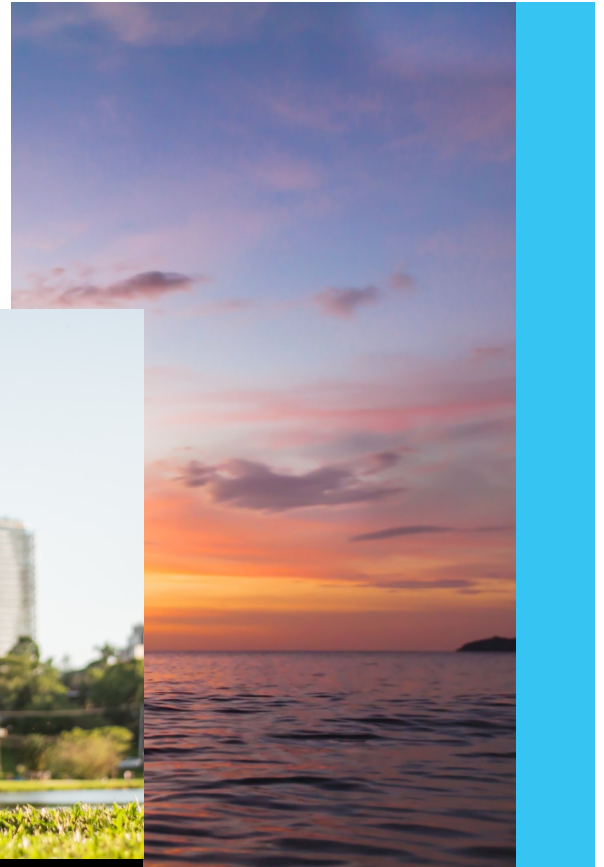


Rimini Street®



2024 Benefits Snapshot

WELCOME TO YOUR RIMINI STREET BENEFITS!

Thank you for being a valued part of our Rimini Street team. We support you in pursuing your health and financial well-being goals and invite you to learn more about the benefits available to help you reach them.

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 Workday via your okta site and following the steps to enroll. You will see a task in your mailbox in Workday. Click on this task and complete enrollment.



Want to Know More?

This is a summary of your Rimini Street benefits package. Learn more about your benefits by reviewing your benefits guide and the carrier summaries/SPDs, visiting Workday via your okta site, or reaching out to Benefits at benefits@riministreet.com.

MEDICAL COVERAGE

Plan Features	Kaiser HMO	United Healthcare HSA	
	In-Network Only	In-Network	Out-of-Network
Calendar Year Deductible ¹ Individual/Family	None	\$3,200 / \$6,000	\$3,200 / \$6,000
Calendar Year Out-of-Pocket Maximum ² Individual/Family	\$1,500 / \$3,000	\$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	\$10 copay	\$10 copay after deductible	
Tier 2	\$25 copay	\$35 copay after deductible	
Tier 3	\$25 copay	\$70 copay after deductible	
Prescription Drugs: Mail Order (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	
Employee Monthly Premium			
EE	\$0.00	\$0.00	
EE + SP/DP	\$462.26	\$355.87	
EE + CH	\$374.51	\$183.72	
EE + FAM	\$814.97	\$745.53	

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

²HDHP and HMO have an embedded OOPM which means a member can satisfy his/her individual out-of-pocket maximum for coverage to begin at 100%.

MEDICAL COVERAGE CONT.

Plan Features	United Healthcare PPO 250		United Healthcare 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	\$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	\$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
Employee Monthly Premium				
EE EE + SP/DP EE + CH EE + FAM	\$0.00 \$720.57 \$479.46 \$1,260.84		\$0.00 \$524.30 \$320.48 \$986.11	

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 OOPM which means a member can satisfy his/her individual out-of-pocket maximum for coverage to begin at 100%.

DENTAL COVERAGE

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		
Employee Monthly Premium			
EE	\$0.00		
EE + SP/DP	\$20.27		
EE + CH	\$25.89		
EE + FAM	\$45.11		

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	\$200 allowance	Up to \$70
Lenses every 12 months	\$25 copay	Various reimbursements based on lens type
Contact Lenses (in lieu of lenses and frames) every 12 months		
Elective	\$200 allowance	Up to \$105
Medically Necessary	Covered in full after \$25 copay	Up to \$210
Employee Monthly Premium		
EE	\$0.00	
EE + SP/DP	\$4.81	
EE + CH	\$4.94	
EE + FAM	\$11.98	

HEALTH SAVINGS ACCOUNT (HSA)

High Deductible Health Plan enrollees may be eligible to participate in a Health Savings Account. Your HSA can be used to pay for eligible medical, dental, and vision expenses now or in the future. You make contributions to your account through convenient payroll deductions.

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

FLEXIBLE SPENDING ACCOUNTS (FSAS)

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. Please note, the “use it or lose it” rule may apply, so it’s important to plan your contributions carefully. At the end of the calendar year, you can roll up to **\$610** of unused health care funds. Remaining funds above this amount will be forfeited. FSA claims are required to be submitted by March 31, 2025 for reimbursement for the 2024 plan year.

Plan Features	Health Care FSA	Limited Purpose FSA	Dependent Care FSA	Commuter FSA
Annual Limit	\$3,050	\$3,050	\$5,000	Transit: \$300/month Parking: \$300/month
Available to HSA Enrollees?	No	Yes	Yes	Yes
Eligible Expenses	Medical, dental, and vision expenses, such as deductibles, copays, and prescriptions	Dental and vision expenses only	Dependent care, such as daycare, preschool for children under 12, and elder care	Commute-related expenses, such as transit passes, fare cards, ticket books, and vanpool
When You Can Use Your Funds	Full election available upon benefits effective date	Full election available upon benefits effective date	Reimbursed up to the amount available in your account	Reimbursed up to the amount available in your account
Payment or Reimbursement	Debit card, direct deposit, or check	Debit card, direct deposit, or check	Direct deposit, or check	Debit card, direct deposit, or check
Deadline for Services	December 31, 2024	December 31, 2024	December 31, 2024	December 31, 2024
Deadline for Reimbursement	March 31, 2025	March 31, 2025	March 31, 2025	March 31, 2025

BENEFITS FOR YOUR TOTAL HEALTH

Financial Health Benefits

Basic Life and AD&D

Rimini Street offers Basic Life and AD&D coverage 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.

Voluntary Life and AD&D

You may buy additional coverage for yourself, your spouse/domestic partner, and your children at group rates.

Short-Term Disability (STD)

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)

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.

Accident Insurance

Can help pay for expenses resulting from unexpected accidents and injuries.

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.

Hospital Indemnity

Can help cover expenses related to admittance or confinement in a hospital.

Pet Insurance

Helps you be financially prepared when your pet needs veterinary care.

Mental Health Benefits

Employee Assistance Program (EAP)

The EAP offers access to unlimited phone or online sessions, up to 5 in-person counseling sessions, and resources to help you with life.

IMPORTANT BENEFIT CONTACTS

Coverage	Contact	Phone	Website
Medical	Kaiser Permanente	800-464-4000	www.kp.org
	United Healthcare	PPO Plans: 866-633-2446 HSA plan: 866-314-0335	www.myuhc.com
Health Savings Account (HSA)	Optum Bank	800-791-9361	www.optumbank.com
Dental	MetLife	800-438-6388	www.metlife.com
Vision	VSP	800-877-7195	www.vsp.com
Employee Assistance Program (EAP)	LifeWorks	888-267-8126	http://rimini-street.lifeworks.com
Flexible Spending Account (FSA)	Navia	800-669-3539	www.naviabenefits.com
Commuter Benefit			
Life and AD&D	Lincoln Financial	800-487-1485	www.lfg.com
Disability			
401(k)	Fidelity	800-890-4015	www.netbenefits.com
Pet Insurance	Figo	844-738-3446	www.figopetinsurance.com
Accident, Critical Illness, and Hospital Indemnity	Voya	800-955-7736	https://presents.voya.com/EBRC/17778

Questions?

For more information about your plan coverages and benefit options, review your carrier summaries/ SPDs and benefits guide, visit <https://www.riministreet.com/benefits/>, or please reach out to Benefits at benefits@riministreet.com