

CLOUDERA

U.S. Benefits Booklet 2024



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Investing in Your Wellbeing

One of Cloudera's top priorities is to maintain the health and wellbeing of our employees and their families. To achieve this goal, we offer a robust and comprehensive program with a variety of options to best meet your needs.

Eligibility

You are eligible for benefits on the date of hire if you are a regular, full-time U.S. employee (unless otherwise specified).

Enrolling Dependents

You may elect to enroll your eligible dependent(s) in certain benefits. Elected plans must be the same as you select for yourself.

Eligible Dependents Include

- Your legal spouse or qualified domestic partner
- Your children, which may include natural, adopted, stepchildren
- Your qualified domestic partner's children

Note: Your parents and siblings are not eligible dependents.

Qualifying Events

A qualifying event allows you to change your coverage within 30 days of the event. If more than 30 days have passed, you will have to wait until Open Enrollment to make a change.

Typical qualifying events may include:

- Marriage, divorce, or termination of a qualified domestic partnership
- Birth or adoption of a child
- Death of a spouse or dependent
- Gain or loss of eligibility under a plan offered by your spouse's or dependent's employer or group insurance coverage

Open Enrollment

Each year at open enrollment, you are able to add, remove, or change your elections and your covered dependents. Coverage becomes effective the following January 1 (or upon carrier acceptance if Evidence of Insurability is required).



Enrollment and Ongoing Support

Getting Started

- 1 **Go to the Collective Health Portal at**
<https://join.collectivehealth.com/cloudera>
Learn about your health plan options and understand what's covered.

- 2 **Choose your benefits coverage**
Whether you are a new hire, completing open enrollment, or making a change following a qualifying life event, you will enroll in Workday.

[Login to Workday →](#)

Member Advocate Support

Member Advocates are dedicated to helping you get the support you need, whether it is finding a provider in the network, understanding your benefits, or helping with complex claims issues. You and your family members enrolled in medical coverage also have access to virtual visits. This provides convenient access to care without leaving your house.

Medical Dental Vision	Kaiser Medical (CA Only)	401(k)	FSA HSA Commuter	Life/AD&D Voluntary Plans Disability
Collective Health Monday-Friday 4am-6pm PST Saturday 7am-11am PST (844) 857-6082 Anthem LiveHealth Online (for participants in a PPO, HDHP, or EPO medical plan)	Kaiser 24/7, closed holidays (800) 464-4000 Kaiser Video Visits	Sequoia Advisory Services Monday-Friday 8:30am-5pm PST (888) 849-9780	Forma 24/7/365 (844) 902-2902	Refer to plan summaries posted on Insight

Medical: PPO Plans

How do the PPOs work?

- You can receive medical care from hospitals and doctors of your choice, but the greatest cost savings is when you see providers in the PPO network.
- You pay nothing out-of-pocket for In-Network preventive care.
- You can see specialists at any time without needing a referral from your primary doctor.
- PPO plans have an annual deductible that you must pay before the plan pays toward medical expenses.

- After the deductible is met, you are responsible for the coinsurance – a percentage of the total cost for services — up to the Out-of-Pocket Maximum (OOPM). Once the OOPM is met, the plan pays 100% of all costs through the end of the calendar year.
- Out-of-Network reimbursements are based on the insurance carrier's "allowed amount". You are responsible for the amount your provider charges above this amount.
- Accumulators such as deductible and Out-of-Pocket Maximum reset each calendar year, on January 1.

Cloudera offers two PPO medical plans:

COLLECTIVE HEALTH PPO 150					
	Deductible	Out-of-Pocket	Co-Insurance	PCP Copay	Prescription Drugs (up to 30 day supply)
In-Network CA: Blue Cross PPO Prudent Buyer Network (Large Group) Non-CA: National PPO Network (BlueCard PPO)	Single:\$150 Family:\$450	Single:\$2,000 Family:\$4,000	10%	\$10 copay per visit (deductible waived)	Tier 1:\$10 Tier 2:\$30 Tier 3:\$50 Tier 4:\$50
Out-of-Network	Single:\$150 Family:\$450	Single:\$6,000 Family:\$12,000	30%	30% after deductible	See plan summary

COLLECTIVE HEALTH PPO 350					
	Deductible	Out-of-Pocket	Co-Insurance	PCP Copay	Prescription Drugs (up to 30 day supply)
In-Network CA: Blue Cross PPO Prudent Buyer Network (Large Group) Non-CA: National PPO Network (BlueCard PPO)	Single:\$350 Family:\$1,050	Single:\$3,000 Family:\$6,000	20%	\$20 copay per visit (deductible waived)	Tier 1:\$10 Tier 2:\$30 Tier 3:\$50 Tier 4:\$50
Out-of-Network	Single:\$350 Family:\$1,050	Single:\$6,500 Family:\$12,000	30%	30% after deductible	See plan summary

Medical: High Deductible Health Plan (HDHP)

How does the HDHP work?

- The HDHP includes a Health Savings Account (HSA). This personal account — funded by you and Cloudera — helps you pay for qualified health care expenses now or in the future. See the next page for HSA details.
- The HDHP has a high annual deductible that you must meet before the plan pays toward medical and pharmacy expenses. If you enroll dependents in coverage, you and/or your dependents must meet the entire family deductible before the plan pays toward medical and pharmacy expenses.
- After the deductible is met, you are responsible for the coinsurance — a percentage of the total cost for services — up to the Out-of-Pocket Maximum (OOPM). Once the OOPM is met, the plan pays 100% of all costs through the end of the calendar year.
- Similar to the PPO, you can receive medical care from hospitals and doctors of your choice, but there are greater cost savings when you see providers in the network.
- You pay nothing out-of-pocket for In-Network preventive care.
- Out-of Network reimbursements are based on the insurance carrier's "allowed amount". You are responsible for the amount your provider charges above this amount.
- Accumulators such as deductible and Out-of Pocket Maximum reset each calendar year, on January 1.

COLLECTIVE HEALTH HDHP 3000					
	Deductible	Out-of-Pocket Max	Co-Insurance	PCP Copay	Prescription Drugs (up to 30 day supply)
In-Network CA: Blue Cross PPO Prudent Buyer Network (Large Group) Non-CA: National PPO Network (BlueCard PPO)	Single: \$3,000 Family: \$6,000	Single: \$3,500 Family: \$7,000	0% after deductible	\$0 +0% after deductible)	Tier 1: \$10 Tier 2: \$30 Tier 3: \$50 Tier 4: 30% up to \$150 Subject to the deductible
Out-of-Network	Single: \$3,000 Family: \$6,000	Single: \$7,000 Family: \$14,000	30% after deductible	\$0 +30% after deductible	30% after deductible

Health Savings Account (HSA)

You may participate in an HSA if you:

- Are covered by a qualified HDHP on the first of the month (Cloudera's HDHP is qualified);
- Are not covered by a non-HDHP plan and do not contribute to a general-purpose healthcare FSA or a general purpose HRA at the same time as an HSA;
- Are not enrolled in Medicare; and
- Cannot be claimed as a dependent on someone else's tax return.

Maximum pre-tax contribution amount	Employee Only	Employee + Dependents(s)*
	Up to \$4,150 Amounts above include contributions from you and from Cloudera - see page 11 for contribution amounts.** Employees age 55 or older are eligible to make "catch up" contributions, up to an additional \$1,000 annually.	Up to \$8,300
What expenses are eligible and ineligible? Note: This is a partial list. Refer to IRS.gov for more information.	Eligible <ul style="list-style-type: none">• Copays, deductible payments, coinsurance• Doctor office visits, exams, lab work, x-rays, hospital charges• Prescription drugs• Chiropractic care, physical therapy• Over-the-counter medication	Ineligible <ul style="list-style-type: none">• Cosmetic procedures or surgery• Dental products for general health• Expenses incurred prior to opening your HSA• Personal hygiene products
Advantages	<ul style="list-style-type: none">• When used for eligible medical expenses, HSA funds are tax-free.***• Contributions are tax-deductible and earnings grow tax-free.***• Start, stop, or change your contributions at any time (no qualifying life event is required).• HSA elections roll over from year-to-year (with continued enrollment in the HDHP with Cloudera).• Unused HSAs funds rollover each year, are portable, and stay with you, even if you change medical plans or employers.• Deposits can be invested in mutual funds.	
Things To Consider: IRS Regulations	<ul style="list-style-type: none">• Save your receipts for eligible expenses for tax filing and IRS audit purposes.• If you participate in the HDHP and also elect participation in the Health Care Flexible Spending Account (FSA), your FSA must be "limited purpose". That means you can only use your FSA funds for eligible dental and vision expenses.• Mid-year changes: If you were enrolled in a Health Care Flexible Spending Account (FSA) (including with another employer), you may not enroll in a Health Savings Account at any point in the same calendar year.<ul style="list-style-type: none">- Changes into the HDHP and HSA are not permitted if you had a FSA- Changes out of the HDHP are permitted; your Limited Purpose FSA would be converted to full-purpose for the rest of the plan year• Once you reach age 65, you have the option to use your HSA for any purpose without penalty. However, you will owe income taxes on withdrawals for non-qualified expenses.	
HSA Administrator	Forma is our HSA administrator. If you elect the HDHP, you'll work with Forma to complete the Customer Identification Program (CIP) requirements, manage your HSA account, invest your contributions, and be reimbursed for eligible expenses. Note: You must have funds in your HSA before you can spend them.	

* Your HSA funds may only be used to pay for expenses for you and your tax dependents, as defined by the IRS. Please consult your tax adviser for information.

** Annual limits are set by the IRS and are subject to change.

*** State taxes apply to HSA contributions/accounts in California and New Jersey. Please consult your tax adviser for information.

Medical: EPO and HMO Plans (CA Only)

How does the EPO work?

- Available in California only.
- You must receive medical care from hospitals and doctors in the EPO network. Except in an emergency, out-of-network care is not covered by the plan.
- You pay nothing out-of-pocket for In-Network preventive care.
- You pay a set copay amount, up to the Out-of-Pocket Maximum (OOPM), for office visits and procedures. Once the OOPM is met, the plan pays 100% of all costs through the end of the calendar year.
- Accumulators such as deductible and Out-of-Pocket Maximum reset each calendar year, on January 1.

COLLECTIVE HEALTH EPO				
	Deductible	Out-of-Pocket Max	PCP Copay	Prescription Drugs (up to 30 day supply)
In-Network CA: Blue Cross PPO Prudent Buyer Network (Large Group)	Single: \$0 Family: \$0	Single: \$1,500 Family: \$3,000	\$20 copay per visit	Tier 1: \$10 Tier 2: \$30 Tier 3: \$50 Tier 4: \$50

How does the HMO work?

- Available in California only through the Kaiser HMO network.
- You must designate a Primary Care Physician (PCP) in the HMO network. Your PCP coordinates all medical care including office visits, prescriptions, and referrals to specialists.
- You pay nothing out-of-pocket for In-Network preventive.
- You pay a set copay amount, up to the Out-of-Pocket Maximum (OOPM), for office visits and procedures. Once the OOPM is met, the plan pays 100% of all costs through the end of the calendar year.
- Accumulators such as deductible and Out-of-Pocket Maximum reset each calendar year, on January 1.

KAISER PERMANENTE HMO				
	Deductible	Out-of-Pocket Max	PCP Copay	Prescription Drugs (up to 30 day supply)
In-Network CA: Kaiser Permanente Network	Single: \$0 Family: \$0	Single: \$1,500 Family: \$3,000	\$20 copay per visit	Tier 1: \$10 Tier 2: \$25 Tier 3: \$25 Tier 4: 30% up to \$200

Dental: PPO Plans

How do these plans work?

- Dental plans through Guardian offer you the flexibility to see any dentist or specialist.
- Costs are lowest when you visit a participating network provider.
- Out-of-Network reimbursements are based on the insurance carrier's "allowed amount". You are responsible for the amount your provider charges above this amount.
- Accumulators such as deductible and Out-of-Pocket Maximum reset each calendar year, on January 1.

Cludera offers two PPO dental plans:

GUARDIAN DENTAL PPO						
	Deductible Per Member	Annual Benefit Maximum	Preventive Services*	Basic Services*	Major Services*	Ortho
In-Network DentalGuard Network	\$50	\$2,000	0%	10%	40%	Not Covered
Out-of-Network	\$50	\$2,000	0%	20%	50%	Not Covered

GUARDIAN DENTAL PPO PREMIER							
	Deductible Per Member	Annual Benefit Maximum	Preventive Services*	Basic Services*	Major Services*	Ortho	Ortho Lifetime Maximum
In-Network DentalGuard Network	\$50	\$3,000	0%	10%	40%	50% for Adult and Child	\$2,000
Out-of-Network	\$50	\$2,000	0%	20%	50%	50% for Adult and Child	\$2,000

* Please refer to the plan summary for detailed information about these categories of service.



Vision Plan

How does the plan work?

- Vision plan through VSP offers you the flexibility to see any optometrist or specialist.
- Costs are lowest when you visit a participating network provider.
- The allowed amount applies to either frames or contact lenses in a single calendar year.

VSP VISION								
	Exam Frequency	Exam Copay	Lenses Frequency	Lenses Copay	Contact Lenses Frequency	Contact Lenses Copay	Frames Frequency	Frames Copay
In-Network VSP Network — Signature	Every Calendar Year	\$10	Every Calendar Year	\$25	Every Calendar Year	100% of amount over \$180	Every Calendar Year	80% of amount over \$180
Out-of-Network	Every Calendar Year	Plan Pays up to \$50	Every Calendar Year	Plan Pays up to \$48	Every Calendar Year	Plan Pays up to \$130	Every Calendar Year	Plan Pays up to \$48

Summary of Monthly Medical, Dental, and Vision Contributions

What you pay each month to have insurance

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Medical Plan				
Collective Health PPO 150	\$131.00	\$337.00	\$268.00	\$489.00
Collective Health PPO 350	\$81.00	\$235.00	\$182.00	\$335.00
Collective Health HDHP 3000	\$0.00	\$85.00	\$57.00	\$148.00
Collective Health EPO (CA Only)	\$98.00	\$253.00	\$191.00	\$365.00
Kaiser Permanente HMO (CA Only)	\$110.00	\$287.00	\$258.00	\$405.00
Dental Plan				
Guardian Dental PPO	\$5.00	\$13.00	\$16.00	\$24.00
Guardian Dental PPO Premier	\$7.00	\$17.00	\$21.00	\$31.00
Vision Plan				
VSP Vision	\$1.00	\$2.00	\$3.00	\$4.00

Please Note: Per federal IRS regulations, domestic partner contributions are taken on a post-tax basis. Contributions made by the employer for domestic partners (or domestic partner children) may be subject to imputed income for the employee. State tax laws may vary regarding taxation of domestic partner benefits. Please speak with your tax adviser for more details.

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Cloudera Contribution to your HSA				
Monthly HSA Contribution*	\$100.00	\$175.00	\$175.00	\$225.00

Please Note: The IRS annual maximums are inclusive of both your and your employer's contributions. Please consider how much your employer contributes to your HSA when making your annual personal contribution election. In addition, while HSA contributions are tax advantaged for federal tax purposes, states may treat them differently for state tax purposes. Please consult with your tax adviser if you have questions relating to the taxability of your HSA contributions.

* Only for those who are enrolled in the Collective Health HDHP 3000.



AccessHope Cancer Care (for participants in a PPO, HDHP, or EPO medical plan)

When you're facing a cancer diagnosis, there's nothing more important than finding the very best support. AccessHope is the key to unlocking the most-up-to date cancer expertise. Their team will work with your local treating oncologist and help you benefit from nationally designated cancer centers, knowledgeable subspecialists, and ongoing support — and at no additional cost to you. Explore how AccessHope can help you navigate the cancer journey by visiting myaccesshope.org/cloudera or call 1-844-710-1637. The Cancer Support Team is available Monday–Friday (except holidays) from 6am to 6pm Pacific Time.

Cancer Support Team

Connect with experienced oncology nurses for appointment details, treatment information, or emotional support — wherever you are in your cancer journey.

Expert Advisory Review

Request an AccessHope medical expert to review your case. This specialist will provide recommendations to your treatment plan based on the latest insights and discoveries for your type of cancer, while communicating with your doctor.

Accountable Precision Oncology

For a rare or complex cancer diagnosis, your case will be automatically sent to AccessHope. A member of their cancer specialist team will review your case and leverage leading cancer expertise to provide recommendations to your local oncologist and keep you with your local support system.



Emotional Wellbeing and Support

Caring for your mental health is essential, since it affects how you think, feel, and act. Cloudera partners with Spring Health through Guardian to provide a solution that combines clinically-proven technology with high-touch care navigation. This gives you and your dependents support that is immediate, effective, confidential, and provided at no cost to you.

Get Started

These benefits are available to you now. Activate your account and get started today.

1. Go to guardianbenefits.springhealth.com
2. Create your account: provide your legal name, date of birth, and work email address.

You can also search "Spring Health Mobile" in your app store.

For more information or support, contact a Care Navigator:

- Call 1-855-629-0554 (select option 2 if you need crisis support)
- Email careteam@springhealth.com

How does the plan work?

- Benefits range from online exercises to deal with day-to-day stressors to in-person or virtual licensed therapy to improve your overall wellbeing
- Support is available via:
 - Five in-person or virtual therapy visits
 - Five sessions with a certified coach
 - Online platform/mobile app with over 200 self-guided digital exercises
 - A personalized care plan to address your specific concerns
 - Unlimited access to a dedicated Care Navigator to provide clinical guidance, follow-up, and more

Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA) let you set aside pre-tax contributions (taken via payroll deduction) to pay for eligible expenses incurred by you/your tax dependents. There are three types of FSA:

- Healthcare:** Use this FSA to cover the costs of eligible expenses that the plan may not cover. Examples include copays and deductibles, prescription drugs, and dentist and optometrist fees.
- Limited purpose healthcare:** Much like the health care FSA, this account covers eligible expenses, but only for dental and vision related items, allowing you to use your HSA funds for other needs. This type of FSA is only available to participants in the HDHP with the HSA (refer to page "Medical: High Deductible Health Plan (HDHP)" on page 6 for details).
- Dependent care:** Covers the costs of eligible dependent care expenses you incur while you (or you and your spouse) are working, looking for a job, or attending school full-time. Examples include licensed child care centers or before/after school programs, day camps, and custodial care for dependent adults.

Refer to [IRS.gov](#) for more information.

How do the FSAs work?

- You choose an annual election amount up to the IRS limit. Contributions are deducted via payroll in equal installments.
- You must enroll in the FSA at each Open Enrollment if you wish to participate the following calendar year. Changes are only permitted mid-year with a qualifying life event. Note: Some changes may have an impact on the FSA type you're allowed to enroll in:
 - Changes into the HDHP and HSA are not permitted if you had a FSA at any point during the same calendar year
 - Changes out of the HDHP are permitted; your Limited Purpose FSA would be converted to full-purpose for the rest of the plan year
- Healthcare and limited purpose healthcare FSA:** Your full election amount is available immediately, meaning you'll have access to the funds when you need it. Unused balances are eligible for carryover to the next plan year, up to the IRS allowed amount.
- Dependent care FSA:** You must have contributed funds to your account before you can spend them. Unused funds at the end of the plan year will be forfeited.

Forma is the FSA administrator for Cloudera. Manage your account in the Forma [online portal](#) or through the app.

ACCOUNT TYPE	IRS LIMITS
Healthcare FSA and Limited Purpose Healthcare FSA (for HDHP with HSA participants and only for dental/vision)	Contribution: \$3,200 Carryover: \$640
Dependent Care	\$5,000 per calendar year*

*Please Note: Dependent FSA contribution amount is per household, per calendar year (\$2,500 for single filers and for married individuals who file separately).



Commuter Accounts

Commuter accounts let you set aside pre-tax contributions (taken via payroll deduction) for mass transit and parking expenses associated with your daily commute to work. There are two types of commuter accounts: mass transit and parking.

How do the commuter accounts work?

• You have the option to enroll in one or both accounts. Choose a monthly election for expenses, up to the IRS limits for each account type.

- Funds are placed in your account and then used to pay for eligible commuting expenses.
- You must have funds in your commuter account before you can spend them.
- You can change your election amount or cancel plan participation at any time.
- Any unused funds that remain in your account can be carried over from one month to the next until you leave Cloudera.

Forma is the commuter accounts administrator for Cloudera.
Manage your account in the Forma [online portal](#) or through the app.

COMMUTER ACCOUNTS

Maximum IRS Contribution Limits	<ul style="list-style-type: none">• Parking: \$315 per month• Transit: \$315 per month
Eligible Expenses	<ul style="list-style-type: none">• Bus, ferry, train, subway tickets, and passes• Vanpool fees (when there are 6+ adult passengers)• Parking expenses, including parking at or near your place of work or at the location from which you take mass transit to work
Ineligible Expenses	<ul style="list-style-type: none">• Taxi fares• Bridge tolls• Gas fuel/mileage

Life and AD&D

Cloudera provides Life insurance and Accidental Loss of Life/Severe Injury benefits designed to provide income protection for you and your family. Coverage is equal to two times your base salary (up to \$1 million) and is provided at no cost to you.

For additional protection, Voluntary Life insurance and Accidental Loss of Life/Severe Injury benefits are offered. Premiums are based on your age and elected coverage level and are deducted directly from your paycheck on a post-tax basis. Dependent coverage may also be elected upon enrollment in employee voluntary coverage.

How do these benefits work?

- Guardian is the Life Insurance and Accidental Loss of Life/Severe Injury benefits carrier for Cloudera.
- Designate at least one primary beneficiary in Workday to ensure that benefits are paid according to your specifications. You may add additional primary beneficiaries, as well as contingent beneficiaries. Your beneficiaries can be updated at any time in Workday.

- Employees are subject to imputed income on Life insurance amounts over \$50,000 that are paid by Cloudera.
- Benefits are subject to age reduction or termination as described in the carrier plan summary.
- For Voluntary benefits: Guarantee Issue (GI) amounts shown in the table below are only available to first time enrollees (new hires, newly eligible dependents, etc.). Outside of this election period, or for amounts above GI, Evidence of Insurability (EOI) and carrier approval is required. Without approved EOI, benefit amounts will be limited to the GI amount (or the current in-force coverage amount).

EOI may also be required at Open Enrollment. Refer to the annual Open Enrollment materials posted on Insight for details.

BENEFITS SUMMARY: CLOUDERA-PROVIDED COVERAGE

Amount	Benefit Maximum
2x Base Salary	\$1,000,000

BENEFITS SUMMARY: VOLUNTARY COVERAGE

	Employee	Spouse	Child
Minimum Coverage Amount	\$10,000	\$10,000	\$1,000
Maximum Coverage Amount	\$1,000,000	\$250,000 (not to exceed 100% of employee amount)	\$10,000 (not to exceed 100% of employee amount)
Increments of	\$10,000	\$10,000	\$1,000
Guarantee Issue	\$500,000	\$50,000	\$10,000



Voluntary Accidental Injury

Accidental injury benefits help you cover expenses when the unexpected happens — from spraining an ankle, to breaking a bone. Benefits are paid by Guardian directly to you and can be used towards medical expenses

not covered by the plan, mortgage payments, or any other expense. You may enroll yourself and eligible dependent(s) in coverage.

MONTHLY CONTRIBUTIONS (TAKEN SEMI-MONTHLY VIA PAYROLL DEDUCTION)

Employee Only	\$8.89
Employee + Spouse	\$14.91
Employee + Child(ren)	\$15.91
Employee + Family	\$21.93

Accidental injury provides coverage for services related to:

- Common injuries such as burns, fractures, eye injuries, lacerations
- Services during treatment and recovery, for example, ambulance, emergency room treatment, x-rays, surgery
- Outpatient therapies, including occupational, physical, vocational, speech, behavioral

COVERED BENEFITS AND PAYOUT AMOUNTS (SEE THE SCHEDULE FOR FULL DETAILS)

Eye Injury: \$300	Ambulance: \$300 (ground); \$1,500 (air)
Fractures: Schedule up to \$8,000	Emergency Room Treatment: \$250
Lacerations: Schedule up to \$500	Outpatient Therapies: \$50/day, up to 10 days



Voluntary Hospital Supplement

Enrolling in this plan helps to cover the costs for an extended hospital stay in the event of a sickness or injury. In conjunction with your health insurance, it's designed to

ease the financial impact to you. You may enroll yourself and eligible dependent(s) in coverage.

MONTHLY CONTRIBUTIONS (TAKEN SEMI-MONTHLY VIA PAYROLL DEDUCTION)

Employee Only	\$11.21
Employee + Spouse	\$25.80
Employee + Child(ren)	\$19.88
Employee + Family	\$34.47

COVERED BENEFITS AND PAYOUT AMOUNTS

Hospital/ICU Admission: \$1,000/\$2,000 per admission to a max of 2 per year, per insured

Hospital/ICU Confinement: \$200 /\$400 per day to a max of 30 days per year, per insured

Voluntary Critical Illness

Critical illness benefits help you and your family in the event of a serious illness, such as heart attack, cancer, or stroke. Benefits are paid directly to you in a lump sum, helping to provide important financial support so you can focus on recovery. Premiums are based on your age and elected coverage level and are deducted directly from your paycheck on a post-tax basis.

How does this benefit work?

- Employees may choose a lump sum benefit of \$10,000, \$20,000 or \$30,000
- Dependent coverage may also be elected upon enrollment in employee voluntary coverage:
 - Spouse lump sum benefit of \$10,000, \$20,000 or \$30,000; may elect up to 100% of Employee benefit amount; spouse rate is based on employee's age
 - Child rate is included with the employee election; lump sum benefit up to 50% of Employee benefit amount
- Contributions will increase as insured ages into a higher age bracket
- Rates shown below are per individual enrollee

MONTHLY CONTRIBUTIONS (TAKEN SEMI-MONTHLY VIA PAYROLL DEDUCTION)			
Age	Benefit Amount		
	\$10,000	\$20,000	\$30,000
<30 years	\$3.10	\$6.20	\$9.30
30-39	\$5.40	\$10.80	\$16.20
40-49	\$10.10	\$20.20	\$30.30
50-59	\$19.50	\$39.00	\$58.50
60-69	\$32.50	\$65.00	\$97.50
70+	\$51.20	\$102.40	\$153.60

COVERED BENEFITS AND PAYOUT AMOUNTS	
Up to \$30,000 in lump-sum coverage	Coverage for first and second occurrences (depending on condition)
Direct support for infectious diseases, including pandemics where serious illness is possible	\$50 wellness benefit when completing certain preventive care, such as annual physicals, mammograms, and colonoscopies



Leave Benefits

Cloudera partners with The Larkin Company to provide expert guidance and support for employees going on a leave of absence.

The Larkin Company administers leaves of absence under applicable state and federal laws, as well as Cloudera's own leave policies. These laws and policies may provide job protection and benefits continuation during an absence. The Larkin Company also determines if income replacement benefits are payable during the leave and, if so, notifies Cloudera of the amount to pay.

A leave of absence may be taken for a continuous period, intermittently, or as a reduced work schedule. Reasons for a leave of absence may include:

- Your own serious health condition
- To care for a seriously ill family member
- For a pregnancy-related medical condition or recovery from childbirth
- To bond with your newly born or adopted child or child placed through foster care
- To care for a family member who is on active military duty (or was within the past five years) and sustained a serious illness or injury while on active duty
- To help a covered military member who is on active duty or called to active duty status in support of a contingency operation

Income Protection Benefits

Short-term and long-term income protection benefits, paid by the company, provide a portion of your pay if you are unable to work due to your own illness or injury. Benefits coordinate with state disability programs where applicable.

Note: The maximum benefit period for Long-Term Income Protection is determined by the individual's age at time of disability

- **Elimination Period:** The length of time the employee must satisfy before benefits are payable

Key Terms

- **Benefit Period:** The duration that benefits will be paid to the employee. Benefits will be paid from the end of the elimination period, until the earliest of:
 - Completion of the benefit duration;
 - Employee's recovery; or
 - Employee's death

SHORT TERM INCOME PROTECTION BENEFITS — PREMIUM PRE-TAX*				
Carrier	Amount	Maximum Weekly Benefit	Benefit Period Maximum	Elimination Period
The Larkin Company	60%	\$2,500	Up to 12 weeks, as determined by the treating physician	7/7 days

LONG TERM INCOME PROTECTION BENEFITS — PREMIUM PRE-TAX*				
Carrier	Amount	Maximum Monthly Benefit	Benefit Period Maximum	Elimination Period
Guardian	60%	\$15,000	To Social Security Normal Retirement Age	90 days

* You do not pay taxes on the employer-paid premium. In the event disability benefits are paid, they are considered taxable.

401(K) Retirement Plan

Make saving for the future easy with a 401(K) plan that allows you to save a portion of your salary toward retirement. You are eligible to participate upon your hire date, and there is no plan vesting schedule. Contributions

are deducted from your paycheck and can be invested in a variety of options. Cloudera's retirement plan is administered by Fidelity.

Key Features & Benefits		
Deferral Limits	IRS Limit: \$23,000 (+\$7,500 for age 50 or older)	
Employer Match	100% of the first 2% of eligible compensation* you defer up to a maximum employer match of \$5,000 annually	
Employee Deferrals	Pre-tax (Traditional), Post-tax (Roth), and Additional After-Tax (Non-Roth)	
Auto Enrollment (effective 35 days from your hire date; may be changed at any time)	7% pre-tax deferral with 1% increase each year, up to 15%	
Key Deferral Types	Pre-Tax (Traditional) Contributions are deducted directly from your pay before federal (and most state and local) income taxes are withheld. This reduces your taxable income, giving you immediate tax savings you can use to help fund your retirement. Your contributions, and their investment returns, grow tax-free and aren't taxed until you receive distributions from the Plan.	Post-Tax (Roth) Deferrals come from your eligible compensation on an after-tax basis. Though these contributions do not reduce your current income for tax purposes, your investments grow tax free, just as with pre-tax 401(k) accounts. If certain requirements are met, Roth deferrals and their investment returns are generally not taxable when you receive them as a future benefit.
Additional Features	Additional After-Tax (Non-Roth) Contributions are made on an after-tax basis, and you do not save on taxes when you make After-Tax contributions. Unlike Roth deferrals, the investment earnings are not tax free unless or until you convert the earnings.	In-Plan Roth Conversions Maximize the Additional After Tax benefit by timely completing an In-Plan Roth Conversion. This allows you to convert taxable investment earnings into an account within your Cloudera 401(K) account. Once converted, the account is not taxable when you elect a qualified Roth distribution.

* Certain types of compensation are ineligible under the plan document. Refer to the Summary Plan Description for more details.

Common Medical Plan Terms

Coinsurance

The percentage of the charges the member is required to pay for a medical service in a plan after the deductible has been met. For example, the insurance company may pay 80% of the covered claim, and the member pays the remaining 20%.

Copayment / Copay

The fixed amount paid by the member when a medical service is received, i.e. \$20 for a doctor's visit or \$20 for a prescription. Copays do not apply to the deductible.

Deductible

The amount the member pays for covered health care services before the insurance plan starts to pay. Special rules apply to the family deductible under the High Deductible Health Plan.

EPO

Exclusive Provider Organization. With an EPO, you must receive care through the carrier's network of doctors and hospitals. Except in an emergency, the plan won't pay for out-of-network care.

High Deductible Health Plan (HDHP)

A HDHP has a higher annual deductible than other plans. The monthly contributions are usually lower, but the member must satisfy the full deductible before the plan pays toward medical and pharmacy expenses. The HDHP can be combined with a Health Savings Account (HSA), allowing the member to pay for eligible expenses tax-free funds. Note: State taxes may apply to HSA contributions/accounts. Consult with your tax adviser for further information.

HMO

Health Maintenance Organization. An HMO is a type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover Out-of-Network care except in an emergency. An HMO may require the member to live or work in its service area to be eligible for coverage. The member's Primary Care Physician (PCP) coordinates medical care and refers the member to specialists (within their medical group) and hospitals as necessary.

In-Network Provider

A hospital, doctor, medical group, and/or other healthcare provider contracted to provide services to insurance company members for less than their usual fees.

Out-of-Pocket Maximum (OOPM)

The maximum amount the member has to pay in a plan year for eligible expenses. Once the OOPM is met, the plan pays 100% of allowable charges for in-network covered services.

Out-of-Network Provider

A hospital, doctor, medical group, and/or other healthcare provider not contracted to provide services to insurance company members for less than their usual fees, allowing them to charge the member any rate they choose.

PPO

Preferred Provider Organization. A PPO is a group of hospitals and physicians that are contracted with insurance companies to provide medical services. Out-of-pocket costs are lower when a provider within the PPO network is used.

Preventive Care

Often referred to as well visits, preventive care services help members stay healthy and include annual physicals, well-woman and well-baby care visits, wellness screenings, and flu shots.

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