

# Confluent Family Planning Benefit Summary

*Last Updated 12/29/2020*

*Disclaimer: The requirements and eligible expenses covered in this policy may be subject to change without notice.*

Confluent provides the Family Planning Benefit designed to support employees looking to grow their families. The program covers expenses for a variety of eligible family planning products and services. This document outlines the program policy. The full plan document for this health reimbursement arrangement (HRA) can be found [here](#).

## Who is Eligible?

All full-time US Confluent employees and their dependents\* who are enrolled in one of the company's medical plans or verified to be enrolled in another employer-sponsored group health plan are eligible to participate in the program. You must be employed by Confluent when eligible expenses are incurred by you and submitted to Confluent for reimbursement. See Termination Policy below for more details.

\*Dependent means a spouse (or domestic partner who qualifies as a dependent as defined by the Employer's [Declaration of Domestic Partnership](#)) and is enrolled in the Employer's group medical plan or the group medical plan of another employer that provides minimum value.

## Program Administration

Twic is the administrator for the Family Planning Benefit program. For general FAQs, please refer to the [help center](#). You can reach Twic's Member Experience Team by emailing [support@twic.ai](mailto:support@twic.ai) or through the live-chat feature directly in your Twic account.

## Benefit Amount

Eligible Confluent employees will receive \$10,000 per calendar year for eligible family planning products and services. New hires who start working at Confluent after January 1st will receive a prorated amount on the first of the month following their date of hire. Any unused amount expires at the end of the calendar year.

## How the Program Works

If you are enrolled in a health insurance plan through Confluent that is not a high deductible health plan, \$10,000 will be deposited into your Twic Account on the 1st of each year, or you will receive a prorated amount on the first of the month following your date of hire.

If you are enrolled in a high deductible health plan or an employer-sponsored group health plan not through Confluent, you will need to reach out to Twic support via live chat or [support@twic.ai](mailto:support@twic.ai) and provide the following:

- For those enrolled in a **high deductible health plan (HDHP/HSA)**, you must provide proof of your deductible being met. Most common form of proof is an Explanation of Benefits (EOBs).
- For those enrolled in an employer-sponsored group **health plan not through Confluent**, you must provide proof of coverage every calendar year, such as:
  - Explanation of Benefits (EOBs) or other correspondence from the plan or issuer indicating coverage
  - Pay stubs showing payroll deductions for health coverage
  - Third-party statements verifying periods of coverage (including from the employer)
  - Health ID cards

Once Twic support verifies the proof provided, you will receive \$10,000 in your Twic Account, or a prorated amount based on your date of hire.

You may spend the allowance using either of the following methods:

1. Twic Store
2. Reimbursement Claims

### **Twic Store**

Twic Store includes vendors that are automatically considered eligible under this program policy. You do not need to submit a request for reimbursement when you purchase products through Twic Store.

For a single-time purchase that exceeds your Twic balance at any given time, you may pay the difference out of pocket via the Twic portal and submit a receipt for reimbursement as described below.

### **Reimbursement Claims**

If you pay out of pocket for an eligible expense, you may choose to submit a reimbursement claim through the Twic portal. (A list of eligible categories and examples can be found in the next section.) Reimbursement requests will be processed within 2-3 days. Please submit the following items when filing your reimbursement claim:

1. Receipt with your name, item or service description, purchase or service date, and payment amount
2. Evidence of employer sponsored group health plan coverage or HDHP deductible being met if it has not yet been provided.

If your request for reimbursement is approved, the amount of your reimbursement will be paid to you via payroll. The reimbursements will arrive in your paycheck once each month based on the timeline below:

<b>Example Submission Date</b>	<b>Expected Payout</b>
January 1st to January 31st	Mid-February paycheck
February 1st to February 28th/29th	Mid-March paycheck

Active employees have 90 days from the end of the plan year to file claims incurred prior to December 31st.

## Eligible Expenses

\*Note: Travel expenses for any of the below categories are ineligible; claims for travel-related expenses will be rejected.

### Adoption Assistance Program (IRC §137)

<b>Category</b>	<b>Subcategory</b>	<b>Examples</b>	<b>Tax-Free?</b>
<b>Adoption</b>	<b>Adoption Assistance</b>	Adoption fees, court costs, attorney fees, other expenses that are directly related to and for the principal purpose of the legal adoption	Yes
<b>Adoption</b>	<b>Matching &amp; Placements</b>	Post-placement reporting and legal finalization, Post-placement adoption workshop, webinars and support groups with licensed agency who provide adoption services, Interstate compact on the placement of children (ICPC) fees for out-of-state coordination and placement and agency fees, Local adoption agency fees (if using domestic state agency and birth mother is in different state)	Yes
<b>Adoption</b>	<b>Home Study Fees</b>	Home study application fee, home study fee	Yes
<b>Adoption</b>	<b>Adoption Counseling</b>	Outreach fees, adoption counselor fees, dear birthmother letter fees, birthmother outreach program, pre-arranged assistance with birth mother's basic living expenses (state dependent)	Yes

## HRA: Medical Expense (IRC §213d) - Fertility

Category	Subcategory	Examples	Tax-Free?
Fertility	Fertility Enhancement	In-vitro fertilization, fertility-related surgery, Intrauterine insemination (IUI), Gamete intrafallopian transfer (GIFT), Zygote intrafallopian transfer (ZIFT), Pre-implantation genetic testing (PGT), embryo transfer, hysteroscopy, Intracytoplasmic sperm injection (ICSI), Laparoscopy, Transvaginal ultrasound	Yes
Fertility	Egg/Sperm Enhancement	Temporary egg freezing (<12 months), Temporary sperm freezing (<12 months), Donor egg and/or sperm, Short term storage for donor sperm, Testicular sperm aspiration/extraction, Ovarian stimulation	Yes
Fertility	Long-term Egg/Sperm Freezing	Egg freezing (>12 months), Sperm freezing (>12 months)	No
Fertility	Pregnancy Test	Semen analysis, pregnancy test, sperm mapping, ovulation test, fertility test	Yes
Fertility	Fertility Consultation	Initial consultation, telehealth consultation, erectile dysfunction visits, ejaculatory duct obstruction, Varicocele, unilateral, Varicocele, bilateral, Idiopathic obstruction, Anesthesia for valid fertility treatment, Testis sperm extraction (TESE), unilateral/bilateral, Microscopic Epididymal Sperm Aspiration (MESA), unilateral/bilateral	Yes
Fertility Medications	Fertility Medication	Prescribed fertility medications	Yes
Surrogacy	Surrogacy Consultation	Power of attorney, Notarized documents, Surrogate travel expenses	No
Surrogacy	Surrogacy Procedures	Agency fee, matching costs, Diagnostic testing for surrogate, Surrogate embryo transfer	No

## Termination Policy

Your eligibility to participate in the Family Planning Benefit ends on the day of your termination and you will no longer be eligible to participate or submit reimbursement claims. You must submit your claims 14 days prior to employment termination to guarantee payment reimbursement.

# Acknowledgment

Participation in the Family Planning Benefit is voluntary. By participating, you acknowledge that you are opting into this Program. Further, you acknowledge that Confluent will not endorse nor verify the credentials, health and safety, and price of any services you receive using the program. If you elect to participate in this program, you are responsible for ensuring a safe, healthy, and affordable program.

The information contained in this document is proprietary and confidential to Confluent, Inc. No part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying and recording, for any purposes without the express written permission of Confluent, Inc.

This document is subject to change without notice. Confluent, Inc. does not warrant that the material contained in this document is error-free. If you find any problems with this document, please report them to [peoplesupport@confluent.io](mailto:peoplesupport@confluent.io), in writing.

Confluent, Inc. reserves the right to terminate, suspend, withdraw, or modify the benefits described in this document, in whole or in part, at any time. No statement in this or any other document, and no oral representation, should be construed as a waiver of this right.

This is not a legal document. Please refer to the summary plan descriptions for detailed information. This document is not intended to cover every option detail. Complete details are in the legal documents, contracts, and administrative policies that govern benefit operation and administration.

If there should ever be any differences between the summaries in this summary and these legal documents, contract, policies, the documents, contracts and policies will be the final authority.