

2020 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](#) provider; for Kaiser visit [Find Doctors and Locations](#).

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

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

¹ Combines individual and family deductibles (a single member of a family does not need to meet the full family deductible before coinsurance applies).

² 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.



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. In addition to the benefits outlined below, please note that both dental plans will cover composite (white) fillings. The Buy-Up Plan also covers occlusal guards and an enhanced benefit for crowns, with a frequency of 1 every 7 years versus 1 every 10 years. 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				
Individual	\$50		\$50	
Family	\$150		\$150	
Calendar Year Annual Maximum Benefit				
Per Individual	\$1,750		\$3,250	
Services				
Preventive	\$0		\$0	
Basic	20%*		10%*	
Major	50%*		40%*	
Orthodontia				
Adults and Children	50%		50%	
Lifetime Maximum	\$1,000		\$2,500	

* 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.

	BASE		BUY-UP	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
COST	YOU PAY	REIMBURSEMENT	YOU PAY	REIMBURSEMENT
Exam	\$0 once every 12 months	Up to \$50 after exam copay	\$0 once every 12 months	Up to \$50 after exam copay
Single Lenses	\$25 copay once every 24 months	Up to \$50	\$0 copay once every 12 months Includes coverage for Anti-Reflective Coating, Scratch Coating, Photochromic and Tinted lenses and all Progressive lenses	Up to \$50
Bifocals		Up to \$75		Up to \$75
Trifocals		Up to \$100		Up to \$100
Frames	Balance over \$130 allowance once every 24 months ¹	Up to \$70 allowance	Balance over \$200 allowance once every 12 months ²	Up to \$70
Elective Contacts (in lieu of glasses)	Balance over \$130 allowance once every 24 months	Up to \$105 allowance	Balance over \$200 allowance once every 12 months	Up to \$105

¹ Costco/Walmart Optical Frame Allowance: Up to \$70.

² Costco/Walmart Optical Frame Allowance: Up to \$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 – \$3,550 (inclusive of Rubrik's contribution).
- Family (filing jointly) – \$7,100 (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.

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"> • Copays, coinsurance and deductibles • Prescriptions • Lab exams and tests • Eyeglasses and contact lenses <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"> • Dental expenses • Vision expenses • Post-deductible medical expenses <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"> • Caring for child(ren) age 12 and younger. • Elder dependents <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>



DISABILITY INSURANCE

Rubrik provides income protection through Lincoln, in the form of Short-Term and Long-Term Disability coverage at no cost to you.

Coverage	Benefit
Short-Term Disability	<ul style="list-style-type: none"> • 60% of your weekly earnings to a \$3,000 weekly maximum for 13 weeks. • Benefit begins after 7 days of disability.
Coverage	Benefit
Long-Term Disability	<ul style="list-style-type: none"> • 60% of your monthly earnings to a \$20,000 monthly maximum. • Benefit begins after 90 days of disability, and payments will last for as long as you are totally disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.



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 to a maximum of \$500,000 Guaranteed Issue (GI) of \$250,000
		Spouse	Increments of \$5,000 up to \$250,000 - not to exceed 50% of employee coverage Guaranteed Issue (GI) of \$50,000
		Child(ren)	\$10,000



ADDITIONAL BENEFITS

401(k) Retirement Savings Plan

You are automatically enrolled at a 6% pre-tax deferral rate into a Target Date Fund.

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

Carrot is available to all eligible employees for a variety of family planning needs.

Wellness Reimbursement

Earn \$50 per month through Navia Benefits. Eligible expenses: Exercise/Fitness, Nutrition & Weight Management, Lifestyle Coaching, and Therapeutic Wellness Services.



QUESTIONS?

If you have questions about your benefits, contact the Benefits Helpline via phone at 888-777-3379, business days between 8:30 am and 5:00 pm PST or via email at rubrikbenefits@willistowerswatson.com.



SEMI-MONTHLY EMPLOYEE CONTRIBUTIONS

Medical	UHC HDHP	UHC PPO	Kaiser HMO CA ONLY
Employee Only	\$20.00	\$42.50	\$25.00
Employee + Spouse/DP	\$50.00	\$105.00	\$60.00
Employee + Child(ren)	\$40.00	\$85.00	\$55.00
Employee + Family	\$62.50	\$155.00	\$82.50

Dental	Base	Buy-Up
Employee Only	\$5.00	\$15.00
Employee + Spouse/DP	\$10.00	\$30.00
Employee + Child(ren)	\$12.00	\$36.00
Employee + Family	\$17.00	\$51.00

Vision	Base	Buy-Up
Employee Only	\$1.00	\$5.00
Employee + Spouse/DP	\$1.50	\$12.00
Employee + Child(ren)	\$1.50	\$12.00
Employee + Family	\$2.50	\$20.00