Contractor for Administrative Services is retained by the Employer/Plan Administrator to handle the day to day administration of the Plan and is referred to as "VitaFlex" in Description Document.</i> |
| Claims Fiduciary: | Vita Administration Group |
| Funding Arrangement/Agent: | Self-Funded by Nutanix, Inc. <i>The Funding Agent is responsible for payment of claims and holds financial risk for claims.</i> |
| Plan Changes or Termination: | The Plan Administrator may terminate, suspend, withdraw, amend or modify any element of this Plan in whole or in part at any time, subject to the applicable provisions of the group benefit policies or corporate policies as outlined in the contracts, corporate minutes and/or bylaws. |

Section 2: Eligibility Provisions

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| Eligibility Provisions: | Employees must be regularly scheduled to work 30 or more hours per week |
| Initial Waiting Period: | Employees become eligible on the date of hire |
| Excluded Classes of Employees: | Part-Time; Interns; Returnships and Apprenticeships |

Section 3: Plan Components Included

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| Premium Contributions | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Health Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dependent Care Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Health Savings Account (HSA) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Commuter Benefits | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Section 4: Plan Component Details

Premium Contributions Flex Credit Dollars: Yes No

Federal Maximum plan contributions: Maximums are announced by the IRS in October each year for the following Plan Year; the announcement occurs after the creation of this Fact Sheet each year. Specific election maximums are outlined in other VitaFlex election materials each year.

Please refer to <http://www.vitacompanies.com/pre-tax-plan-maximums> for the most up-to-date Federal Maximums.

Health FSA Grace Period Provision: Yes No

 Rollover Provision: Yes No

 Rollover Maximum: N/A

 Debit Card Provision: Yes No

 Mobile App Provision: Yes No

 Claim Incurred Deadline: December 31st

 Claim Submission Deadline: March 31st (following the end of the Plan Year)

 Reimbursement Method: Direct Deposit and Check

 Minimum Election: \$100 per Plan Year

 Maximum Election: Federal Maximum

 Employer Match: None

Dependent Care FSA Minimum Election: \$100 per Plan Year

 Maximum Election: Federal Maximum

 Mobile App Provision: Same as Health FSA

 Claim Incurred Deadline: December 31st

 Claim Submission Deadline: March 31st (following the end of the Plan Year)

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| Health Savings Account (HSA) | Maximum Contribution: | N/A |
| | Employer/Plan Sponsor Contribution: | N/A |
| | Maximum Employer Contribution: | N/A |
| | Contribution Source: | N/A |
| Health Reimbursement Account (HRA) | Underlying Health Plan Coverage Requirement: | Employees who are enrolled in the employer-sponsored <u>Kaiser</u> medical benefit plan are eligible to participate in the HRA |
| | Employer Funding: | Individual - \$1,500 Family - \$3,000 |
| | Account Funding Timing: | Claims based funding |
| | Eligible Expenses for Reimbursement: | Copayment amounts for <u>Kaiser</u> health services and prescriptions |
| | Plan Year: | January 1 st through December 31 st |
| | Claim Incurred Deadline: | Last day of the Plan Year, or last day of the month in which Employee's benefit is terminated |
| | Claim Submission Deadline: | March 31st following the end of the Plan Year |
| | Debit Card Provision: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Mobile App Provision: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Commute Benefits | Pre-Tax Parking Maximum: | Federal Maximum |
| | Post-Tax Parking Maximum: | \$100 per month |
| | Pre-Tax Transit Maximum: | Federal Maximum |
| | Post-Tax Transit Maximum: | \$100 per month |
| | Debit Card Provision: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Mobile App Provision: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |