



**Rimini Street®**

# 2022 Benefits Snapshot

## Welcome to Your Rimini Street Benefits!

This benefits snapshot provides you with an overview of the benefits available to you at Rimini Street. For more information, review your carrier summaries, summary plan documents, benefits guide, visit <https://www.riministreet.com/benefits/>, or talk to your Human Resources Business Partner.

## Eligibility

You are eligible for benefits if you are a full-time employee working 30 hours per week. Eligible dependents include your spouse or domestic partner and your children up to age 26.

## How to Enroll

Enroll in or make changes to your benefits by applying online at ADP workforcenow and following the steps to enroll. New users must register for an account.

# Your Medical Plan Options

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

<sup>1</sup>HDHP 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
<b>Calendar Year Deductible<sup>1</sup></b> Individual/Family	\$250 / \$500	\$500 / \$1,000	\$1,500 / \$3,000	\$1,500 / \$3,000
<b>Calendar Year Out-of-Pocket Maximum<sup>2</sup></b> Individual/Family	\$2,250 / \$4,500	\$4,500 / \$9,000	\$4,500 / \$9,000	\$7,500 / \$15,000
	<b>You pay:</b>		<b>You pay:</b>	
<b>Preventive Care Visit</b>	Covered in full	Not covered	Covered in full	Not covered
<b>Primary Care Visit</b>	\$20 copay	40% after deductible	\$15 copay	50% after deductible
<b>Telemedicine Visit</b>	Covered in full	Not covered	Covered in full	Not covered
<b>Specialist Visit</b>	\$20 copay	40% after deductible	\$15 copay	50% after deductible
<b>Lab &amp; X-ray</b>	20% after deductible	40% after deductible (lab not covered)	Covered in full	50% after deductible (lab not covered)
<b>Urgent Care</b>	\$50 copay	40% after deductible	\$15 copay	50% after deductible
<b>Emergency Room</b> (copay waived if admitted)	\$100 copay		\$100 copay	
<b>Outpatient Services</b>	20% after deductible	40% after deductible (up to \$760 / day)	20% after deductible	50% after deductible (up to \$760 / day)
<b>Inpatient Services</b>	20% after deductible	40% after deductible	20% after deductible	50% after deductible
<b>Chiropractic</b> (up to 24 visits per year)	\$20 copay	Not covered	\$15 copay	Not covered
<b>Acupuncture</b> (up to 20 visits per year)	\$20 copay	Not Covered	\$15 copay	Not covered
<b>Prescription Drugs: Retail (up to a 31-day supply)</b>				
Tier 1	\$10 copay		\$5 copay	
Tier 2	\$35 copay		\$30 copay	
Tier 3	\$70 copay		\$65 copay	
<b>Prescription Drugs: Mail Order (up to a 90-day supply)</b>				
Tier 1	\$25 copay	Not covered	\$12.50 copay	Not covered
Tier 2	\$87.50 copay		\$75 copay	
Tier 3	\$175 copay		\$162.50 copay	

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

<sup>2</sup>PPO 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.

# Health Savings Account (HSA)

When you enroll in the High Deductible Health Plan, you may be eligible to participate in a Health Savings Account. Your HSA can be used to pay for eligible medical, dental, and vision expenses. HSA 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		

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.

# Flexible Spending Account (FSA)

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars by payroll deduction to pay for eligible health care and dependent care expenses. Each year, you must elect the annual amount you want to contribute to each account.

Plan	Coverage	Maximum Contribution
Health Care FSA	Pay for eligible health care expenses such as copays, deductibles, and coinsurance for medical, dental, and vision care. If you participate in the HSA, you are not eligible to participate in the Health Care FSA.	\$2,750/year
Dependent Care FSA	Pay for 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, and licensed daycare centers.	\$5,000/year
Limited Purpose FSA	HDHP with HSA participants are eligible to participate in the Limited Purpose Health Care FSA to set aside pre-tax dollars for eligible dental or vision expenses only.	\$2,750/year



## Dental Coverage

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	Covered in full	20%
Basic and Restorative Services	10% after deductible	20% after deductible
Major Services	30% after deductible	50% after deductible
Orthodontia (children to age 26, adults)	40%	50%
Orthodontia Lifetime Maximum	\$1,500	

## Vision Coverage

Plan Features	VSP Vision Plan	
	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	Up to \$70
Lenses every 12 months	\$25 copay	Various reimbursements based on lens type
<b>Contact Lenses (in lieu of lenses and frames) every 12 months</b>		
Elective	\$130 allowance	Up to \$105
Medically Necessary	Covered in full	Up to \$210

## Your Cost for Coverage

The chart below shows your monthly cost for health coverage.\*

Benefit Plan	Employee Only	Employee + Spouse**	Employee + Child(ren)	Employee + Family
<b>Medical</b>				
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
<b>Dental</b>				
Delta Dental PPO	\$0.00	\$27.02	\$34.52	\$60.15
<b>Vision</b>				
VSP Vision	\$0.00	\$3.68	\$3.78	\$9.17

\*Premium contributions are deducted from your paycheck on a pre-tax basis unless otherwise requested by you in writing.

\*\*"Spouse" can also refer to Domestic Partner.

# Additional Benefits

## Employee Assistance Program (EAP)

Rimini Street provides an Employee Assistance Program at no cost to you. The EAP offers unlimited phone or online sessions and up to 5 in-person counseling sessions per incidence.

## Basic Life and AD&D

Rimini Street offers Basic Life and AD&D coverage equal to 3 times your annual salary up to a maximum of \$600,000 for Executives and 2 times your annual salary up to a maximum of \$400,000 for Non-Executives. If you should die in an accident, the AD&D policy provides you with an additional benefit equal to your Life policy.

## Voluntary Life and AD&D

In addition to the basic life insurance plan, you are eligible to purchase additional amounts of individual term life and AD&D insurance for yourself, your spouse or your domestic partner, and your children. Employees may purchase amounts of voluntary life and AD&D insurance coverage up to a maximum of \$1,000,000, not to exceed 7 times your salary. Dependent spouse or domestic partner life and AD&D insurance may not exceed \$250,000. Voluntary life and AD&D insurance coverage for your children may be purchased in amounts up to \$10,000.

## Short-Term Disability (STD)

Short-Term Disability covers 60% of your base weekly earnings up to \$2,500 per week after a 7-day waiting period. Benefits last for a maximum of 13 weeks.

## Long-Term Disability (LTD)

Long-Term Disability covers 60% of your base monthly earnings up to \$10,000 per month after a 90-day waiting period.

## 401(k) Retirement Plan

Rimini Street will match employee contributions dollar for dollar up to 4% of your deferral after a year of service.

## Pet Insurance

Keep your pets healthy too. Pet insurance helps you be financially prepared when your pet needs veterinary care.

## Accident Insurance

Accident insurance can help pay for expenses resulting from unexpected accidents and injuries. Included is a wellness benefit of \$100 for covered health screenings.

## Critical Illness Insurance

Critical Illness insurance can help pay for expenses related to the diagnosis of a critical illness such as a heart attack, coma, kidney failure, or cancer. Included is a wellness benefit of \$100 for covered health screenings.

## Hospital Indemnity

Hospital Indemnity insurance can help cover expenses related to admittance or confinement in a hospital.

## Commuter Benefit Plan

When you enroll in the commuter benefit plan, you may deduct pre-tax money from your paycheck to pay for commuting and the maximum contributions are:

Transit: \$270 monthly

Parking: \$270 monthly

**Waiving Medical coverage in 2022? Submit the Medical Health Plan Waiver form and documentation (elections do not roll over) and attach it to an HR Ticket.**

This guide provides an overview of the benefits program. It is not intended to be a complete description of the benefits or to be the official summary plan description for these programs. If there is a conflict between this guide and the official plan documents, the plan documents will govern. Rimini Street reserves the right to modify or terminate any of the described benefits at any time and for any reason. The descriptions of these benefits are not guarantees of current or future employment or benefits.

# Contacts

Coverage	Contact	Phone	Website
Medical	Kaiser Permanente	800-464-4000	<a href="http://www.kp.org">www.kp.org</a>
	UnitedHealthcare	PPO Plans: 866-633-2446 HSA Plan: 866-314-0335	<a href="http://www.myuhc.com">www.myuhc.com</a>
Health Savings Account (HSA)	Optum Bank	800-791-9361	<a href="http://www.optumbank.com">www.optumbank.com</a>
Dental	Delta Dental	800-765-6003	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Employee Assistance Program (EAP)	LifeWorks	888-267-8126	<a href="http://rimini-street.lifeworks.com">rimini-street.lifeworks.com</a>
Flexible Spending Account (FSA)	WEX	866-451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
Commuter Benefit	WEX	866-451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
Life and AD&D	Lincoln Financial	800-487-1485	<a href="http://www.lfg.com">www.lfg.com</a>
Disability	Lincoln Financial	800-487-1485	<a href="http://www.lfg.com">www.lfg.com</a>
401(k)	Fidelity	800-890-4015	<a href="http://www.netbenefits.com">www.netbenefits.com</a>
Pet Insurance	Figo	844-738-3446	<a href="http://www.figopetinsurance.com">www.figopetinsurance.com</a>
Accident, Critical Illness, and Hospital Indemnity	Voya	800-955-7736	<a href="https://presents.voya.com/EBRC/1778">https://presents.voya.com/EBRC/1778</a>

### 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](mailto: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, benefit guide, visit <https://www.riministreet.com/benefits/>, talk to your Human Resources Business Partner or submit a HR ticket.