



# 20XX Employee Benefits



# ELIGIBILITY

If you work at least 30 hours per week, you are eligible for benefits. Most of your benefits are effective on the first day of the month following your date of hire. You may also enroll your eligible dependents for coverage. This includes the following:

- Your legal spouse or qualified domestic partner
- Children under the age of 26, regardless of [student](#), dependency or marital status
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return

## Qualified Life Events

Generally, you may only change your benefit elections during the Open Enrollment period. However, since life happens, you also may change your benefit elections during the year if you experience a Qualified Life Event.

Qualified Life Event		Documentation Needed
Change in marital status	<ul style="list-style-type: none"><li>• Marriage or start of Domestic Partnership</li><li>• Divorce/Legal Separation</li><li>• Death</li></ul>	<ul style="list-style-type: none"><li>• Copy of marriage certificate</li><li>• Copy of divorce decree</li><li>• Copy of death certificate</li></ul>
Change in number of dependents	<ul style="list-style-type: none"><li>• Birth or adoption</li><li>• Step-child</li><li>• Death</li></ul>	<ul style="list-style-type: none"><li>• Copy of birth certificate or copy of legal adoption papers</li><li>• Copy of birth certificate plus a copy of the marriage certificate between employee and spouse</li><li>• Copy of death certificate</li></ul>
Change in employment	<ul style="list-style-type: none"><li>• Change in your eligibility status (i.e., full-time to part-time)</li><li>• Change in spouse's benefits or employment status</li></ul>	<ul style="list-style-type: none"><li>• Notification of increase or reduction of hours that changes coverage status</li><li>• Notification of increase or reduction of hours that changes coverage status</li><li>• Notification of spouse's employment status that results in a loss or gain of coverage</li></ul>

## Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental or vision coverage or your Health Care or Dependent Care Flexible Spending Accounts unless you have a Qualified Life Event. If you do not contact Human Resources within 30 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).



# BENEFIT COSTS

Sample Company pays the full cost of many of your benefits; however, for others, you share the cost, or you pay the full cost. Pretax means the cost comes out of your pay before taxes are deducted. After-tax means the cost comes out of your pay after taxes are deducted.

Qualified Life Event Benefit	Who Pays	Tax Treatment
<b>Medical, Prescription</b>	You share the cost	Pretax
<b>Dental</b>	You share the cost	Pretax
<b>Vision</b>	You share the cost	Pretax
<b>Basic Life and Accidental Death &amp; Dismemberment (AD&amp;D) Insurance</b>	No cost to you	N/A
<b>Voluntary Life and Accidental Death &amp; Dismemberment (AD&amp;D) Insurance</b>	You pay 100%	After-tax
<b>Disability Coverage</b>	No cost to you	N/A
<b>Flexible Spending Accounts</b>	You pay 100%	Pretax
<b>401(k) Retirement Savings Plan</b>	You share the cost	Pretax or After-tax
<b>Employee Assistance Plan</b>	No cost to you	N/A
<b>Additional Voluntary Benefits</b>	You pay 100%	After-tax





## MEDICAL PLANS

Medical insurance is essential to your well-being and our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.

### How a Health Plan Works

Preventive care – like physical exams, flu shots and screenings – is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- **Annual deductible amount** – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- **Out-of-pocket maximums** – the most you will pay each year for eligible network services including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the year.
- **Copays** – A copay is a fixed amount you pay for a health care service. Copays do not count toward your deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurance** – Once you've met your deductible, you and the plan share the cost of care, called coinsurance. For example, you pay 20% for services and the plan will pay 80% of the cost until you have reached your out-of-pocket maximum.

## Medical Plan Comparison

	Plan 1		Plan 2		Plan 3	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible						
Individual	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Family	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Calendar Year Out-of-Pocket Maximum (Includes Deductible)						
Individual	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Family	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
	You Pay		You Pay		You Pay	
Coinsurance						
Preventive Care	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Primary Care Physician	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Specialist	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Urgent Care	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Emergency Room	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Pharmacy						
Retail Rx (up to 30-day supply)						
Tier 1	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Tier 2	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Tier 3	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Mail Order Rx (up to 90-day supply)						
Tier 1	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Tier 2	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Tier 3	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX

\* After deductible



The summary of benefits for Sample Company employees is meant only as a brief description of some of the programs for which Rubrik, Inc. employees may be eligible. All insurance contracts and plans have limitations and exclusions that apply. Please refer to and read plan documents for more complete descriptions. Sample Company reserves the right, at its discretion, to discontinue, increase, decrease, or alter any or all plans and benefits described in this summary for any reason and at any time with or without notice.