

Rimini Street®



2024 Benefit Guide

Welcome to your Rimini Street Benefits

Rimini Street is committed to providing benefits that focus on protecting your physical, mental, and financial health. We understand that everyone's needs are different and may change from year to year. That's why we offer a variety of plan options, so you can customize your benefits package to fit your lifestyle and your budget. Whatever your well-being goals, Rimini Street offers plans to help you reach them.

Having the right information is key when it's time to make choices about your health benefits. We invite you to explore this guide and discover which plans are best for you. Use this guide as your year-round resource. If you have any questions about your benefits, we are here to help. Reach out to the contacts on page 25.

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This guide provides an overview of the benefits program. It is not intended to be a complete description of the benefits or official summary plan descriptions 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 a guarantee of current or future employment or benefits. For information about the specific plans available to you, please contact Benefits at benefits@riministreet.com.

BENEFIT BASICS

Eligibility

You are eligible for Rimini Street benefits on your date of hire if you are:

- Active, full-time employee
- Work at least 30 hours per week

Dependents

Your dependents may enroll in many of the 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 before reaching age 26

Making Mid-Year Changes

You can only make changes during the plan year if you have a qualified life event (QLE). Examples of QLEs include:

- Marital status change (marriage, divorce, or legal separation)
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other health coverage for you and/or dependents
- Change in employment status
- Change in Medicaid/Medicare eligibility for you or a dependent
- Receipt of a Qualified Medical Child Support Order (or other court order)



HOW TO ENROLL

New Hires

If you are a newly hired employee, you will have 14 days from your date of hire to enroll in your benefits. Don't miss that deadline because if you do, you will have to wait until the next Open Enrollment period or if you have a QLE to make your benefit elections.

Open Enrollment

Open Enrollment is the time period where you can select benefits for the next plan year. You can change your current elections, enroll in any new plans, add/remove dependents, and set aside money in a savings or spending account. These benefits will be in place from January 1 to December 31.



What Benefits Should I Elect?

No matter if you are a new hire or it's Open Enrollment, there are questions you should always ask to help you understand what benefits may be right for you.

- **How much did I spend on health care last year?** Consider your past expenses to help plan for your future needs.
- **Will I need more, or less, health coverage next year?** Are you having a baby? Considering surgery? Currently in treatment for a chronic condition? Estimate the level of health care you may need in the upcoming year.
- **Should I set aside money in the Health Savings Account or Flexible Spendings Accounts?** You can make pre-tax contributions to pay for eligible out-of-pocket health care expenses.
- **Do I have enough financial protection for my family if something happens to me?** Consider looking at supplemental life insurance.

Enroll Online

- Visit Workday via okta to enroll.
- 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.

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



TERMS YOU NEED TO KNOW

Before you continue reviewing this guide, it's important that you understand the terms and acronyms you will be reading about.

Balance Bill

When a health care provider bills a patient for the difference between what the patient's health insurance reimburses and the provider charges.

Copayment (Copay)

A fixed dollar amount you pay a provider at the time of service.

Coinsurance

The percentage paid for a covered service, shared by you and the plan. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Deductible

The amount you pay each year before the plan begins paying for certain services.

Embedded Deductible

A single covered family member only needs to reach the individual deductible before the plan pays a portion of covered services.

Formulary

A list of generic and brand-name prescription medications covered by your prescription drug plan.

In-Network

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

Non-Embedded Deductible

A covered family must meet the entire family deductible before the plan pays a portion of covered services.

Out-of-Network

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

Out-of-Pocket Maximum

The maximum amount you pay each year before the plan begins paying 100% for covered expenses.

Premium

The amount you pay to have coverage.

Preventive Care

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

Prior Authorization

The process where physicians and other health care professionals must obtain advance approval from the health plan before a specific service is delivered to the patient to qualify for payment coverage.

Transition of Care

The movement of a patient from one provider or clinical setting of care to another provider or setting of care. For example, when a primary care provider (PCP) refers a patient to a specialist, or when a hospital discharges a patient to another care setting.

Usual, Customary, & Reasonable (UCR)

The amount paid for a service in a geographic area based on what providers in the area usually charge for the same or similar medical service.

YOUR EXPERT RESOURCES

Benefits Information Portal

You have access to benefit information 24/7 through our online benefits website. Access the site through your computer or smartphone web browser: <https://www.riministreet.com/benefits/>

No username or password required

On the site, you'll find plan documents, forms, and are able to watch videos on how our plans work. Bookmark this site and use it year-round.



HEALTH BENEFITS

Rimini Street offers you four different plan options.

- Kaiser HMO
- United Healthcare 250 and 1500 PPO
- United Healthcare High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

While they all cover in-network preventive care at 100% (dependent on age, gender, and family history), there are some important differences in how the plans work. Let's take a closer look:

HMO	<ul style="list-style-type: none">• Select a Primary Care Physician (PCP) who will coordinate your health care needs, including referrals to specialists.• Pay a copay for qualified health care services.• Access 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.
PPO	<ul style="list-style-type: none">• Select in-network or out-of-network doctors and facilities. While you can visit any doctor, you'll save the most money by using in-network providers.• Pay a copay for certain services.• 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 rest of the plan year.
HDHP	<ul style="list-style-type: none">• Receive care from in-network or out-of-network providers.• Pay for all medical services until you reach the annual deductible, except for in-network preventive care which is covered in full.• Once the annual deductible is met, you and the plan pay a percentage of covered services.• Once the out-of-pocket maximum is reached, the plan will pay for all eligible medical expenses for the rest of the plan year.• When you enroll in the HDHP, you are eligible to open a Health Savings Account (HSA).• The company contributes free money to your HSA.

Importance of Using In-Network Providers

In-network providers have agreed to give members a negotiated rate for their services. By using these providers, you save money. Out-of-network providers don't have the same agreement in place, and they can charge you much more for services. Always be sure to double check if your provider or facility is in-network before you make an appointment.

Search for providers anytime:

- Kaiser: www.kp.org
- United Healthcare: www.myuhc.com

About Your Deductible

Depending on the plan you enroll in, the way you meet your family deductible is different.

- **PPO and HDHP Plans:** These plans have an embedded deductible which means a single covered family member only needs to reach the individual deductible before the plan pays a portion of covered services.
- **HMO, PPO, and HDHP Plans:** These plans have an embedded out-of-pocket maximum which means a single covered family member only needs to reach the individual out-of-pocket maximum before the plan begins paying for all covered services at 100%.

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 on the back of your ID card.

Depending on your plan, prescriptions are covered as follows:





- **HMO and PPO:** You'll pay a flat copay for your prescriptions.
- **HDHP:** Until the deductible is met, you pay 100% of the cost for prescriptions. Once the deductible is met, you share the cost of prescription drugs with the plan.

You can fill prescriptions at a retail location for a **30-day supply** for Kaiser, **31-day supply** for UHC, or by mail order for a **100-day supply** for Kaiser, **90-day supply** for UHC. If you have an ongoing, maintenance prescription, take advantage of saving money by using the mail order program and get your medications delivered right to your door.



Preventive Care Visits

Prevention is key to catching illnesses early. Preventive care visits, such as your annual wellness check, certain screenings and tests, well-baby and child health care, immunizations, mammograms, and more, are covered in full by your health plan when you use an in-network provider. (Confirm with your doctor that your age, gender, and family history qualify you for no-cost screenings and immunizations.) That’s zero dollars out of your pocket! Set a calendar reminder and make it a priority to schedule your annual preventive care visit each year.

Visits and Exams		Tests	
	<ul style="list-style-type: none">Well-WomenWell-Baby and ChildAnnual Exam		<ul style="list-style-type: none">Annual CBC bloodwork at areas such as cholesterol and glucoseBlood PressureDiabetes
Vaccinations		Cancer Screenings	
	<ul style="list-style-type: none">FluCOVID-19Doctor-recommended based on your age and gender, like polio, shingles, meningitis, and more		<ul style="list-style-type: none">MammogramColonoscopyPSAPAP



Log in to Kaiser’s website at www.kp.org or United Healthcare at www.myuhc.com to review their preventive care coverage list. You can also call to confirm what is covered before you receive services.



Medical Plan Comparison

Plan Features	Kaiser HMO	United Healthcare HSA	
	In-Network Only	In-Network	Out-of-Network
Calendar Year Deductible (see pg. 8) Individual/ Family	None	\$3,200 / \$6,000	\$3,200 / \$6,000
Calendar Year Out-of-Pocket Maximum (see pg. 8) Individual/Family	\$1,500 / \$3,00	\$3,500 / \$7,000	\$6,000 / \$12,000
Rimini Street 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	\$25 copay	20% after deductible	40% after deductible
Telemedicine Visit	No charge	20% after deductible Virtual: No charge	40% after deductible Virtual: Not covered
Specialist Visit	\$25 copay	20% after deductible	40% after deductible
Lab & X- ray	Covered in full	20% after deductible	X-ray and Imaging: 40% after deductible (Lab not covered)
Urgent Care	\$25 copay	20% after deductible	40% after deductible
Emergency Room	\$100 copay (copay waived if admitted)	20% after deductible	
Outpatient Services	\$25 copay	20% after deductible	40% after deductible (up to \$760 / day)
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

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.






Medical Plan Comparison Cont.

Plan Features	United Healthcare PPO 250		United Healthcare PPO 1500	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible (see pg. 8) Individual/ Family	\$250 / \$500	\$500 / \$1,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Calendar Year Out-of-Pocket Maximum (see pg. 8) 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	\$20 copay	40% after deductible	\$15 copay	50% after deductible
Telemedicine Visit	\$20 copay Virtual: No charge	40% after deductible Virtual: Not covered	\$15 copay Virtual: No charge	50% after deductible Virtual: Not covered
Specialist Visit	\$20 copay	40% after deductible	\$15 copay	50% after deductible
Lab & X- ray	Lab: No charge / 20% X-ray: 20% Imaging: 20% after deductible	40% after deductible (lab not covered)	Lab: No charge / 20% X-ray: 20% Imaging: 20% after deductible	50% after deductible (lab not covered)
Urgent Care	\$50 copay	40% after deductible	\$15 copay	50% after deductible
Emergency Room	\$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/year)	\$20 copay	Not covered	\$15 copay	Not covered
Acupuncture (20 visits/year)	CA: \$20 copay Non-CA: Not covered	Not covered	\$15 copay	Not covered
Prescription Drugs: Retail (up to a 31-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

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.

KNOW WHERE TO GO FOR CARE

Sometimes it's easy to know when you should go to an emergency room (ER), such as when you have severe chest pain or a possible broken bone. At other times, it's less clear. Where do you go when you have an ear infection, or are generally not feeling well? You have choices for receiving in-network care that accommodate your schedule and give you access to the kind of care you need. Know when to use each for non-emergency treatment. The illustration below can help you decide where to go for different kinds of health concerns.

				
Virtual Care	Retail Clinics	Your Doctor	Immediate/ Urgent Care	Emergency Room
Around the clock video or phone calls.	For medical care when you can't see your doctor	Your first choice for non-emergency care	When it's not a true emergency but needs immediate attention	Life-threatening problems that need immediate attention
Average Cost: \$	Average Cost: \$	Average Cost: \$\$	Average Cost: \$\$\$	Average Cost: \$\$\$\$
<ul style="list-style-type: none"> Sore throat Headache Stomach ache Fever Cold and flu Allergies Rash Acne UTIs and more 	<ul style="list-style-type: none"> Infections Cold and flu Minor injuries/pain Shots Skin problems Sore / strep throat Bronchitis Allergies 	<ul style="list-style-type: none"> Preventive Care Immunizations/screenings Cuts / scrapes Eye swelling, pain Fever, colds, flu Sore throat Minor burns Stomach ache Ear / sinus pain Physicals Minor allergic reactions 	<ul style="list-style-type: none"> Earaches and infections Minor cuts, bumps, sprains, and burns Fever and flu symptoms Allergic reactions Animal bites Mild asthma Headaches UTIs Back and joint pain 	<ul style="list-style-type: none"> Chest pain, stroke Seizures Head or neck injuries Sudden or severe pain Heart attack Severe vomiting, diarrhea Fainting, dizziness, weakness Uncontrolled bleeding Problems breathing Broken bones
Kaiser		800-464-4000		www.kp.org
United Healthcare		PPO Plans: 866-633-2446 HSA plan: 866-314-0335		www.myuhc.com



No matter where you go for care, make sure you are using an in-network provider!

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the HDHP medical plan, you can set aside pre-tax dollars from your paycheck into a Health Savings Account (HSA) to help pay for your deductible and out-of-pocket health care expenses. The HSA provides you with more control over how you spend your health care dollars. This account is yours and goes with you, even if you leave Rimini Street.

Eligibility

There are specific requirements to open and contribute to an HSA. It's important to identify your HSA eligibility status during your enrollment. You qualify if:

- You are enrolled in a qualified HDHP/CDHP and have no other health coverage.
- You or your covered spouse do not participate in a Health Care Flexible Spending Account. (You are eligible to participate in the Limited Purpose FSA. See page 18 for details.)
- You are not enrolled in Medicare.
- You are not claimed as a dependent on someone else's tax return.

Eligible Expenses

Some common eligible expenses may include:

- Medical deductibles and coinsurance
- Eligible prescriptions and over-the-counter medications
- Vision care, including LASIK laser eye surgery
- Dental care, including orthodontia

Review the IRS Publication 969 for more details on eligible expenses at <https://www.irs.gov/publications/p969>

Contributions

You can easily contribute out of your paycheck. But, as an added bonus, Rimini Street contributes to your HSA, too! The IRS does limit how much you can contribute to your HSA on an annual basis.

Coverage Type	2024 Rimini Street HSA Contribution	2024 Maximum Employee Contribution	2024 Maximum Contribution Limit
Individual	\$1,500	\$2,650	\$4,150
Family	\$2,500	\$5,800	\$8,300
Age 55+	Additional \$1,000		



Tax Savings

Don't miss out on tax savings by contributing to your HSA!

- Contributions are **tax-free**.
- Withdrawals for eligible health care expenses are **tax-free**.

Opening Your Account

In 2024, Rimini will deposit up to \$1,500 annually for individual coverage and up to \$2,500 annually for family coverage. To ensure you receive the company contribution each year, you must take action and open your HSA. NOTE: If you are newly hired during the plan year, Rimini Street contributions are pro-rated based on your HSA effective date.

Using Your HSA Funds

You will receive a Optum debit card to pay for eligible expenses. You can also submit claims online through your account at www.optumbank.com.

DENTAL

With the PPO dental plan through MetLife, 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. For easy access, download the MetLife mobile app in the App Store on Google Play.

DPPO

- In- and out-of-network coverage
- Visit any dentist you choose
- Must meet the deductible before the plan will start paying coinsurance
- In-network providers give you discounted rates and the highest level of coverage
- Out-of-network dentists may require you to pay for services upfront, submit forms for reimbursement from your plan, and may charge more for services

Plan Features	MetLife Dental PPO Plan		
	In-Network	Out-of-Network	Out-of-Network (TX, LA, and MT Only) Due to State Regulations
	You pay:		
Calendar Year Deductible (waived for Preventive Services)	\$50 Individual / \$150 Family		
Calendar Year Benefit Maximum	\$2,500	\$1,500	\$2,500
Diagnostic and Preventive Services	Covered in full	20%	Covered in full
Basic and Restorative Services	10% after deductible	20% after deductible	10% after deductible
Major Services	30% after deductible	50% after deductible	30% after deductible
Orthodontia (children to age 26, adults)	50%	50%	50%
Orthodontia Lifetime Maximum	\$1,500		

VISION

Our comprehensive vision plan through VSP includes a national network of optometrists and vision care specialists and retail chains. Even though you can go outside of the VSP network, you'll receive the best benefits by staying in the network. Search providers anytime at www.vsp.com. VSP does not send out ID cards

Plan Features	VSP Vision	
	In-Network	Out-of-Network
	You Pay:	Plan reimburses you:
Exam every 12 months	\$10 copay	Up to \$50
Frames every 12 months	\$200 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		
Medically Necessary	Covered in full after \$25 copay	Up to \$210
Conventional	\$200 allowance	Up to \$105









YOUR COST OF HEALTH CARE COVERAGE

Below is what will be deducted monthly for medical, dental, and vision coverage.

Benefit Plan	Employee Only	Employee + Spouse /Domestic Partner*	Employee + Children	Employee + Family
Medical				
Kaiser (CA only)	\$0.00	\$462.26	\$374.51	\$814.97
United Healthcare HSA	\$0.00	\$355.87	\$183.72	\$745.53
United Healthcare PPO 250-80/60	\$0.00	\$720.57	\$479.46	\$1,260.84
United Healthcare PPO 1500-80/50	\$0.00	\$524.30	\$320.48	\$986.11
Dental				
MetLife Dental PPO	\$0.00	\$20.27	\$25.89	\$45.11
Vision				
VSP Vision	\$0.00	\$4.81	\$4.94	\$11.98

* Imputed income: Domestic partner contributions are taken on a post-tax basis. Contributions made by the employer for domestic partner coverage will be subject to imputed income for the employee.

How to Save Money on Health Care

					
Get Your Free In-Network Preventive Care:	Use Mail Order Prescription Drug Program:	Take Advantage of 24/7 Access to Doctors:	Call the Nurse Line First:	Take Generic Medications:	Contribute to a Tax Savings Account:
Preventive health screenings keep you healthy throughout the year, monitor health risks, and catch any problems early.	Fill your maintenance medication to receive a 90-day supply of each prescription drug for the cost of a 60-day supply.	Use telehealth for minor medical issues from the comfort of your home.	Receive health advice any time of the day or night from experienced nurses.	Talk to your doctor about taking generic prescriptions, which are just as effective as brand-name drugs at a fraction of the cost.	Pay for health care and dependent care expenses with tax-free dollars with the Health Savings Account and Flexible Spending Accounts.

VOLUNTARY SUPPLEMENTAL HEALTH BENEFIT PLANS

Although Rimini Street medical plans provide great coverage for you and your family's general health care needs, everyone's needs are different. In addition to your other plan selections, you can elect these voluntary Voya benefits to protect your family's finances in case of an unforeseen injury, illness, or hospitalization.

Highlights of enrolling in these coverages include:

- Guaranteed issue, so there's no health questions asked (although certain medical conditions may not be covered)
- Payment of benefits is delivered directly to you
- You may elect coverage for yourself, your spouse/domestic partner, and your children

For all plan costs or to learn more, visit <https://presents.voya.com/EBRC/1778>.

Accident Insurance

Accident insurance pays you benefits for injuries resulting from a non-work-related accident, such as burns, lacerations, dislocations/fractures, and more. There's even a \$100 wellness benefit per covered person if you receive certain preventive and wellness services during the year. Visit <https://presents.voya.com/EBRC/1778> for the claim form and submission instructions.

Critical Illness Insurance

If you are diagnosed with a serious health condition, such as a heart attack, coma, kidney failure, or cancer (just to name a few), you'll receive a lump sum direct payment. **Rates vary based on elected Benefit amount, age, and tobacco use.** There's even a \$100 wellness benefit per covered person if you receive certain preventive and wellness services during the year. Visit <https://presents.voya.com/EBRC/1778> for the claim form and submission instructions.

Hospital Indemnity

Hospital Indemnity provides a cash payment if you are admitted to or treated at a hospital. Benefits are provided based on what type of hospital stay you have (e.g., ICU) and the number of days you are confined.

Submitting a Claim

Submitting a claim is easy. You'll want to log in (or register) at <https://presents.voya.com/EBRC/1778>. From there, you'll be able to submit your claim(s) electronically. It's the quickest and easiest way without worrying about printing forms.



FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSAs) let you set aside money on a pre-tax basis to pay for your out-of-pocket health and dependent care costs. There are three types of accounts: the Health Care FSA, the Limited Purpose FSA, and the Dependent Care FSA. You can participate in an FSA even if you are not enrolled in a medical plan.

Keep track of your FSAs by downloading MyNavia on the App Store or Google Play or by visiting www.naviabenefits.com.

Plan Feature	Health Care FSA	Limited Purpose FSA	Dependent Care FSA
Eligibility	Employees NOT enrolled in our HDHP with HSA or any HDHP plan with HSA	Employees enrolled in an HDHP with HSA	All employees
Annual Contribution Limit	\$3,050	\$3,050	\$5,000 (\$2,500 if married and filing separately)
Eligible Expenses*	Medical plan deductibles, copays, coinsurance, and prescriptions, including dental and vision expenses	Dental and vision expenses only	Daycare for children age 12 and under, disabled children, and tax-dependent adults
Availability of Funds	The full annual amount you elect is available on your plan effective date	The full annual amount you elect is available on your plan effective date	You can be reimbursed up to the amount available in your account
Payment or Reimbursement Options	Navia Debit card or reimbursement	Navia Debit card or reimbursement	Reimbursement
Rollover Options	Yes, you may rollover up to \$610 of unused funds when you re-enroll	Yes, you may rollover up to \$610 of unused funds when you re-enroll	Unused funds do not rollover
Deadline for Services	Services must be incurred by December 31, 2024	Services must be incurred by December 31, 2024	Services must be incurred by December 31, 2024
Deadline for Submission for Reimbursement	Reimbursement must be submitted by March 31, 2025	Reimbursement must be submitted by March 31, 2025	Reimbursement must be submitted by March 31, 2025

*Refer to IRS Publication 502 (<https://www.irs.gov/publications/p502>) and 503 (<https://www.irs.gov/publications/p503>) for a complete list of eligible expenses.

Employee Assistance Program (EAP)

When you need help with work, home, personal, or family issues, the Employee Assistance Program (EAP) offers helpful programs and services at no cost to you or your dependents.

The EAP gives you access to:

- Unlimited phone sessions
- Up to 5 face-to-face or virtual (where available) sessions per incident per year
- Mental health support for anxiety, depression, grief, and loss
- Work/life services, like creating goals, navigating work issues, family support, and more
- Childcare and elder care assistance
- Financial services assistance
- Legal resources
- Identity theft recovery services
- Concierge services

Contact the EAP confidentially anytime, day or night, by calling 888-267-8126, or by visiting <https://rimini-street.lifeworks.com>

Mental Health Matters

Did you know 1 in 5 will experience a mental illness in a given year? Your overall well-being is connected to your mental health, so here are some strategies to help you thrive year-round.



Create healthy routines. Healthy routines include eating a nutrient-rich diet, exercising and getting enough sleep.



Own your feelings. It can be easy to get caught up in emotions as you're feeling them. Taking the time to identify what you're feeling can help you better cope with challenging situations.



Connect with others. Connections help enrich your life and power you through challenging times. Connect with and lean on your support group.



Cultivate gratitude. Practicing gratitude is linked to improved mental health. Consider keeping a gratitude journal, meditation or making a point to thank people in your life.

LIFE AND AD&D INSURANCE

By offering life and disability benefit plans, we're helping you protect your finances in case of an unforeseen death or injury. Be sure to carefully review your options.

Basic Life and AD&D Insurance

As an eligible employee, you receive both Basic Life and AD&D insurance equal to 3 times your annual earnings up to a maximum of \$600,000 for Executives and 2 times your annual earnings up to a maximum of \$400,000 for Non-Executives. Coverage exceeding \$50,000 is 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. There is no cost to you for Basic Life and AD&D coverage. It is automatically provided by Rimini Street.

Voluntary Life and AD&D Insurance

For added financial protection, in addition to Basic Life and AD&D, you may elect Voluntary Life and AD&D coverage at discounted rates for you, your spouse/domestic partner, and your dependent children.

Benefit Features	Voluntary Life and AD&D Options		
	Employee	Spouse/Domestic Partner	Dependent Children (under age 26)
Coverage*	1 to 7 times your salary in \$10,000 increments, to a maximum of \$1,000,000	Increments of \$5,000 to a maximum of \$250,000 (cannot exceed employee coverage)	Increments of \$2,500 to a maximum of \$10,000 (cannot exceed employee coverage)
Guaranteed Issue Amount	\$350,000	\$50,000	\$10,000
Guaranteed Issue Period	Within 30 days of benefits eligibility or a qualifying life event		



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
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

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 coverage above the guaranteed issue amount, you will be required to submit a health questionnaire (in some cases, a physical exam may be required). Your questionnaire must be reviewed and approved by Lincoln Financial before coverage begins.

Name Your Beneficiary

In case of your death or serious injury, it's important you've named a beneficiary. Review your designations anytime to ensure they are up to date and accurate. You may change your beneficiary as often as you wish at lfg.com.



DISABILITY COVERAGE

Short-Term Disability (STD)

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

STD benefits may be offset by benefits you receive from a state-mandated disability plan, if applicable.

Short-Term Disability (STD)			
Percent of Earnings	Weekly Maximum	Elimination Period (the time you wait until benefit begin)	Maximum Duration
60%	\$2,500	7 days	13 weeks

Long-Term Disability (LTD)

Long-Term Disability through Lincoln Financial pays you a portion of your earnings if your condition keeps you out of work past the end of the STD benefit period. You are automatically enrolled in LTD at no cost to you.

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

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 or ADEA



SAVING FOR RETIREMENT

401(k) Plan

401(k) Highlights

- You may participate in the 401(k) plan on your first day of employment.
- You may enroll, select beneficiaries, and make changes to your plan any time throughout the year.
- Rimini Street will match 100% of each dollar you contribute up to the first 4% of your annual salary after one year of service.

While you may elect to make contributions to both a traditional 401(k) and a Roth 401(k), the combined total cannot be more than **\$22,500** per year. If you're age 50 or over, you can make "catch up" contributions up to **\$7,500** per year.

Keep track of your Fidelity 401(k):

Call (800) 343-3548

Online at www.netbenefits.com

The Difference Between a Traditional & Roth 401(k)

Traditional 401(k)	Roth 401(k)
Contributions are made before taxes are taken. You will pay taxes when you withdraw the money in retirement.	Contributions are made after taxes have been deducted. You pay taxes in the year you make them, but not when you withdraw the money in retirement. Funds grow tax-free.



ADDITIONAL BENEFITS

Commuter Benefit Plan

The Navia 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.

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: **\$300** monthly*
- Parking: **\$300** monthly*

Voluntary Pet Insurance

Veterinary bills can add up quickly. With Figo, you can save on unexpected veterinary expenses plus optional coverage to help pay for routine veterinary care, such as vaccines, well-being exams, and teeth cleaning.

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. For being a Rimini Street Employee, you will receive a 5% discount on Figo Pet Insurance.

Paid Time Off Plan

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 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 based on the below chart, effective July 1, 2023.

All eligible US employees, excluding New Mexico and Washington, will have a maximum annual accrual cap of 1.5 times their annual accrual rate that will carry-over from year to year. Eligible employees will stop accruing PTO hours once they have reached their level cap, and will not begin to accrue PTO hours until the PTO balance falls below their respective cap. Refer to the below chart:

New USA Policy excluding New Mexico and Washington:

Years of Service	Level	Annual Accrual Rate	Maximum Cap (1.5x)	Per Pay Period Accrual
0-4 years	1	15 days (120 hours)	22.5 days (180 hours)	5 hours
5-9 years	2	20 days (160 hours)	30 days (240 hours)	6.66 hours
10 plus years	3	25 days (200 hours)	37.5 days (300 hours)	8.33 hours

For further details regarding the PTO policy for New Mexico and Washington employees, please refer to the respective state supplement.

BENEFITS CONTACTS

Coverage	Contact	Policy Number	Phone	Website
Medical	Kaiser Permanente	603239	800-464-4000	www.kp.org
	United Healthcare	909202	PPO Plans: 866-633-2446 HSA plan: 866-314-0335	www.myuhc.com
Health Savings Account (HSA)	Optum Bank	909202	800-791-9361	www.optumbank.com
Dental	MetLife	5386556	800-438-6388	www.metlife.com
Vision	VSP	30023839	800-877-7195	www.vsp.com
Employee Assistance Program (EAP)	LifeWorks	Rimini Street	888-267-8126	https://rimini-street.lifeworks.com
Flexible Spending Account (FSA)	Navia	RMZ	800-669-3539	www.naviabenefits.com
Commuter Benefit				
Life and AD&D	Lincoln Financial	09-LF0793	800-487-1485	www.lfg.com
Disability				
401(k)	Fidelity	00820	800-890-4015	www.netbenefits.com
Pet Insurance	Figo	Rimini Street	844-738-3446	www.figopetinsurance.com
Accident, Critical Illness, and Hospital Indemnity	Voya	697877	800-955-7736	https://presents.voya.comEBRC/1778

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