

# 2021 BENEFITS AT A GLANCE



## | WELCOME

Rubrik thoughtfully designed our benefits to ensure our programs are meaningful to employees and their families, provide valuable protection, and differentiate Rubrik to remain competitive in our offerings. This summary provides highlights of the benefits programs available at Rubrik.



## | ELIGIBILITY

You are eligible for benefits if you are a U.S. employee who works at least 30 hours per week on a regular basis. Benefits are available as of your date of hire. Your eligible dependents include your spouse or domestic partner and your child(ren) or domestic partner's child(ren) up to age 26. Please review your plan documents for further eligibility rules.

## | MEDICAL PLANS

You have a choice of two medical plan options through UHC and if you live in California, you may also choose the Kaiser HMO. Each plan pays 100% of the cost for preventive care and all provide comprehensive health and pharmacy benefits. Go online to find a UHC [Select Plus Network](#) (CA) or [Choice Plus Network](#) (Non-CA) provider; for Kaiser visit [Find Doctors and Locations](#).

	UHC HDHP/HSA		UHC PPO		KAISER HMO CA Only
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
Calendar Year Deductible	Aggregate <sup>1</sup>		Embedded <sup>2</sup>		
<b>Individual</b>	\$1,500	\$4,500	\$250	\$500	None
<b>Family</b>	\$2,800	\$8,100	\$500	\$1,000	None
Calendar Year Out-of-Pocket Maximum (Includes Deductible, Embedded)					
<b>Individual</b>	\$3,500	\$9,000	\$2,250	\$4,500	\$1,500
<b>Family</b>	\$7,000	\$18,000	\$4,500	\$9,000	\$3,000
Coinsurance / Copays					
<b>PPO Coinsurance</b>	10%*	30%*	10%*	30%*	N/A
<b>Preventive Care</b>	No Charge	Not Covered	No Charge	Not Covered	No Charge
<b>Primary Care Physician</b>	10%*	30%*	\$15	30%*	\$20
<b>Specialist</b>	10%*	30%*	\$15	30%*	\$20
<b>Urgent Care</b>	10%*	30%*	\$50	30%*	\$20
Retail Pharmacy (30-day supply)					
<b>Tier 1</b>	\$10*	\$10*	\$10	\$10	\$10
<b>Tier 2</b>	\$30*	\$30*	\$30	\$30	\$30
<b>Tier 3</b>	\$50*	\$50*	\$50	\$50	20% up to \$200

\* Services indicated are subject to the annual deductible before benefits are paid.

<sup>1</sup> Under an aggregate deductible, if you are enrolled with one or more dependents, any individual enrolled is subject to the family deductible. The family deductible accrues in aggregate for all family members. The total family deductible must be paid out-of-pocket before coinsurance applies.

<sup>2</sup> Combines individual and family deductibles (a single member of a family does not need to meet the full family deductible before coinsurance applies).



## DENTAL PLANS

Our dental plans through MetLife pay 100% of the cost for routine checkups and share the cost with you for most dental procedures. The MetLife Network is [Preferred Dentist Program Plus \(PDP Plus\)](#).

	BASE		BUY-UP	
	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
Calendar Year Deductible				
<b>Individual</b>	\$50		\$50	
<b>Family</b>	\$150		\$150	
Calendar Year Annual Maximum Benefit				
<b>Per Individual</b>	\$1,750		\$3,250	
Services				
<b>Preventive</b>	\$0		\$0	
<b>Basic</b>	20%**		10%**	
<b>Major</b>	50%**		40%**	
Orthodontia				
<b>Adults and Children</b>	50%		50%	
<b>Lifetime Maximum</b>	\$1,000		\$2,500	

\* Out-of-network dentists may not accept MetLife's dental program allowance as payment in full. MetLife will reimburse out-of-network claims at the maximum allowed amount based on a reasonable and customary (R&C) determination. For the Base plan, out-of-network claims are paid at the 90th percentile of R&C, whereas the Buy-Up plan will be reimbursed at the 99th percentile of R&C. The member is responsible to pay charges above the maximum allowed amount.

\*\* Services indicated are subject to the annual deductible before benefits are paid.



## VISION PLANS

Our vision plans through VSP offer in- and out-of-network benefits to help you pay for the cost of routine eye exams, glasses and contacts. You can find a list of VSP Signature participating providers at [vsp.com](http://vsp.com).

	BASE		BUY-UP	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
	YOU PAY	REIMBURSEMENT	YOU PAY	REIMBURSEMENT
<b>Wellvision Exam</b>	\$0 once every calendar year	Up to \$50 after exam copay	\$0 once every calendar year	Up to \$50 after exam copay
<b>Contact Lens Fitting</b>	Up to \$60	Up to \$105	Up to \$60	Up to \$105
<b>Single Lenses</b>	\$25 copay once every other calendar year	Up to \$50	\$0 copay once every calendar year*	Up to \$50
<b>Bifocals</b>		Up to \$75		Up to \$75
<b>Trifocals</b>		Up to \$100		Up to \$100
<b>Frames</b>	Balance over \$130 allowance once every other calendar year**	Up to \$70 allowance	Balance over \$200 allowance once every calendar year***	Up to \$70
<b>Elective Contacts (in lieu of glasses)</b>	Balance over \$130 allowance once every other calendar year	Up to \$105 allowance	Balance over \$200 allowance once every calendar year	Up to \$105

\* Lens enhancements covered in full under the Buy-Up vision plan include: Photochromic lenses, Tinted lenses, Progressive lenses, Scratch Coating, and Anti-Reflective Coating.

\*\* Allowance for Costco or WalMart/Sam's Club is \$70.

\*\*\* Allowance for Costco or WalMart/Sam's Club is \$110.



## HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the UHC HDHP, you are eligible to establish and contribute to a Health Savings Account (HSA) through HSA Bank. An HSA is a personal savings account you can use to pay for qualified out-of-pocket medical, dental, and vision expenses with federally tax-free dollars — now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA claims. To help you get started with savings, **Rubrik will contribute to your HSA each pay period in the amount of \$33.33 for those enrolled with single coverage or \$66.66 for those enrolled with one or more dependents.** If you are enrolled for the full calendar year, the Rubrik contributions will total \$800 single or \$1,600 family.

### Maximum Contributions

Total annual HSA contributions may not exceed the annual maximum amount established by the IRS. The annual contribution maximum is based on the coverage you elect.

- Individual – \$3,600 (inclusive of Rubrik's contribution).
- Family (filing jointly) – \$7,200 (inclusive of Rubrik's contribution).
- Employees age 55 and older can make an additional annual "catch-up" contribution of up to \$1,000.



## FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSAs) through Navia allow you to pay for eligible health care and dependent care expenses using tax-free dollars. You do not need to participate in Rubrik's health plans in order to enroll in the Rubrik Health Care and Dependent Care FSAs.

Health Care FSA	Limited Purpose FSA	Dependent Care FSA
<p>You can use this account to pay for out-of-pocket costs under your medical, dental, and vision plans:</p> <ul style="list-style-type: none"> <li>• Copays, coinsurance and deductibles</li> <li>• Prescriptions</li> <li>• Lab exams and tests</li> <li>• Eyeglasses and contact lenses</li> </ul> <p>You may contribute up to \$2,750 per year, pre-tax.</p>	<p>You can use this account if you are enrolled in the HDHP medical plan. It works the same way as the standard Health Care FSA; however, eligible expenses are limited to:</p> <ul style="list-style-type: none"> <li>• Dental expenses</li> <li>• Vision expenses</li> <li>• Post-deductible medical expenses</li> </ul> <p>You may contribute up to \$2,750 per year, pre-tax.</p>	<p>You can use the this account to cover expenses associated with:</p> <ul style="list-style-type: none"> <li>• Caring for child(ren) age 12 and younger.</li> <li>• Elder dependents</li> </ul> <p>You may contribute up to \$5,000 per year, pre-tax, or \$2,500 per year if you are married and filing separate tax returns.</p>



## LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Rubrik offers both Employer paid, group and Voluntary Life and AD&D insurance through Lincoln.

Company-Provided		Voluntary	
Employee	2x your annual earnings, rounded to the next \$1,000, up to a maximum of \$1,000,000	Employee	Increments of \$10,000 or \$20,000 to a maximum of \$500,000 Guaranteed Issue (GI) of \$250,000
	<i>Employees have an option to elect a Basic Life benefit of \$50,000 if they wish to avoid imputed income.</i>	Spouse	Increments of \$5,000 or \$10,000 up to \$250,000 – not to exceed 50% of employee coverage Guaranteed Issue (GI) of \$50,000
		Child(ren)	\$10,000 per child



## ADDITIONAL BENEFITS

### Leave of Absence

Rubrik offers generous leave of absence policies which include disability insurance and top-up leave pay, plus paid parental leave.

### 401(k) Retirement Savings Plan

You are automatically enrolled at a 6% pre-tax deferral rate into a Target Date Fund. Choose your deferral up to 90% into a pre-tax, Roth, or after-tax contributions.

### Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) offers confidential counseling and assistance with personal, family and work-related issues for you and your immediate family. Many EAP services are available at no cost.

### Commuter Benefits Program

Use pretax dollars to pay for your parking or public transportation expenses while commuting to work.

### Travel Assistance Program

This program provides 24/7 assistance for you and your dependents while traveling 100 miles from home for 90 days or less.

### Family Planning

Inclusive family forming and fertility benefits are offered through Carrot for you and your partner with reimbursement up to \$25,000 per lifetime.

### Wellness Reimbursement

Earn \$50 per month for reimbursement of eligible wellness expenses, such as: Exercise/Fitness, Nutrition & Weight Management, Lifestyle Coaching, and Therapeutic Wellness Services. Administered by Twic.

### Financial Wellness

Financial planning support is available through BrightPlan at a discounted rate of \$10/month.

### On-Demand Emotional Health Support

Ginger is an entirely confidential behavioral health mobile app available to support Rubrik employees and their adult dependents.



## QUESTIONS?

If you have questions about Rubrik's employee benefits program, please don't hesitate to reach out to [benefits@rubrik.com](mailto:benefits@rubrik.com).



## SEMI-MONTHLY EMPLOYEE CONTRIBUTIONS

Medical	UHC HDHP	UHC PPO	Kaiser HMO CA ONLY
<b>Employee Only</b>	\$20	\$42.50	\$25
<b>Employee + Spouse/DP*</b>	\$59	\$109.50	\$63.50
<b>Employee + Child(ren)</b>	\$46	\$87	\$57
<b>Employee + Family</b>	\$88	\$161.50	\$89

Dental	Base	Buy-Up
<b>Employee Only</b>	\$5	\$17
<b>Employee + Spouse/DP*</b>	\$10	\$33.50
<b>Employee + Child(ren)</b>	\$12	\$40
<b>Employee + Family</b>	\$16.50	\$56

Vision	Base	Buy-Up
<b>Employee Only</b>	\$1	\$6
<b>Employee + Spouse/DP*</b>	\$1.50	\$11.50
<b>Employee + Child(ren)</b>	\$1.50	\$12
<b>Employee + Family</b>	\$2.50	\$19.50

\* Generally excludes domestic partners and children of domestic partners. Consult an accountant for further details.