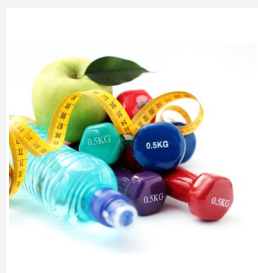
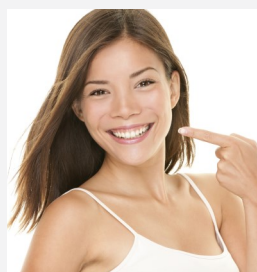


2015 EMPLOYEE **BENEFITS** OVERVIEW

medical

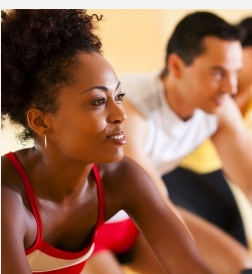
dental



vision

disability

life



more



2015 Health Benefits Comparison

MEDICAL PLAN	UHC PPO		UHC PPO		UHC HMO	Kaiser Permanente
Benefits	AAIT/YP 750		RZK/YP 250		LC6/3MH HMO	Traditional HMO
	In Network	Out of Network	In Network	Out of Network	In Network	In Network
Lifetime Max Benefit	Unlimited		Unlimited		Unlimited	Unlimited
Deductible:						
Individual	\$750	\$1,500	\$250	\$500	None	None
Family	\$1,500	\$3,000	\$500	\$1,000	None	None
Out of Pocket Max:						
Individual	\$4,500	\$9,000	\$3,500	\$7,000	\$1,500	\$1,500
Family	\$9,000	\$18,000	\$7,000	\$14,000	\$3,000	\$3,000
Co-Insurance	10%	30%	10%	30%	None	None
Office Visit	\$15/\$30	Ded+30%	\$10/\$20	Ded+30%	\$20/\$40	\$20/\$35
Lab & X-ray	Ded+ 10%	Ded+30%	Ded+10%	Ded+30%	No charge	No charge
In Patient Hospitalization	Ded+10%	Ded+30%	Ded+10%	Ded+30%	\$250/admit	\$250/admit
Emergency Room	\$250/visit		\$250/visit		\$150/visit	\$100/visit (waived if admit)
Out Patient Hospitalization	Ded+10%	Ded+30%	Ded+10%	Ded+30%	\$125/admit	\$35/ procedure
Preventive Services	No Charge	N/A	No Charge	N/A	No Charge	No Charge
Well Baby Care	No Charge	N/A	No Charge	N/A	No Charge	No Charge
Prescriptions:						
Generic	\$10	\$10	\$10	\$10	\$10	\$10
Brand	\$35	\$35	\$35	\$35	\$35	\$35
Non-Formulary	\$50	\$50	\$50	\$50	\$50	\$35
Full Plan Description	Click Here		Click Here		Click Here	Click Here
Employee Contribution per Pay Period:						
Employee Only	\$0		\$11.94		\$7.06	\$0
Employee + Spouse	\$0		\$26.27		\$15.54	\$0
Employee + Child(ren)	\$0		\$21.49		\$12.71	\$0
Employee + Family	\$0		\$35.82		\$21.18	\$0

The benefits illustrated above are meant to serve as a summary of the benefits available under the carrier's plan. Should any discrepancy arise, the carrier's documents supersede this illustration. Once enrolled, you will receive a Combined Evidence of Coverage and Disclosure Form that explains the exclusions and limitations, as well as the full range of covered services of your plan, in detail.

This document offers highlights of Trifacta's benefit plans. For more information, please contact benefits@Trifacta.com.



2015 Employee Benefits Overview

DENTAL PLANS		
Plan Features	Guardian PPO	
	In Network	Out-of-Network
Annual Maximum Benefit	\$1,500	\$1,500
Lifetime Orthodontia Max- Child Only	\$1,500	
Calendar Year Deductible		
Individual	\$50	\$100
Family Limit	\$150	\$300
Waived for:	Preventive	Preventive
Charges Covered for You (co-insurance):		
Preventive Care (cleanings)	100%	100%
Basic Care (fillings)	90%	80%
Major Care (crowns)	60%	50%
Orthodontia (for eligible children only)	50%	50%
Full Plan Description	Click Here	
Network	Guardian Preferred Network	
Provider Finder	Click Here	
Employee Contribution per Pay Period:	Full Time	
Employee Only	\$0	
Employee + 1	\$0	
Employee + 2 (or more)	\$0	

Guardian Vision		
	In-Network	Out-of-Network
Office Visit Copay	\$10 Copay	Up to \$50
Materials (lenses & frames)	\$25 Copay	N/A
Exams (1x every 12 months)	100%+copay	Up to \$50
Lens Replacement (1x every 12 months)		
Single Vision	100%+copay	Up to \$48
Lined Bifocal	100%+copay	Up to \$67
Lined Trifocal	100%+copay	Up to \$86
Frame Replacement (1x every 12 months)	100% to \$150 + 20% off balance	Up to \$48
Contact Lenses (in lieu of glasses, 1x per 12 mos)	100% to \$150	Up to \$120
Full Plan Description	Click Here	
Employee Contribution per Pay Period:		
Employee Only	\$0	
Employee + 1	\$0	
Employee + 2 (or more)	\$0	

INCOME PROTECTION PLANS				
Trifacta's life insurance program is offered through Guardian Life Insurance Company. Trifacta's income protection plan, provides you with security and peace of mind by knowing that you will be financially protected in case of disability. Trifacta pays 100% of all enrollment costs.				
Features	Life & AD&D	Disability Short Term	Disability Long Term	Voluntary Life and AD&D
Benefit	\$50,000	60% of weekly earnings to \$2,308	60% of monthly earnings to \$10,000	See Plan Description
Elimination Period	N/A	15 days	181 days	N/A
Duration	N/A	24 weeks	SSNRA	N/A
Plan Description	Click Here	Click Here	Click Here	Click Here



2015 Additional Benefits

Trifacta offers a wide range of benefits for eligible employees and their family members.
Eligibility for most programs begins the first day of the month following your date of hire.

PLAN	Additional Benefits
Employee Assistance Plan (EAP)	<ul style="list-style-type: none">• Confidential counseling service to help you with challenges relating to work, family, stress, finances, and other personal issues.• All eligible employees have access to 3 face-to-face sessions with counselors per year free-of-charge and unlimited free telephonic consultation with an EAP counselor 24/7.• Call (800) 386-7055 or log-on to www.ibhworklife.com (Username: Maters; Password: wlm70101).
Retirement Plans	<ul style="list-style-type: none">• All regular full-time and part-time (20+ hour) employees are eligible to contribute to the Transamerica 401(k) plan on the first of the month following their date of hire.
Flexible Spending Account Options	<p>Eligible employees may elect to have pre-tax funds withheld for qualified expenses in the following programs:</p> <ul style="list-style-type: none">• Dependent Care - Up to \$5,000 maximum election• Medical Care Reimbursement—Up to \$2,550 maximum election
Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance	<p>Voluntary Life Insurance coverage is as follows:</p> <ul style="list-style-type: none">• Employees may purchase in \$10,000 increments up to \$300,000, guaranteed issue \$100,000• Spouse/Domestic Partners may purchase in \$5,000 increments up to \$150,000, guaranteed issue \$25,000• Children (14 days – 23 years) may purchase in \$1,000 increments up to \$10,000, guaranteed issue \$10,000• AD&D Insurance is covered up to 1x elected life coverage• Calculate costs using the pricing chart in the Benefit Description Click Here
Commuter Benefits	<ul style="list-style-type: none">• All employees are eligible to enroll in a parking and transit pre-tax benefit through Flex Plan Services• Election amounts are capped at \$130 monthly for transit, and \$250 monthly for parking.• On-line enrollment at www.flex-plan.com. Company code is TFA.
24 Hour Fitness Gym Discount	<p>Negotiated discount for 24 Hour Fitness multi-location membership.</p> <ul style="list-style-type: none">• Email 24hour@proinsurance.com to learn more.



Questions? Contact Trifacta's Employee Benefits Help Desk at (650)798-2050 or benefits@Trifacta.com