

Healthcare, Life, and Disability Comparison

Side-by-side comparisons of your AuthO and Okta plans

The following tables compare AuthO's current plans to Okta's plans for 2022. For details about all of Okta's benefits, go to **rewards.okta.com**. You can also review the **AuthO enrollment summary**, **transition guide**, and **transition FAQs** to better understand how it will work to move to Okta's benefits.

Medical and prescription drugs

The following table compares in-network services for AuthO's Premera medical and prescription drug plans to Okta's Blue Shield plans.

	Auth0 HDHP Premera	Okta HDHP + HSA Blue Shield	Auth0 PPO Premera	Okta PPO Blue Shield
	In-Network	In-Network	In-Network	In-Network
Deductible	\$2,000/\$4,000	\$2,800/\$5,600*	\$1,000/\$2,000	\$500/\$1,500
(Individual/Family)				
Out-of-Pocket Max	\$5,000/\$10,000	\$3,700/\$7,400	\$5,000/\$10,000	\$3,500/\$7,000
(Individual/Family)				
Coinsurance	20%**	No charge**	20%**	10%**
Office Visits	20%**	No charge**	\$35	\$20
(Primary/Specialist)				
Mental Health and Substance	20%**	No charge**	Office visits: \$35	Office visits: \$20
Use Disorder Services			Other services: 20%**	Other services: 10%**
Prescription Drugs — Retail***	20%**	Tier 1: \$10**	Tier 1: \$10	Tier 1: \$10
		Tier 2: \$25**	Tier 2: \$40	Tier 2: \$20
		Tier 3: \$40**	Tier 3: \$80	Tier 3: \$40
		Specialty: 30% up to \$200**	Specialty: \$10-\$80	Specialty: 30% up to \$200
Prescription Drugs —	20%**	Tier 1: \$20**	Tier 1: \$25	Tier 1: \$10
Mail Order***		Tier 2: \$50**	Tier 2: \$100	Tier 2: \$40
		Tier 3: \$80**	Tier 3: \$200	Tier 3: \$80
		Specialty: 30% up to \$400*	Specialty: Not covered	Specialty: 30% up to \$400

^{*}A member with family coverage will need to meet the individual deductible prior to the family meeting the family deductible within a calendar year.

^{**}After deductible.

^{***}Pharmacy benefits may vary, as the prescription drug formularies are different for Premera and Blue Shield.

In addition to these plans, Okta also offers a Blue Shield EPO Plan, a Kaiser HDHP + HSA, and Kaiser HMO.

	Okta EPO Blue Shield	Okta HDHP + HSA Kaiser	Okta HMO Kaiser
	In-Network ONLY	In-Network ONLY	In-Network ONLY
Deductible (Individual/Family)	\$0/\$0	CA, GA: \$2,800/\$5,450 CO, MAS, WA: \$2,800/\$5,600 OR: \$3,000/\$6,000	\$0/\$0
Out-of-Pocket Max (Individual/Family)	\$2,000/\$4,000	CA, GA: \$2,800/\$5,450 CO, MAS: \$2,800/\$5,600 OR: \$6,000/\$12,000 WA: \$3,500/\$7,000	CA, CO, GA, WA: \$1,500/\$3,000 HI: \$2,500/\$7,500 MAS: \$1,300/\$2,600 OR: \$2,000/\$4,000
Office Visits (Primary/Specialist)	\$15/\$30	No charge* OR: \$30*/\$40*	CA, CO, GA, HI, MAS, WA: \$20/\$20 OR: \$20/\$30
Mental Health and Substance Use Disorder Services**	Office visits: \$15 Other services: No charge	No charge* OR: \$30*	\$20
Prescription Drugs — Retail	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Specialty: 30%, up to \$200	No charge* OR: Tier 1: \$15* Tier 2: \$30* Tier 3: \$30* Specialty: 20%, up to \$150*	CA: Tier 1: \$10, Tier 2: \$20, Tier 3: \$20, Specialty: 20%, up to \$200 CO: Tier 1: \$10, Tier 2: \$20, Tier 3: \$35, Specialty: \$20 GA: Tier 1: \$10, Tier 2: \$20, Tier 3: \$20, Specialty: \$20 HI: Tier 1: \$10, Tier 2: \$35, Tier 3: \$35, Specialty: \$200 OR: Tier 1: \$15, Tier 2: \$30, Tier 3: \$30, Specialty: 20%, up to \$150 MAS: Tier 1: \$10, Tier 2: \$20, Tier 3: \$35, Specialty: \$10-\$35 WA: Tier 1: \$10, Tier 2: \$20, Tier 3: \$10-\$20, Specialty: \$10-\$20
Prescription Drugs — Mail Order	Tier 1: \$10 Tier 2: \$40 Tier 3: \$80 Specialty: 30%, up to \$400	No charge* OR: Tier 1: \$30* Tier 2: \$60* Tier 3: \$60*	CA: Tier 1: \$20, Tier 2: \$40, Tier 3: \$40 CO: Tier 1: \$20, Tier 2: \$40, Tier 3: \$70 GA: Tier 1: \$20, Tier 2: \$40, Tier 3: \$40 HI: Tier 1: \$20, Tier 2: \$70, Tier 3: \$70 OR: Tier 1: \$30, Tier 2: \$60, Tier 3: \$60 MAS: Tier 1: \$20, Tier 2: \$35, Tier 3: \$50 WA: Tier 1: \$20, Tier 2: \$40, Tier 3: \$20-\$40

^{*}After deductible.

^{**}For some Kaiser regions, group visits costs vary and can be lower.

Employee assistance program

The following table compares mental health services for AuthO and Okta. This benefit is company paid.

	Auth0	Okta	
	Modern Health	Modern Health	
Employee Premium	100% company paid	100% company paid	
Benefit	• 8 private coaching sessions per year through in-app video calls*	8 private coaching sessions per year through in-app video calls*	
	• 8 therapy sessions per year in person or virtual*	8 therapy sessions per year in person or virtual*	
	Unlimited texting with selected coaches	Unlimited texting with selected coaches	
Who's eligible	You	You and your eligible family members	

^{*}Additional coaching and therapy sessions provided if needed.

Dental

The following table compares in-network services for AuthO's plan and Okta's plan.

	Auth0 Delta Dental	Okta MetLife Dental
	In-Network	In-Network
Deductible (individual/family)	\$25/\$75	\$50/\$150
Annual Maximum	\$2,000	\$3,250
Diagnostic & Preventive	100%	100%
Basic	90%*	90%*
Major	50%*	60%*
Orthodontics (adult & children)	50%	50%
Lifetime Maximum (orthodontics)	\$2,000**	\$2,500

^{*}After deductible.

^{**}Orthodontics lifetime maximum for existing/prior treatment applies on the Okta plan.

Vision

The following table compares in-network services for AuthO's plan and Okta's plan.

	Auth0	Okta
	VSP	VSP
	In-Network	In-Network
Coverage Frequency (exam/lens/frames)	12 months/12 months/24 months	12 months/12 months/12 months*
Eye Exam	\$10 copay	\$10 copay
Single Lens	Covered in full after eye exam copay	Covered in full after \$25 copay
Bifocal Lens	Covered in full after eye exam copay	Covered in full after \$25 copay
Trifocal Lens	Covered in full after eye exam copay	Covered in full after \$25 copay
Standard Progressive Lenses	\$0	\$0
Premium Progressive Lenses	\$95-\$105 copay	\$80-\$90 copay
Custom Progressive Lenses	\$150-\$175 copay	\$120-\$160 copay
Frames	\$150 allowance	\$150 allowance
Contacts (instead of glasses)	\$150 allowance, copay does not apply; up to \$60 copay for contact lens exam	\$150 allowance, copay does not apply; up to \$60 copay for contact lens exam

^{*}Vision benefits start over for Auziros starting January 1, 2022.

Healthcare plan premiums

The amount you pay for benefits coverage will change. Review the 2022 monthly premiums for healthcare coverage below.* For premiums of other plans, go to **rewards.okta.com**.

	Employee Only	Employee + Spouse/Partner	Employee + Child(ren)	Employee + Family
Blue Shield HDHP + HSA*	\$0.00	\$115.00	\$85.00	\$195.00
Blue Shield EPO*	\$100.00	\$320.00	\$250.00	\$500.00
Blue Shield PPO*	\$110.00	\$350.00	\$270.00	\$525.00
Kaiser HDHP + HSA	\$0.00	\$115.00	\$85.00	\$195.00
(CA, CO, GA, MAS, OR, WA)				
Kaiser HMO	\$85.00	\$250.00	\$215.00	\$380.00
(CA, CO, GA, HI, MAS, OR, WA)				
MetLife Dental	\$0.00	\$16.00	\$22.10	\$38.10
VSP Vision	\$0.00	\$1.80	\$1.90	\$4.60

^{*}Available nationwide, except Hawaii. Employees in Hawaii can find monthly premiums for HMSA on rewards.okta.com.

^{**}Mid-Atlantic states (Virginia, Maryland, and Washington DC).

Life insurance

The following table compares life insurance coverage for AuthO and Okta.

	Auth0	Okta
	Unum	Lincoln Financial
Basic Life (company paid)	3x base annual earnings, up to \$500,000	2x base annual earnings, up to \$500,000
Employee Voluntary Life	Increments of \$10,000, lesser of 5x earnings or \$500,000 (guarantee issue of \$150,000)	Increments of \$10,000, up to \$1 million (guarantee issue of \$500,000*)
Spouse/Partner Voluntary Life	Increments of \$5,000, lesser of 100% of employee benefit or \$250,000 (guarantee issue of \$50,000)	Increments of \$5,000, lesser of 100% of employee benefit or up to \$250,000 (guarantee issue of \$50,000*)
Child Voluntary Life	Up to \$2,500 (age affects benefit)	\$10,000

^{*}Guarantee issue amounts for employees and spouses/partners begin for Auziros on January 1, 2022. This means, Auziros can purchase coverage up to guarantee issue amounts during Open Enrollment without providing evidence of good health. Coverage over guarantee issue amounts will require evidence of good health.

AD&D insurance

The following table compares AD&D insurance coverage for AuthO and Okta.

		Okta Lincoln Financial
Basic AD&D (company paid)	3x base annual earnings, up to \$500,000	2x base annual earnings, up to \$500,000
Employee Voluntary AD&D	Increments of \$10,000, up to 5x earnings or \$500,000	Increments of \$10,000, up to \$1 million
Spouse/Partner Voluntary AD&D	Increments of \$5,000, lesser of 100% of employee benefit or \$250,000	Increments of \$5,000, up to \$250,000
Child Voluntary AD&D	Up to \$2,500 (age affects benefit)	\$10,000

Short-Term disability

The following table compares Short-Term Disability (STD) coverage for AuthO and Okta. This benefit is company paid.

	Auth0 Unum	Okta Lincoln Financial
Employee Premium	100% company paid	100% company paid
Benefit	100% of covered weekly earnings; no weekly maximum	100% base salary for 30 days, then 60% of weekly earnings, up to \$2,500 per week
Elimination Period	7 days	0 days
Benefit Duration (includes elimination period)	13 weeks	13 weeks

Long-Term disability

The following table compares Long-Term Disability (LTD) coverage for AuthO and Okta. This benefit is company paid.

	Auth0	Okta	
	Unum	Lincoln Financial	
Employee Premium	100% company paid	100% company paid	
Elimination Period	90 days	90 days	
Benefit	60% of monthly earnings, up to \$5,000 per month	60% of monthly earnings, up to \$12,000 per month	