



TALEND U.S. BENEFITS OVERVIEW

Effective January 1, 2021



Talend offers highly competitive benefits that support you and your family's well-being, including medical, dental, and vision plans at a low cost to the employee. Our benefits are available to you, your spouse/domestic partner, and eligible dependents.

Eligibility: You are eligible for health, dental, vision, savings accounts, life, and disability plans on your date of hire. Voluntary Accident and Hospital Indemnity plans are effective the first of the month following your date of hire.

All health/life/voluntary benefits are elected through Workday (via Okta).

CORE BENEFITS OVERVIEW

CA MEDICAL PLANS	NATIONAL MEDICAL PLANS	VISION	DENTAL
Kaiser HDHP* Kaiser HMO	UHC HDHP* UHC PPO	VSP	Delta PPO

*HDHP = High Deductible Health Plan with a Health Savings Account

HEALTH SAVINGS ACCOUNT	FLEXIBLE SPENDING ACCOUNTS	SUPPLEMENTAL EMPLOYEE BENEFITS TO PURCHASE	100% EMPLOYER PAID
<p>Talend Contributes:</p> <p>Employee Only Election - Up to \$1,400/yr or \$58.33/pay Family Election - \$2,800/yr or \$116.67/pay</p> <p>IRS max contribution 2021 including Talend contributions:</p> <p>Employee Only - \$3,600/yr Family - \$7,200/yr Age 55+ additional \$1,000/yr at each level</p>	<p>Health FSA -Full or Limited Purpose: Medical, dental and vision expenses for yourself and dependents. LP FSA is for use with HDHP (dental/vision only)</p> <p>Health FSA Max - \$2,750</p> <p>Dependent Care: Pay for certain childcare expenses Household Max - \$5,000</p> <p>Pre-Tax Commuter Spending Account - Up to \$270/month</p>	<ul style="list-style-type: none"> Supplemental Life & Accidental Death and Dismemberment (AD&D) Supplemental Hospital Gap Supplemental Accident Supplemental Critical Illness 	<p>Company Provided:</p> <ul style="list-style-type: none"> Employee Assistance Program (EAP) Short-Term Disability (STD) Long-Term Disability (LTD) Basic Life & AD&D Business Travel/Accident

401(k) PLAN

Talend sponsors a 401(k) retirement plan through Fidelity for all eligible employees. You are eligible and automatically enrolled the first of the month following 60 days of employment. All elections are made at www.401k.com. You may contribute to the plan via pre-tax contributions and ROTH. A separate option is available for bonus/commissions earnings. Talend provides a match of 100% of the first 4% of eligible compensation deferral.

Important Reminder: During the Workday onboarding process, please provide any contributions you have made with a previous employer during the current year to remain in compliance with annual IRS maximums.

Questions: Contact the Vita Team at (650) 968-8811, talend@vitamail.com, or via Slack.

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EMPLOYEE HEALTH: Per Pay Period Contributions 2021

PLAN TYPE	UHC PPO	UHC or Kaiser HDHP	Kaiser HMO	DENTAL	VISION
Employee Only	\$98.50	\$19.50	\$57.50	\$6.00	\$0.50
Emp + Spouse	\$250.00	\$105.50	\$160.50	\$19.50	\$2.50
Emp + Child(ren)	\$198.00	\$77.00	\$126.00	\$14.50	\$2.50
Emp + Family	\$368.00	\$170.50	\$238.00	\$36.00	\$5.00

EMPLOYEE HEALTH: Plan Details 2021

MEDICAL COVERAGE				
PLAN TYPE	UHC HDHP	UHC PPO	KAISER HDHP	KAISER HMO
NETWORK	In-Network	In-Network	California Only In-Network	California Only In-Network
HSA Funding (12 Months)	\$1,400 ind. / \$2,800/fam.	N/A	\$1,400 ind. / \$2,800/fam.	
Deductible: Individual	\$2,800	\$250	\$2,000*	None
Deductible: Family	\$5,600	\$500	\$4,000	None
Out-of-Pocket Max: Individual	\$5,000	\$2,250	\$3,000	\$1,500
Out-of-Pocket Max: Family	\$10,000	\$4,500	\$6,000	\$3,000
Preventive Care	No Charge	No Charge	No Charge	No Charge
Office Visit	0%	\$20	\$30	\$15
Hospitalization	0%	20%	\$250	No Charge
Outpatient Surgery	0%	20%	\$150	\$15
Rx (Retail)	\$15/\$40/\$60	\$15/\$35/\$50	\$10/\$30/20%	\$15/\$30/30%

*See Summary of Benefits 2021 for details about the individual deductible within the family deductible

DENTAL COVERAGE	
PLAN TYPE	DELTA PPO
Network	In-Network Out-of-Network
Calendar Year Max	\$2,500 per covered member
Annual Deductible	\$25/\$75 \$25/\$75
Preventive Care	0% 0%
Basic Procedures	10% 20%
Major Procedures	40% 50%
Orthodontia	ALL: 50% to \$2,000 lifetime maximum/person (Adult & Child)

VISION COVERAGE	
PLAN TYPE	VSP
NETWORK	In-Network*
Exam	\$10 1 Per Calendar Year
Lenses	\$25 1 Per Calendar Year
Frames	\$150 Allowance + 20% off balance 1 Per Calendar Year
Elective Contact Lenses	\$150 Allowance In Lieu of Lenses

*Out-of-network benefits available at additional cost

Important Note for Qualifying Life Events (e.g. marriage, birth, divorce): To make any benefit changes, you must report the change through Workday within 30 days of the event. Please be sure to provide supporting documentation.

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VACATION

YEARS OF SERVICE	DAYS ACCRUED	YEARS OF SERVICE	DAYS ACCRUED
0 years	15 days	4 years	21 days
1 year	16 days	5 years	23 days
2 years	17 days	6 or more years	25 days
3 years	19 days		

ADDITIONAL PAID TIME OFF (PTO)

MATERNITY LEAVE* 8 weeks paid @ 100% salary

PARENTAL LEAVE (INCL. ADOPTION) 8 weeks paid @ 100% salary

BEREAVEMENT LEAVE 3 days

JURY DUTY 10 days

SICK TIME 80 hours (10 days)

**Birth mothers are eligible to take Maternity + Paternity Leave, totaling 16 weeks*

PAID COMPANY HOLIDAYS

New Year's Day	Labor Day
Martin Luther King Jr. Day	Veterans Day
Presidents' Day	Thanksgiving Day
Memorial Day	Thanksgiving Holiday
Juneteenth	Christmas Eve
Independence Day	Christmas Day
Employee Appreciation Day	Two Floating Holidays

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CONTACT INFO

Following is a listing of the current contact information for each insurance company/vendor. Many of the websites listed below contain useful information on general health topics as well as information on how the plans operate.

CARRIER / VENDOR	CONTACT INFORMATION
UHC Medical Plan Group #913319	Customer Service: (866) 633-2446 24 Hour Nurse Line: (888) 887-4114 www.myuhc.com
Kaiser Medical Plan Group #230642 and #604441	Customer Service: (800) 464-4000 24 Hour Nurse Line: (888) 576-6225 www.kp.org
Delta Dental Plan Group #19185	Customer Service: (800) 765-6003 www.deltadentalins.com
VSP Vision Plan Group #30095332	(800) 877-7195 www.vsp.com
UNUM Life/Disability (LTD/STD): Group #652067 Vol Life Group: #652068 Accident/Critical Illness/Hospital Indemnity: Group #652070	Customer Service: (866) 679-3054 www.unum.com
Optum Bank HSA Group #HB870A	Customer Service: (844) 326-7967 www.optumbank.com
UHC FSA Group #0919573	Customer Service: (866) 314-0335 www.myuhc.com myUHC Help Desk (for technical support): (877) 844-4999
Optum Commute Group #0919574	Customer Service: (800) 243-5543 www.optumbank.com
Fidelity 401(k)	Customer Service: (800) 835-5097 www.401K.com
Optum EAP	Customer Service (U.S.): (866) 374-6061 www.liveandworkwell.com U.S. Access code: talend Customer Service (International): See wallet card www.liveandworkwell.com International Access code: talendglobal
Benefits Team	benefits@talend.com

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This high-level plan summary is for general information purposes only; it is NOT to be considered a Summary Plan Description nor is it a contract. It provides only a very brief summary of benefits and does not replace or supersede the actual plan provisions as defined in the master plan documents or employee handbook. Eligibility for benefits is subject to meeting criteria outlined in Summary Plan Description and other specified documents. Talend reserves the right to make changes to all benefits and internal policies at any time.

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