



COBRA Monthly Premium Rate Sheet
Nutanix, Inc. Health Plans

Insurance	Plan Name	Coverage Level	102% Rate
MEDICAL	Aetna International - Med & Den Rate Effective 1/1/2025 through 12/31/2025	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
	Kaiser HMO N.CA Rate Effective 1/1/2025 through 12/31/2025 * This plan is bundled with HRA Kaiser - HealthEquity	Employee Only	\$838.99
		Employee + Spouse	\$1,929.70
		Employee + Domestic Partner	\$1,929.70
		Employee + 1 Child	\$1,426.30
		Employee + 2 or more children	\$1,426.30
		Employee + Family	\$2,433.09
		Spouse + 1 Child	\$1,426.30
		Spouse + 2 or more children	\$1,426.30
		Child Only	\$838.99
		Spouse Only	\$838.99
		Children Only	\$1,426.30

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MEDICAL	Kaiser HMO S.CA Rate Effective 1/1/2025 through 12/31/2025 * This plan is bundled with HRA Kaiser - HealthEquity	Employee Only	\$838.99
		Employee + Spouse	\$1,929.70
		Employee + Domestic Partner	\$1,929.70
		Employee + 1 Child	\$1,426.30
		Employee + 2 or more children	\$1,426.30
		Employee + Family	\$2,433.09
		Spouse + 1 Child	\$1,426.30
		Spouse + 2 or more children	\$1,426.30
		Child Only	\$838.99
		Spouse Only	\$838.99
		Children Only	\$1,426.30
	UHC POS Choice Plus Network Non-CA Rate Effective 1/1/2025 through 12/31/2025	Employee Only	\$1,060.34
		Employee + Spouse	\$2,438.77
		Employee + Domestic Partner	\$2,438.77
		Employee + 1 Child	\$1,802.57
		Employee + 2 or more children	\$1,802.57
		Employee + Family	\$3,074.98
		Spouse + 1 Child	\$1,802.57
		Spouse + 2 or more children	\$1,802.57
		Child Only	\$1,060.34
		Spouse Only	\$1,060.34
		Children Only	\$1,802.57

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MEDICAL	UHC POS Select Plus Network CA Only Rate Effective 1/1/2025 through 12/31/2025	Employee Only	\$1,060.34
		Employee + Spouse	\$2,438.77
		Employee + Domestic Partner	\$2,438.77
		Employee + 1 Child	\$1,802.57
		Employee + 2 or more children	\$1,802.57
		Employee + Family	\$3,074.98
		Spouse + 1 Child	\$1,802.57
		Spouse + 2 or more children	\$1,802.57
		Child Only	\$1,060.34
		Spouse Only	\$1,060.34
		Children Only	\$1,802.57
	UHC PPO Hawaii Options Rate Effective 1/1/2025 through 12/31/2025	Employee Only	\$1,168.16
		Employee + Spouse	\$2,393.55
		Employee + Domestic Partner	\$2,393.55
		Employee + 1 Child	\$1,898.25
		Employee + 2 or more children	\$1,898.25
		Employee + Family	\$3,423.87
		Spouse + 1 Child	\$1,898.25
		Spouse + 2 or more children	\$1,898.25
		Child Only	\$1,168.16
		Spouse Only	\$1,168.16
		Children Only	\$1,898.25

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Insurance	Plan Name	Coverage Level	102% Rate
MEDICAL	United Healthcare CDHP Choice Plus Non-CA Only Rate Effective 1/1/2025 through 12/31/2025	Employee Only	\$1,022.88
		Employee + Spouse	\$2,352.63
		Employee + Domestic Partner	\$2,352.63
		Employee + 1 Child	\$1,738.91
		Employee + 2 or more children	\$1,738.91
		Employee + Family	\$2,966.37
		Spouse + 1 Child	\$1,738.91
		Spouse + 2 or more children	\$1,738.91
		Child Only	\$1,022.88
		Spouse Only	\$1,022.88
		Children Only	\$1,738.91
	United Healthcare CDHP Select Plus CA Only Rate Effective 1/1/2025 through 12/31/2025	Employee Only	\$1,022.88
		Employee + Spouse	\$2,352.63
		Employee + Domestic Partner	\$2,352.63
		Employee + 1 Child	\$1,738.91
		Employee + 2 or more children	\$1,738.91
		Employee + Family	\$2,966.37
		Spouse + 1 Child	\$1,738.91
		Spouse + 2 or more children	\$1,738.91
		Child Only	\$1,022.88
		Spouse Only	\$1,022.88
		Children Only	\$1,738.91

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Insurance	Plan Name	Coverage Level	102% Rate
DENTAL	Delta Dental PPO Rate Effective 1/1/2025 through 12/31/2025	Employee Only	\$55.82
		Employee + Spouse	\$110.61
		Employee + Domestic Partner	\$110.61
		Employee + 1 Child	\$124.71
		Employee + 2 or more children	\$124.71
		Employee + Family	\$189.00
		Spouse + 1 Child	\$124.71
		Spouse + 2 or more children	\$124.71
		Child Only	\$55.82
		Spouse Only	\$55.82
		Children Only	\$124.71
VISION	VSP Vision PPO Rate Effective 1/1/2025 through 12/31/2025	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

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Insurance	Plan Name	Coverage Level	102% Rate
EAP	Concern EAP Rate Effective 1/1/2025 through 12/31/2025	Employee Only	\$2.86
		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
HCRA	Carrot HRA Rate Effective 1/1/2025 through 12/31/2025	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

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Insurance	Plan Name	Coverage Level	102% Rate
HCRA	HRA Kaiser - HealthEquity Rate Effective 1/1/2025 through 12/31/2025 * This plan is bundled with Kaiser HMO N.CA Kaiser HMO S.CA	Employee Only	\$8.42
		Employee + Spouse	\$21.36
		Employee + Domestic Partner	\$21.36
		Employee + 1 Child	\$21.36
		Employee + 2 or more children	\$21.36
		Employee + Family	\$21.36
		Spouse + 1 Child	\$21.36
		Spouse + 2 or more children	\$21.36
		Child Only	\$8.42
		Spouse Only	\$8.42
		Children Only	\$21.36
CUSTOMBILLING	Headspace Care EAP Rate Effective 1/1/2025 through 12/31/2025	Employee Only	\$3.65
		Employee + Spouse	\$3.65
		Employee + Domestic Partner	\$3.65
		Employee + 1 Child	\$3.65
		Employee + 2 or more children	\$3.65
		Employee + Family	\$3.65
		Spouse + 1 Child	\$3.65
		Spouse + 2 or more children	\$3.65
		Child Only	\$3.65
		Spouse Only	\$3.65
		Children Only	\$3.65

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