



Rimini Street

2022 Benefits Guide

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Welcome to Your Rimini Street Benefits!

At Rimini Street, we consider our employees to be our most valuable asset. You work hard to support our company goals and we want to reward you for your commitment and dedication. To enhance your overall compensation, we are pleased to offer distinctive employee programs, competitive benefits, and valuable resources to help you live your best life.

Your benefit needs change as your life changes. Whether you're just out of college, have an active family, or are getting close to retirement, we offer plans that fit your stage of life. Taking the time to research your options will help you make the most of the benefits available to you and choose the right coverage for you and your family.

We understand that information is key when it's time to make choices about your health benefits. In this guide, you'll find details about your benefit options. We encourage you to carefully review the plans and select the right coverage for your unique needs.

Who Is Eligible?

As an active, full-time employee working at least 30 hours per week, you are eligible to participate in the Rimini Street benefits program on your date of hire.

You may enroll your eligible dependents in many of the same plans you choose for yourself. Proof of dependent status may be required to enroll. Eligible dependents include:

- Your legal spouse or qualified domestic partner
- Your natural, adopted, or stepchildren up to age 26
- Your dependent children of any age, if disabled and incapable of self-support due to mental or physical disability (child must be disabled prior to reaching age 26).

Enrolling in Your Benefits

When you elect coverage under the medical, dental, and vision plans, coverage stays in effect for the entire plan year, January 1st through December 31st. It's important to review your benefit options and choose the best coverage for you and your family.

You have three opportunities to enroll or make changes:

1. New Hires have 14 days to enroll
2. Within 30 days of a qualified change in family status. Examples include:
 - a. Marital status change (marriage, divorce, or legal separation)
 - b. Birth or adoption of a child
 - c. Death of a dependent
 - d. Loss or gain of other health coverage for you and/or dependents.
 - e. Change in employment status
 - f. Change in Medicaid/Medicare eligibility for you or a dependent
 - g. Receipt of a Qualified Medical Child Support Order (or other court order)
 - h. Exhaustion of COBRA coverage
 - i. Change in residence that results in being outside the service area for your medical plan (only in certain circumstances)
 - j. If medical plan discontinues benefits for a certain group of individuals and you are part of that group
3. During the annual open enrollment period

Domestic Partner Eligibility Criteria

If you are enrolling a domestic partner, you will be asked to attest to your domestic partner relationship and that you have met all eligibility requirements listed below for the previous 12 months:

- You maintain the same principal place of residence and intend to do so in the future
- You agree to be responsible for each other's basic living expenses in the event that either of you is unable to provide such expenses for himself or herself
- You are both 18 or older
- Neither of you is married
- You are not related by blood to such a degree that you would be prevented from marrying in the state in which you reside (opposite sex partners only)
- Neither of you has maintained coverage for another Domestic Partner under any health plan within the last six months (This excludes any domestic partner that has died within the last six months)
- You agree to notify Rimini Street immediately upon your failure to satisfy any of the criteria of Domestic Partnership
- You understand that it is a fraudulent act to obtain health coverage by misrepresenting any facts stated herein

Enrolling With a Spouse or Domestic Partner

Rimini Street requires documentation:

- Partnership affidavit
- Municipal domestic partnership registration
- State domestic partnership registration
- State civil union license
- State marriage license
- Marriage licenses issued in other countries

COBRA Coverage – If You Leave Your Job

Your Rimini Street employer-sponsored benefits end on the last day of the month following your termination. You may be eligible to continue coverage for certain benefits for yourself and your dependents as allowed under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

The following benefits qualify for COBRA coverage:

- Medical and Prescription Drug
- Dental
- Vision
- Flexible Spending Accounts (FSAs)

If you participate in COBRA, you must enroll within 60 days of your notification date or coverage end date. You will be responsible for making monthly payments for the full premium, plus a 2% administration fee. In most cases, COBRA coverage is available for up to 18 months, though extensions may be available under qualifying circumstances.

You can convert life insurance coverage to an individual policy within 30 days of your termination date.

Before You Enroll

Before completing the enrollment process, you should review and update your personal information on the Workforce Now ADP site at www.workforcenow.adp.com. Any problems or questions, submit an HR ticket using <http://intranet/hr/Lists/HR%20Requests/NewForm.aspx>.

When you are ready to enroll, be sure to have the following information on hand:

- Your Social Security number
- The names, birth dates, and Social Security numbers of any dependents you wish to enroll, or of any beneficiaries you wish to designate

Waiver Incentive Option

If you have medical insurance through your spouse or domestic partner Rimini Street offers a financial payment if you waive the company provided medical insurance. Upon receiving attestation that you have other group insurance coverage, we will pay you \$200 per month subject to federal and state taxes. Please refer to the Medical Health Plan Waiver Policy document on <https://www.riministreet.com/benefits/>. You must re-enroll every year.



First Time Users/New Hires

- First time users, click on “Register Here”
- Enter the company registration passcode: rimini-1234 and click “Next”
- Follow the prompts to complete and submit your personal information

Ready to Enroll?

It's important to review your needs and the needs of your family so you can make the best choices from the options available to you. Follow these steps to enroll in your benefits.

1. Evaluate Your Needs

Be a smart health care shopper and ask yourself the following questions:

- **Who should I cover?** Evaluate your coverage options for all dependents who meet eligibility requirements.
- **How much did I spend on health care this past year?** Consider your past expenses to help you plan for the future.
- **Will I need more or less health care coverage next year?** Estimate the amount of health care you will require in the upcoming year.

2. Review Your Options

- Review this benefits guide to compare your options and evaluate plan costs and potential savings.

3. Enroll Online

- Visit www.workforcenow.adp.com to enroll.
- Enter your username and password.
- Follow the prompts to select or waive each of your benefit options.
- If waiving coverage, follow the prompts online to signify you are waiving coverage.
- Submit your elections.

4. Confirm Your Elections

- After you submit your elections, print and review your benefit statement carefully to make sure your benefits and dependent information are correct.

5. How to Print your Benefit Statement for Accuracy

- In workforcenow.adp.com, go to Myself, Benefits, Enrollments. Then Click on View/Print Benefits Statement link on the top right corner. Choose a future date as the "Benefits as of" date and click Find. (Note System will default to today)

ID Cards

After you enroll in benefits, you will receive ID cards from the medical plan you select: **Kaiser Permanente** or **UnitedHealthcare**, and from **Delta Dental** if you enroll in dental coverage for the first time or change your coverage. **You will not receive an ID card for VSP.**

When you receive your ID card (generally 5-10 business days), confirm that all information is accurate. If not, contact the insurance provider or the Benefits Help Desk right away. You are able to log into the carriers websites to view your benefits and in most cases download a temporary ID card.



Helpful Enrollment Tip

Each year you wish to participate in a Flexible Spending Account, Health Savings Account, or Commuter Plan, you must designate the amount you want to contribute to each account from your paycheck up to annual IRS limits. **Please note, you will need to re-enroll in the Flexible Spending Account each year. Your FSA elections will not roll over.**

Preventive Care Visits – See Your Doctor At Least Once a Year

Preventive care visits are critical to your overall health. Routine checkups and screenings can help you avoid serious health problems. Work as a team with your doctor to manage your overall health, and reach your health and wellness goals.

Preventive care visits include screenings, exams, tests, and immunizations to identify health problems early. This enables you to take action and keep treatable health issues from becoming chronic conditions. The best part? These visits are covered in full by your health plan when you use an in-network provider. Set a calendar reminder and make it a priority to schedule your annual preventive care visit each year.

Employee Assistance Program (EAP) – Help is Just a Call Away

When you need help with work, home, personal or family issues, the Employee Assistance Program (EAP) offers value-added programs and services at no charge.

Rimini Street employees and their household family members can access this confidential service through LifeWorks to help with many life challenges including elder care, illness, grief and loss, stress and depression, financial counseling, family challenges, legal matters, and much more. These services can help you overcome challenges while saving you both time and money.

The EAP gives you access to:

- Unlimited phone sessions
- Child care and elder care assistance
- 5 in-person counseling sessions per incidence
- Financial services assistance
- Legal resources
- Identity theft recovery services
- Concierge services

Contact the EAP for 24/7 Support

LifeWorks

Call (888) 267-8126

Online at <https://rimini-street.lifeworks.com>

Benefit Terms & Definitions

To better understand your coverage, it's helpful to be familiar with benefits vocabulary. Take a moment to review these terms, which may be referenced throughout this guide.

Balance Bill – When a health care provider bills a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

Copay – A fixed dollar amount you pay the provider at the time of service; for example, a \$25 copay for an office visit or a \$10 copay for a generic prescription.

Coinsurance – The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Deductible – The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible; for example, the deductible does not apply to preventive care services.

Emergency Room Care – Care received at a hospital emergency room for life-threatening conditions.

In-Network Care – Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Out-of-Network Care – Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase and services may be subject to balance billing.

Out-of-Pocket Maximum – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium – The complete cost of your plans. You share this cost with your employer and pay your portion through regular paycheck deductions.

Preventive Care – Routine health care including annual physicals and screenings to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Urgent Care – Urgent care is not the same as emergency care. Visit urgent care for sudden illnesses or injuries that are not life-threatening. Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

Benefit Acronyms

AD&D = Accidental Death & Dismemberment

FSA = Flexible Spending Account

HDHP = High Deductible Health Plan

HMO = Health Maintenance Organization

HSA = Health Savings Account

LTD = Long-Term Disability

OOPM = Out-of-Pocket Maximum

PPO = Preferred Provider Organization

STD = Short-Term Disability



Medical Coverage – To Keep You Healthy

Is anything more important than your health? At Rimini Street, our goal is to inspire you to reach your highest potential and be the best version of you. This starts with taking care of your overall health.

Which Medical Plan Is Right for You?

Rimini Street is pleased to offer medical coverage through Kaiser and UnitedHealthcare. When deciding which medical plan is the best fit for you and your family, it's important to consider the total cost of coverage. This includes what you pay in premiums out of your paycheck and what you pay for services.

While each medical plan covers preventive screenings in full, the medical plans vary on annual deductibles, copays, and levels of coinsurance. This means you may pay more out-of-pocket costs with one plan versus another. The ideal medical plan should cover most of your health plan with out-of-pocket costs that meet your budget.

Explanation of Medical Plan Options

Health Maintenance Organization (HMO) Plan

With an HMO plan, you select a Primary Care Physician (PCP) who will coordinate your health care needs, including referrals to specialists. You typically pay a flat dollar amount (copay) for qualified health care services. The HMO plan offers in-network coverage only. If you visit a provider outside of the plan's network, you will be responsible for the full cost of services.

Preferred Provider Option (PPO) Plan

A PPO plan gives you the option to seek medical treatment from a contracted medical provider, at negotiated rates, or from an out-of-network provider, at an additional cost. You may pay a copay for select services, with the exception of preventive care, which is covered in full. Other services may be subject to the annual deductible and coinsurance. Once you reach the out-of-pocket maximum, the plan will pay 100% for all eligible expenses for the remainder of the plan year. While you can visit any doctor, you'll save the most money by using in-network providers.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

With the HDHP, you can receive medical services from in-network or out-of-network providers. You pay for all medical services until you reach the annual deductible, except for in-network preventive care which is covered in full. After your annual deductible is met, the plan pays for a percentage of covered services known as coinsurance. When you reach the out-of-pocket maximum, the plan will pay 100% for all eligible expenses for the remainder of the calendar year.

When you enroll in the HDHP, you are eligible to open a Health Savings Account (HSA) to help pay for eligible health care expenses (deductibles, coinsurance, and prescriptions) with pre-tax dollars. See the How the Health Savings Account (HSA) Works section in this guide for more information.

Prescription Drug Coverage

Prescription drug coverage is included in the medical plan you select. Regardless of which plan you choose, you'll save the most money by using a participating pharmacy. You can access a list of pharmacies through your plan's website or by calling member services.

High-Deductible Health Plans: If you enroll in an HDHP, you will pay the full cost for prescription drugs until you meet your deductible. Once you meet your plan's deductible, you share the cost of prescription drugs with the plan.

How to Find a Kaiser Provider

1. Log on to www.kp.org
2. Select "Find a Doctor"
3. Enter your search criteria

How to Find a UnitedHealthcare Provider

1. Log on to www.myuhc.com
2. Select "Find a Doctor"
3. Enter your search criteria

Still need more explanation in the differences between a High Deductible Plan vs. PPO vs. HMO?

Give our Benefit Help Desk-Alight Advocacy Team a call at 877-399-8952 or email tag@alight.com.

They are available 8:00am - 6:00pm (CST) Monday through Friday.

Your Medical Plan Options

Plan Features	Kaiser HMO	UnitedHealthcare HSA	
	In-Network Only	In-Network	Out-of-Network
Calendar Year Deductible ¹ Individual/Family	None	\$2,800 / \$5,600	\$2,800 / \$5,600
Calendar Year Out-of-Pocket Maximum ¹ Individual/Family	\$1,500 / \$3,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Rimini Annual HSA Contribution Individual/Family	N/A	\$1,500 / \$2,500	
	You pay:	You pay:	
Preventive Care Visit	Covered in full	Covered in full	Not covered
Primary Care Visit	\$25 copay	20% after deductible	40% after deductible
Telemedicine Visit	Covered in full	Covered in full	Not covered
Specialist Visit	\$25 copay	20% after deductible	40% after deductible
Lab & X-ray	Covered in full	20% after deductible	40% after deductible
Urgent Care	\$25 copay	20% after deductible	40% after deductible
Emergency Room (copay waived if admitted)	\$100 copay	20% after deductible	
Outpatient Services	\$25 copay	20% after deductible	40% after deductible
Inpatient Services	Covered in full	20% after deductible	40% after deductible
Chiropractic	Not covered	20% after deductible (up to 24 visits per year)	Not covered
Acupuncture	\$25 copay	20% after deductible (up to 20 visits per year)	Not covered
Prescription Drugs: Retail (up to a 30-day supply for Kaiser, 31-day supply for UHC)			
Tier 1 Tier 2 Tier 3	\$10 copay \$25 copay \$25 copay	\$10 copay after deductible \$35 copay after deductible \$70 copay after deductible	
Prescription Drugs: Mail Order (up to a 100-day supply for Kaiser, 90-day supply for UHC)			
Tier 1 Tier 2 Tier 3	\$20 copay \$50 copay \$50 copay	\$25 copay after deductible \$87.50 copay after deductible \$175 copay after deductible	Not covered

¹HDHP has an embedded deductible and an embedded OOPM.

This chart provides a brief overview of benefits and coverage. Refer to the detailed summary plan documents for questions about a specific procedure, service, or provider. In the event of a conflict, the official plan documents prevail.

Your Medical Plan Options Continued

Plan Features	UnitedHealthcare PPO 250		UnitedHealthcare PPO 1500	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible ¹ Individual/Family	\$250 / \$500	\$500 / \$1,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Calendar Year Out-of-Pocket Maximum ² Individual/Family	\$2,250 / \$4,500	\$4,500 / \$9,000	\$4,500 / \$9,000	\$7,500 / \$15,000
	You pay:		You pay:	
Preventive Care Visit	Covered in full	Not covered	Covered in full	Not covered
Primary Care Visit	\$20 copay	40% after deductible	\$15 copay	50% after deductible
Telemedicine Visit	Covered in full	Not covered	Covered in full	Not covered
Specialist Visit	\$20 copay	40% after deductible	\$15 copay	50% after deductible
Lab & X-ray	20% after deductible	40% after deductible (lab not covered)	Covered in full	50% after deductible (lab not covered)
Urgent Care	\$50 copay	40% after deductible	\$15 copay	50% after deductible
Emergency Room (copay waived if admitted)	\$100 copay		\$100 copay	
Outpatient Services	20% after deductible	40% after deductible (up to \$760 / day)	20% after deductible	50% after deductible (up to \$760 /day)
Inpatient Services	20% after deductible	40% after deductible	20% after deductible	50% after deductible
Chiropractic (24 visits per year)	\$20 copay	Not covered	\$15 copay	Not covered
Acupuncture (20 visits per year)	\$20 copay	Not Covered	\$15 copay	Not covered
Prescription Drugs: Retail (up to a 30-day supply)				
Tier 1 Tier 2 Tier 3	\$10 copay \$35 copay \$70 copay		\$5 copay \$30 copay \$65 copay	
Prescription Drugs: Mail Order (up to a 90-day supply)				
Tier 1 Tier 2 Tier 3	\$25 copay \$87.50 copay \$175 copay	Not covered	\$12.50 copay \$75 copay \$162.50 copay	Not covered

¹PPO has an embedded deductible which means a member can satisfy his/her individual deductible for the coverage and coinsurance to apply.

²PPO has an embedded out-of-pocket maximum which means a member can meet his/her individual out-of-pocket maximum for coverage to begin at 100%.

This chart provides a brief overview of benefits and coverage. Refer to the detailed summary plan documents for questions about a specific procedure, service, or provider. In the event of a conflict, the official plan documents prevail.

How the Health Savings Account (HSA) Works

If you enroll in a High-Deductible Health Plan (HDHP), you may be eligible to open a Health Savings Account (HSA) through Optum to help pay for eligible health care expenses not covered under your medical, dental, or vision plan. An HSA makes it easy to pay for current health care costs and save for future health care needs now or into retirement.

HDHP with Health Savings Account FAQ

What are the benefits of an HSA?

An HSA offers the opportunity for you to set aside tax-free* money to pay for out-of-pocket health care expenses. Since the HSA is your bank account, the unused funds roll over year to year. If you leave the company, the account goes with you. HSAs are also a great retirement savings account. You can contribute up to the annual IRS maximums (including the age 55+ catch-up contributions) with pre-tax dollars to pay for health care after you retire.

Access Your HSA on the Go

Optum

Call (800)791-9361

Online at www.optumbank.com

How much can I contribute?

Contributions cannot exceed the annual IRS maximums listed below:

Coverage Type	2022 Maximum Contribution Limit	2022 Rimini Street HSA Contribution	2022 Maximum Employee Contribution
Individual Coverage	\$3,650	\$1,500	\$2,150
Family Coverage	\$7,300	\$2,500	\$4,800
Age 55+ Catch-up Contribution	Additional \$1,000		

How do I get the employer contribution?

You must first open an HSA to be eligible for employer contributions. Rimini Street will automatically contribute to your HSA at the beginning of the year or when you become eligible. Company contributions will be added and accrue over the course of the year. In 2022, Rimini Street will deposit up to \$1,500 annually for individual coverage and up to \$2,500 annually for family coverage. Rimini Street contributions to the HSA are pro-rated based on your effective date on the HSA plan. Mid-year hires will have their contributions pro-rated.

How do I get reimbursed?

When you enroll in an HSA, you will receive a Optum debit card to pay for eligible expenses. You can also submit claims online through your own personal account at www.optumbank.com.

Are HSAs really tax-free?

Yes! HSAs give you a triple tax advantage: your contributions to the HSA are not taxed, payment of qualified expenses is tax-free, and earnings are tax-free.*

Keep in mind, there are a few important rules you need to follow. If you use your HSA funds for expenses the IRS considers eligible, the money remains tax-free.* If you use funds for ineligible expenses, you will pay applicable taxes and an excise tax penalty (currently 20%).

What about the fine print?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be covered under another non-qualified health plan, including your spouse's Health Care Flexible Spending Account.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else's tax return.

Questions? Refer to IRS Publication 969 for complete rules.

*State taxes may still apply in CA, NJ, and AL. For detailed tax implications of an HSA, please contact your professional tax advisor.

Dental Coverage – Worth Smiling About

Good dental care improves your overall health. Our dental plans help you maintain a healthy smile through regular preventive dental care and offers coverage to fix problems as soon as they occur. When choosing a plan, consider your anticipated dental needs, as well as the network, deductibles, copays, and services each plan covers. Review your dental plan options to determine which plan is best for you and your family. To find an in-network provider, visit www.deltadentalins.com.

Explanation of your Dental Plan Option

PPO Dental Plan

With the PPO dental plan, you may visit any dentist of your choice. Keep in mind, you'll receive the highest coverage when you use an in-network provider. If you visit an out-of-network provider, you will not benefit from discounted rates and will pay more out-of-pocket for services. Many dentists outside the provider network will require you to pay for services upfront and submit forms for reimbursement from your plan.

Plan Features	Delta Dental PPO Plan	
	In-Network	Out-of-Network*
	You pay:	
Calendar Year Deductible (waived for Preventive Services)	\$50 Individual / \$150 Family	
Calendar Year Benefit Maximum	\$2,500	\$1,500
Diagnostic and Preventive Services (e.g., x-rays, cleanings, exams)	Covered in full	20%
Basic and Restorative Services (e.g., fillings, extractions, root canals)	10% after deductible	20% after deductible
Major Services (e.g., dentures, crowns, bridges)	30% after deductible	50% after deductible
Orthodontia Children to age 26 and adults	40%	50%
Orthodontia Lifetime Maximum	\$1,500	

*For Out-of-Network services, members pay applicable coinsurance plus any amount that exceeds the usual, customary, and reasonable charge.



Vision Coverage – Protect Your Eyesight

Keep your vision clear and your eyes in good health with regular eye exams. VSP vision coverage offers an extensive network of optometrists and vision care specialists. You'll save money by visiting VSP in-network providers. Find an in-network provider online at www.vsp.com. VSP does not send out ID cards.

Plan Features	VSP	
	In-Network	Out-of-Network
	You pay:	Plan reimburses you:
Exam every 12 months	\$10 copay	Up to \$50
Frames every 12 months	\$150 allowance plus 20% off on the amount due over your allowance	Up to \$70
Lenses every 12 months		
Single Vision	\$25 copay	Up to \$50
Bifocal	\$25 copay	Up to \$75
Trifocal	\$25 copay	Up to \$100
Lenticular	\$25 copay	Up to \$125
Contact Lenses (in lieu of lenses and frames) every 12 months		
Elective	\$130 allowance	Up to \$105
Medically Necessary	Covered in full	Up to \$210



Your Cost for Coverage

While Rimini Street pays the majority of the medical, dental, and vision premiums for you and your dependents, you also contribute to your health care premiums. You can select different coverage levels for medical, dental, and vision insurance based on your individual needs.

Your monthly payroll deductions for medical, dental, and vision coverage are shown in the table below:

Benefit Plan	Employee Only	Employee + Spouse/Domestic Partner	Employee + Child(ren)	Employee + Family
Medical				
Kaiser (CA only)	\$0.00	\$358.81	\$290.70	\$632.59
UnitedHealthcare HSA	\$0.00	\$345.72	\$178.48	\$724.25
UnitedHealthcare PPO 250-80/60	\$0.00	\$694.81	\$462.32	\$1,215.76
UnitedHealthcare PPO 1500-80/50	\$0.00	\$505.54	\$309.02	\$950.84
Dental				
Delta Dental PPO	\$0.00	\$27.02	\$34.52	\$60.15
Vision				
VSP Vision	\$0.00	\$3.68	\$3.78	\$9.17



Flexible Spending Accounts (FSAs) – Save Money by Planning Ahead

Flexible Spending Accounts (FSAs), administered by WEX, allow you to set aside pre-tax dollars to pay for eligible health and dependent care expenses. As an eligible employee, you may choose to enroll in one or both Flexible Spending Accounts. Each year, you must elect the annual amount you want to contribute to each account. Your contributions will be deducted pre-tax from your paycheck which can help reduce your taxable income.

Health Care FSA – IRS Annual Maximum \$2,850

Your Health Care FSA will reimburse you for eligible expenses that you, your spouse/domestic partner, and your children incur during the plan year. The entire annual amount you elect can be used at any time during the plan year even though your contributions are deducted each paycheck. When you incur an eligible expense, you can use your WEX debit card or pay out-of-pocket and submit a reimbursement request with documentation.

Eligible expenses include copays, coinsurance, deductibles, orthodontia, glasses/contact lenses, and much more. For a complete list, refer to IRS Publication 502: Medical and Dental Expenses, available at www.irs.gov/publications.

Note: if you are enrolled in the HDHP with HSA, you are not eligible to participate in the Health Care FSA.

Limited Purpose FSA – IRS Annual Maximum \$2,850

HDHP with HSA participants are eligible to participate in the Limited Purpose Health Care FSA to set aside pre-tax dollars for eligible dental and vision expenses only.

Commuter Benefit Plan - Keeping You Moving

The WEX commuter benefits program allows employees who commute to and from work to set aside pre-tax funds to pay for their work-related mass transit and parking expenses. Eligible expenses for the transit benefit include transit passes, fare cards, ticket books, and vanpool expenses. This plan is subject to residency in eligible metropolitan areas.

You may deduct pre-tax money from your paycheck to pay for commute-related expenses which reduces your taxable income. The maximum contribution is:

- Transit: \$280 monthly
- Parking: \$280 monthly

Dependent Care FSA – IRS Annual Maximum \$5,000

Your Dependent Care (or daycare) FSA lets you use “before-tax” dollars to pay daycare expenses for children age 13 and under, or for elder dependents unable to care for themselves. The care must be necessary for you and your spouse to remain employed. Care may be provided through live-in care, babysitters, or licensed daycare centers. Unlike the Health Care FSA, you can be reimbursed only up to the amount available in your account after your payroll contributions.

What’s in the fine print?

FSAs offer sizable tax advantages, but are subject to IRS regulations:

- All expenses for the Health Care and Dependent Care Flexible Spending Accounts must be incurred during the plan year: January 1 through December 31.
- The IRS has a strict “Use-It or Lose-It” rule for FSAs.
- At the end of the calendar year, participants can roll over up to \$570 of unused health care funds. Any remaining funds above this amount will be forfeited.
- Once you enroll in the FSA, you can only change your contribution amount if you experience a qualified status change.
- You have to re-enroll in the FSA every year.
- Each account functions separately. You cannot transfer funds from one FSA to another.

Commuter Benefit Plan

WEX offers the ability for you to manage your commuter benefit account(s) online.

Your email address will be on file with WEX, so you can create your account online.

Just go to www.wexinc.com, click the Login button and select Commuter Login.

Select Create your new username and password and complete the steps to activate your account.

Please call 1-866-451-3399 within 30 days of joining WEX to ensure you can access your account online when you need to.

Life and AD&D – Coverage for Peace of Mind

Life and Accidental Death and Dismemberment (AD&D) insurance, through Lincoln, provides financial security to you and your family if you pass away or become seriously injured.

Basic Life and AD&D Insurance

As an eligible Non-Executive employee, you receive Basic Life and Basic AD&D insurance equal to **2 times your annual salary to a maximum of \$400,000** and as an eligible Executive employee, you receive Basic Life and Basic AD&D insurance equal to **3 times your annual salary to a maximum of \$600,000**. Coverage exceeding \$50,000 is subject to imputed income. This means the premium for any amount over \$50,000 must be included as income and will be subject to Social Security and Medicare taxes, which may be reflected in your paycheck. **The cost of Basic Life and AD&D coverage is sponsored by Rimini Street.**

Voluntary Life and AD&D Insurance

In addition to Basic Life and AD&D, you may buy voluntary Life and AD&D coverage at discounted rates that you may not be able to secure on your own. The chart below describes the amounts of coverage you can buy for yourself, your spouse, and your child(ren). If you choose to purchase voluntary Life and AD&D, the amounts will be deducted pre-tax from your paychecks.

Benefit Features	Voluntary Life and AD&D Options*		
	Employee	Spouse	Dependent Child(ren) (under age 26)
Coverage Options	Increments of \$10,000	Increments of \$5,000	Increments of \$2,500
Maximum	\$1,000,000 (cannot exceed 7 x salary)	\$250,000 (cannot exceed more than employee coverage)	\$10,000
Guaranteed Issue Amount	\$350,000	\$50,000	
Guaranteed Issue Period	Within 30 days of benefits eligibility or a qualifying life event		

*Evidence of Insurability (EOI) may be required.

What Is EOI?

Evidence of Insurability (EOI) is the process of providing health information to qualify for certain types of insurance coverage. If you elect voluntary Life and AD&D coverage above the guaranteed issue limit or outside of the guaranteed issue period, you will be required to submit a health questionnaire (in some cases, a physical exam may be required). Your questionnaire will be reviewed by Lincoln Financial and you will be notified of their decision directly.

How much voluntary Life and AD&D insurance should I buy?

When deciding how much voluntary Life and AD&D coverage to buy, consider the following three factors:

1. How much will your dependents need to pay debts, such as a mortgage, car loan, or credit card balances?
2. How much do your dependents need to maintain their current standard of living?
3. What kind of future would you like to provide for your dependents or others who depend on you for financial support?

Who should be my beneficiary?

You may choose anyone to be the beneficiary of your Life and AD&D policy in the event of your death or serious injury. Once you select your beneficiary, your designation will remain unchanged until you submit a new beneficiary designation form. We encourage you to periodically review your beneficiary designations to ensure they are up to date and accurate. You may change your beneficiary as often as you wish.

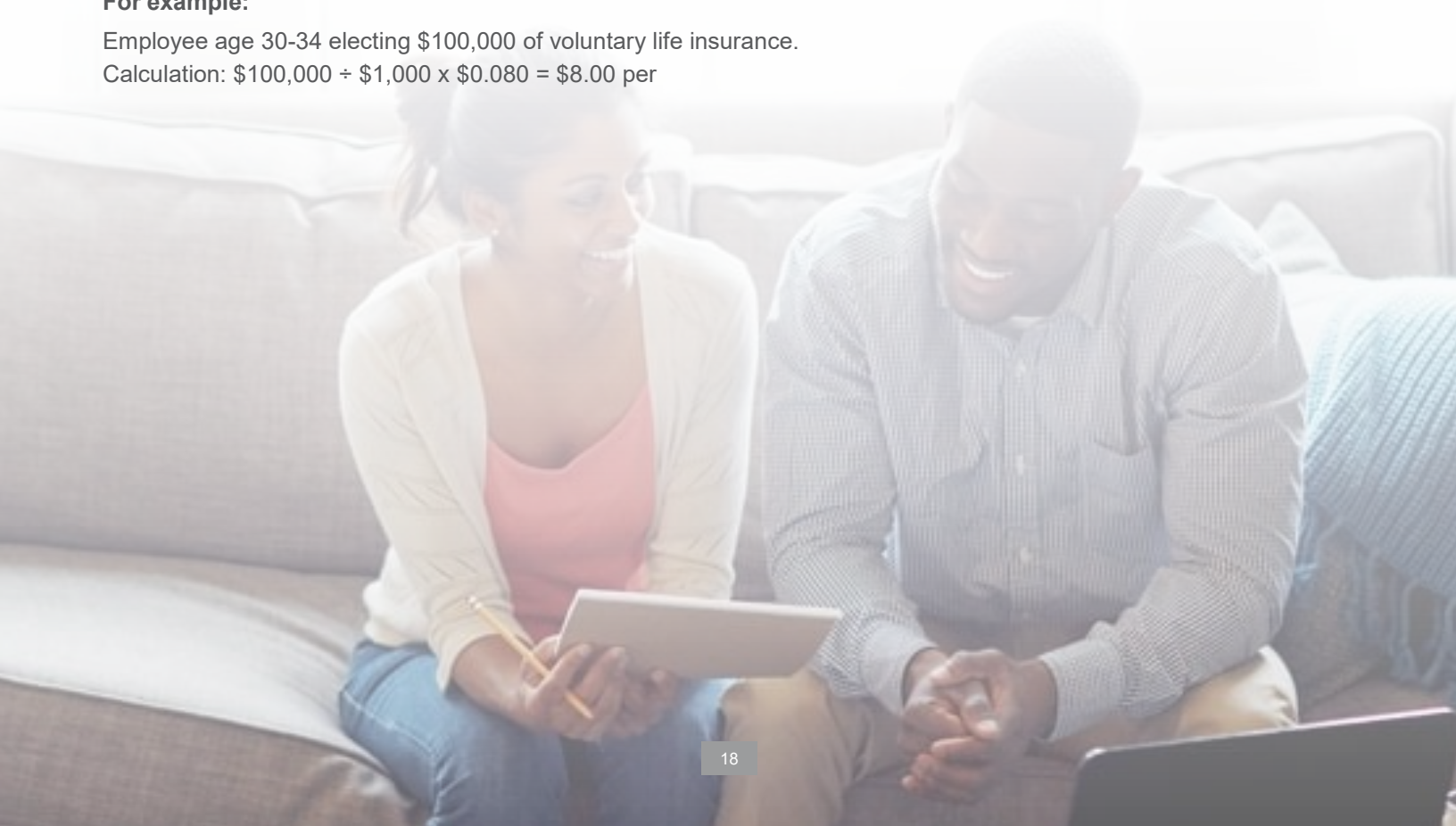
Voluntary Life and AD&D Insurance Premiums

Voluntary Life Premiums	
Employee, Spouse/Domestic Partner	
Age	Monthly rate per \$1,000 of coverage
Under age 30	\$0.079
30-34	\$0.080
35-39	\$0.103
40-44	\$0.166
45-49	\$0.278
50-54	\$0.467
55-59	\$0.762
60-64	\$0.953
65-69	\$1.537
70 and older	\$3.057
Optional Supplemental Dependent Child(ren)	\$0.164 (covers all dependent children)
Voluntary AD&D Premiums	
Optional Supplemental AD&D (Employee)	\$0.014
Optional Supplemental AD&D (Spouse)	\$0.020
Optional Supplemental AD&D (Child)	\$0.010

For example:

Employee age 30-34 electing \$100,000 of voluntary life insurance.

Calculation: $\$100,000 \div \$1,000 \times \$0.080 = \8.00 per



Disability Coverage – Prepare for the Unexpected

Have you considered how you'd pay your mortgage or buy groceries if you are injured or ill and unable to work? If you experience an injury or illness that prevents you from working, disability coverage provides partial income replacement to assist you financially.

Short-Term Disability (STD)

Short-Term Disability coverage, through Lincoln Financial, provides you with a portion of income replacement if you are unable to work due to a non-occupational illness or injury. **You are automatically enrolled in STD at no cost to you.**

Short-Term Disability (STD)			
Percent of Earnings	Weekly Maximum	Elimination Period	Maximum Duration
60%	\$2,500	7 days	13 weeks

Elimination Period is the time between an injury and the receipt of benefit payments.

STD benefits may be offset by benefits you receive from the state-mandated disability plans in California, New Jersey, New York, Rhode Island or the Commonwealth of Puerto Rico.

Long-Term Disability (LTD)

Long-Term Disability coverage, through Lincoln Financial, pays you a portion of your earnings if you cannot work for an extended time due to a disabling illness or injury. **You are automatically enrolled in LTD at no cost to you.**

Long-Term Disability (LTD)			
Percent of Earnings	Monthly Maximum	Elimination Period	Maximum Duration
60%	\$10,000	90 days	Up to Social Security Normal Retirement Age

Benefits are reduced by other sources of disability income you may qualify for such as Social Security and Workers' Compensation.



401(k) Retirement Plan – Save Now For a Secure Future

Retirement readiness is an important part of overall financial wellness. The Rimini Street Company 401(k) Plan administered by Fidelity offers a variety of investment options. Rimini Street generously matches 100% up to 4% of employee 401(k) contributions to help grow your retirement savings. The company match will start after a year of service.

Eligibility

You are eligible to participate in the 401(k) plan on your first day of employment at Rimini Street. When eligible, you may enroll in the 401(k) plan, designate beneficiaries, and allocate your asset distribution at any time. You do not need to wait for annual enrollment to make changes.

Personal contributions are pre-tax (or post-tax if enrolling in a Roth 401(k)) and are added to your account conveniently through payroll deductions.

Company 401(k) Contributions

The key to a successful retirement is to start saving now! Rimini Street will contribute a Safe Harbor Match totaling 100% on the first 4% of compensation. You are eligible for matching contributions once you have completed one year of service (1,000 hours).

Your personal funds and the safe harbor matching contributions made by the company are 100% vested immediately.

Advantages of a Roth 401(k)

Your Plan offers a Roth option. The Roth option will give you the flexibility to designate all or part of your 401(k) elective deferrals as Roth contributions.

Roth contributions are made with after-tax dollars, as opposed to the pre-tax dollars you contribute to a traditional 401(k). In other words, with the Roth option, you've already paid taxes on money you contribute. In retirement, you will not have to pay taxes on withdrawals including any gains. With the traditional 401(k), your contribution is made on a pre-tax basis and you pay taxes only when you take a distribution.

While you may elect to make contributions to both a traditional 401(k) and a Roth 401(k), you may only contribute a combined total of \$20,500 for the 2022 plan year. If you're age 50 or older, you can make "catch up" contributions up to \$6,500 per year. You don't need to make a separate election to contribute additional "catch up" funds. Your contributions will simply continue until you meet the annual "catch up" limit.

Helpful Tips on Saving for Retirement

- Start saving as soon as possible to grow your retirement account.
- Begin with small contributions, if necessary, and increase contributions overtime.
- Make setting aside money for retirement a habit.
- Understand investment returns may fluctuate.
- Let it sit. Avoid penalties by leaving funds in your 401(k) until retirement.
- If you change jobs, you can roll over your retirement account.



401(k) Fast Facts

- You are eligible to participate in the 401(k) plan immediately.
- In 2022, you may contribute up to the IRS maximum of \$20,500.
- If you are age 50 or over, you can make "catch-up" contributions up to \$6,500.
- Rimini Street will match 100% of each dollar you contribute up to the first 4% of your annual compensation.

Keep Track of Your 401(k)

Fidelity

Call (800) 343-3548

Online at www.netbenefits.com

Voluntary Pet Insurance – Take Care of Their Health Too

Your pets can now receive coverage to stay healthy, too. Voluntary pet insurance helps you be financially prepared, as veterinary bills can add up quickly. With pet insurance from Figo, you can save up on unexpected veterinary expenses plus optional coverage to help pay for routine veterinary care, such as vaccines, wellness exams, and teeth cleaning. For being a Rimini Street Employee, you will receive a 5% discount on Figo Pet Insurance.

Visit www.figopetinsurance.com, to get an instant quote and enroll at any time. Call Figo at (844) 738-3446 to speak with a pet insurance expert if you have any questions.

Voluntary Worksite Benefits – Complete Your Coverage

Accident Insurance

Accidents can happen any time. As an eligible employee, you can buy Voya Accident insurance to help pay for expenses related to unexpected accidents and injuries. Accident insurance pays in addition to your medical plan and benefits are payable regardless of any other insurance plans.

The benefit amount is determined by the injury and medical care received and paid in a lump sum amount. No health questions are required, but a pre-existing condition clause may apply. Employees are responsible for the cost of this benefit and you may sign up for coverage for yourself, your spouse, and your children.

*Plan includes a wellness benefit of \$100 for covered health screenings.

Premiums for Accident coverage are:

Employee Only	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Employee + Family
\$14.10	\$24.33	\$28.78	\$39.01

Below are some of the injuries for which a benefit(s) is paid out.

Accident hospital care	Surgery, Hospital Admission/Confinement, Critical Care unit confinement, Coma, Transportation, Lodging, Family care
Follow-up care	Medical equipment, Physical therapy, Prosthetic device
Common injuries	Burns, Skin Grafts, Emergency dental work, Eye Injury, Torn Knee Cartilage, Laceration, Ruptured Disk, Tendon/Ligament/Rotator Cuff, Concussion, Paralysis
Dislocations	Hip joint, Knee, Ankle or Foot, Shoulder, Elbow, Wrist Finger/toe, Hand bones, Lower jaw, Collarbone, Partial dislocations
Fractures	Hip, Leg, Ankle, Kneecap, Foot, Upper arm, Forearm, Hand, Wrist, Finger, Toe, Vertebrae, Pelvis, Coccyx, Bones of face, Nose, Upper jaw, Lower jaw, Collarbone, Rib(s), Skull, Sternum, Shoulder blade, chips
Emergency care benefits	Ground ambulance, Air ambulance, Emergency room treatment, Initial doctor visit, Follow-up doctor visit

Voluntary Worksite Benefits – Complete Your Coverage

Critical Illness Insurance

Are you protected if you experience a critical illness? As an eligible employee, you can buy Voya Critical Illness insurance to help pay for expenses related to the diagnosis of a critical illness such as a heart attack, coma, kidney failure, or cancer. Critical Illness insurance pays in addition to your medical plan and benefits are payable regardless of any other insurance plans.

The benefit amount is determined by the type of illness and is paid in a lump sum amount. No health questions are required, but a pre-existing condition clause may apply. Employees are responsible for the cost of this benefit. Coverage is available for employees, spouses, and their children. **Rates vary based on elected Benefit Amount, age, and tobacco use.**

*Plan includes a \$100 Wellness Benefit for employee and spouse (\$50 for children up to \$200 per year).

Conditions			
Heart attack	Coma	Permanent paralysis	Multiple Sclerosis
Cancer	End stage renal (kidney) failure	Amyotrophic Lateral Sclerosis	Benign brain tumor
Deafness	Parkinson's Disease	Blindness	Major organ failure
Stroke	Carcinoma in situ (25%)	Occupational HIV	Alzheimer's Disease

Hospital Indemnity Insurance

An unexpected hospital stay or confinement can be expensive, even with medical insurance. As an eligible employee, you can buy Voya Hospital Indemnity insurance to help pay for expenses and bills related to being admitted or confined in a hospital. Benefits are paid directly to you and the funds can be used as you see fit.

No health questions are required, but a pre-existing condition clause may apply. Employees are responsible for the cost of this benefit and it is available for employees, spouses, and children. Premiums for Hospital coverage are:

Employee Only	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Employee + Family
\$18.57	\$39.19	\$29.19	\$49.81

- **Critical care unit (CCU):** The benefit is 2x the daily benefit amount (\$100), up to 15 days per confinement.
- **Rehabilitation facility:** The benefit is one-half of the daily benefit amount (\$100), up to 30 days per confinement.
- **Initial Confinement Benefit :** This pays you an additional benefit of 10x the daily benefit for the first day you spend in a hospital, critical care unit or rehabilitation center. The daily benefit is \$100.

Paid Time Off Plan (PTO)

Our PTO (Paid Time Off) plan is designed to provide eligible employees with paid time off for any reason, such as for vacation, personal time, or observance of religious holidays, personal illness, personal injury, or the illness or injury of dependents and/or family members.

Regular, full-time employees, as well as regular, part-time employees who are regularly scheduled to work 30 hours or more per week, accrue PTO at the rate of **17 days** (136 hours) earned during a 12-month period. Maximum accrual is 272 hours.

Beginning in the **4th year** of continuous service, the accrual rate for PTO increases to **22 days** (176 hours) Maximum accrual is 352 hours.

Beginning in the **6th year** of continuous service the accrual rate for PTO increases to **27 days** (216 hours) Maximum accrual is 432 hours.

Once this cap is reached, no further PTO will accrue until PTO is used. You may not borrow against future PTO before it's accrued.

Exempt employees must take PTO in 4 hour increments. Employees absent for 4 hours or more will have the corresponding amount of time deducted from their accrued PTO.

*WorkforceNow does not let you enter PTO 2 days before pay days for payroll processing.



Your Benefits Contacts – Reach Out to the Experts

Coverage	Contact	Policy Number	Phone	Website
Medical	Kaiser	603239	(800) 464-4000	www.kp.org
	UnitedHealthcare	909202	PPO: (866) 633-2446 HSA: (866) 314-0335	www.myuhc.com
Health Savings Account (HSA)	Optum Bank	909202	(800) 791-9361	www.optumbank.com
Dental	Delta Dental	4103	(800) 765-6003	www.deltadentalins.com
Vision	VSP	30023839	(800) 877-7195	www.vsp.com
Employee Assistance Program (EAP)	LifeWorks	Rimini Street	(888) 267-8126	rimini-street.lifeworks.com
Flexible Spending Account (FSA)	WEX	35318	(866) 451-3399	www.wexinc.com
Commuter Benefits	WEX	N/A	(866) 451-3399	www.wexinc.com
Life and AD&D	Lincoln Financial	09-LF0793	(800) 487-1485	www.lfg.com
Disability	Lincoln Financial	09-LF0793	(800) 487-1485	www.lfg.com
401(k)	Fidelity	00820	(800) 890-4015	www.netbenefits.com
Voluntary Pet Insurance	Figo	Rimini Street	(844) 738-3446	www.figopetinsurance.com
Accident, Critical Illness, Hospital Indemnity	Voya	697877	(800) 955-7736	https://presents.voya.com/EBRC/1778

Benefit Help Desk Alight Advocacy Team

Rimini Street's employee support services, provides you and your family with added support with benefits-related questions and issues.

8:00am-6:00pm CST

Email: tag@alight.com

Phone: 877-399-8952

Questions?

For more information about your plan coverages and benefit options, review your carrier summaries, summary plan documents, visit <https://www.riministreet.com/benefits/>, talk to your Human Resources Business Partner or submit a HR ticket.

Benefits Information Portal

Need more information about your benefits? You can safely access benefits information for you and your family 24 hours a day, 7 days a week.

Learn about your Rimini Street benefit options:

- Download forms
- Review plan summaries
- Explore additional value-added programs available to you through our insurance vendors

Log in to the site to get started:

- Go to <https://www.riministreet.com/benefits/>
- No username or password required

This communication highlights some of your Rimini Street benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. Rimini Street reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.



Rimini Street®
