

Oracle America, Inc.

CALIFORNIA VOLUNTARY DISABILITY INSURANCE AND PAID FAMILY LEAVE BENEFIT PLAN

Voluntary Plan #99-1099

For benefits periods commencing on or after January 1, 2025

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SELF-INSURED VOLUNTARY DISABILITY & PAID FAMILY LEAVE PLAN

For California Employees of

Oracle America, Inc.

For Benefits Periods Commencing on or After January 1, 2025

I. ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE

A. Eligibility

All California Employees of the Employer on U.S. Payroll working in covered employment as defined in Section 2606 of the California Unemployment Insurance Code (CUIC) are eligible for coverage under this Plan.

B. Effective Date of Coverage

Individuals employed on or after the effective date of the Plan are covered as of the date of their employment unless coverage is rejected in writing. Any Employee who initially accepts coverage under this Plan may subsequently elect to withdraw from the Plan within ten (10) days following the effective date of any amendment to the Plan, or for any other reason, on the first (1st) day of the Calendar Quarter following the date of such election by notifying the Oracle Benefits Department in writing. Any Employee who has rejected coverage or who has withdrawn from the Plan and who subsequently elects, in writing, to be covered under the Plan shall be covered on the first (1st) day of the Calendar Quarter following the date of notifying the Oracle Benefits Department in writing of such election. The Plan's original effective date is February 15, 2010.

C. Termination of Individual Employee Coverage

An Employee's coverage will terminate on the earliest of:

1. at 12:00 midnight on the date of termination of the Employer-Employee relationship;
2. at 12:00 midnight on the fifteenth (15th) day following the commencement of temporary unpaid time;
3. at 12:00 midnight on the fifteenth (15th) day following the commencement of a Leave of Absence without pay;
4. the date the individual ceases to be an eligible Employee;
5. the beginning of the Calendar Quarter next following the date the Employee has given written notice of his or her intention to withdraw from the Plan; or
6. the date of termination of the Plan.

Exception: The Voluntary Plan under which an Employee establishes a Care Recipient Period remains liable for all subsequent claims for the same Care Recipient through the end of the Twelve (12) Month Period.

II. CONTRIBUTIONS

For 2025, the Employee contribution rate will be 0.90% with a maximum annual contribution of \$2,025. In accordance with CUIC Sections 984 and 985, the Employee contributions to the Plan, if any, shall be an amount equal to or less than the contribution rate established by the Employment Development Department for the State Disability Plan each year. If the Plan's trust fund is insufficient, the Employer will cover the costs of the Plan to remain solvent via an Employer loan that will be repaid by the Plan when the Plan has sufficient funds.



III. DISABILITY BENEFITS

A. Disability Waiting Period

Benefits will begin on the eighth (8th) day of Disability for all conditions, provided the Employee has been examined by or is under the care of a Physician during some portion of that eight (8) day period. Each day of partial Disability will be counted as a full day for purposes of satisfying the waiting period.

B. Amount of Benefits for Disability

1. For part-time Employees regularly working less than twenty (20) hours per week and temporary Employees whose work assignments are expected to last less than two (2) weeks the benefit under this Plan is equal to the State Disability Plan benefit.
2. For all other California regular Employees and for Disabilities beginning in the first six months of employment the benefit is 70% of Benefit Salary to a weekly maximum equal to the maximum weekly benefit in effect for the State Disability Plan on the Employee's beginning date of claim.
3. For all other California regular Employees and for Disabilities beginning after six months of employment the benefit is:
 - a. For the first 13 weeks: 80% of Benefit Salary with no weekly maximum
 - b. For the next 39 weeks: 70% of Benefit Salary to the maximum weekly benefit amount in effect for the State Disability Plan on the Employee's beginning date of claim.
4. Employees who have satisfied the requirement for six months of continuous employment and who have a subsequent break in service of thirty (30) days or less are eligible for benefits as described in Section III. B. 3 above. Employees who did not satisfy the six months of continuous employment requirement before a break in service or whose break in service exceeded thirty (30) days in the six (6) months immediately preceding the date of Disability will be treated as new Employees, as described in Section III.B.2. above, for purposes of benefits under this Plan.
5. Employees making less than 70% of the state average quarterly wage shall receive a weekly benefit equal to 90% of their weekly Wages to a maximum of the State Disability Plan weekly benefit amount in effect at the time of the commencement of the Employee's Disability.
6. In all cases, the weekly benefit amount will be equal to or greater than the Employee's benefit calculated by the Employment Development Department. The Claim Administrator will make any necessary adjustments promptly after receiving such notification if the weekly benefit amount is less than the State Disability Plan. The minimum weekly benefit amount under this Plan is \$50.

C. Benefits for Less Than One (1) Week for Disability

For each day of any **full-time**, continuous period of Disability for which benefits are paid and which is less than a full week, the benefit payable shall be one-seventh (1/7th) of the weekly benefit amount.

If Disability is taken intermittently, part-time, or in increments of less than a full week, benefits will be calculated and paid on a wage loss basis, per CUIA Section 2656.

D. Maximum Total Benefit Amount Payable for Disability

1. The maximum benefit amount payable is 52 times the weekly benefit amount for:
 - a. Disabilities beginning during the first six months of employment
 - b. part-time Employees regularly working less than twenty (20) hours per week
 - c. temporary Employees whose work assignments are expected to last less than two (2) weeks
2. For Disabilities beginning after the first six months of employment the maximum benefit amount payable is calculated as:



- a. Thirteen (13) times the weekly benefit amount at eighty percent (80%) of Benefit Salary plus
- b. Thirty-nine (39) times the weekly benefit amount at sixty percent (70%) of Benefit Salary.
3. Subject to this section and all other limitations and provisions of this Plan, benefits may remain payable until exhausted regardless of elapsed time from the date of Disability.

E. Disability Determination

1. A covered Employee may be eligible for Disability benefits if he or she:
 - a. is unable to perform his or her regular or customary work because of a physical or mental illness or injury, including but not limited to pregnancy, childbirth, or related medical condition;
 - b. is unable to work because of a written order from a State or local health officer as defined by CUIC Section 2626 because he or she is infected with, or suspected of being infected with, a communicable disease;
 - c. is referred or recommended by a Physician to participate as a resident in an approved alcoholic recovery program; or
 - d. is referred or recommended by a Physician to participate as a resident in an approved drug-free residential program.
2. The Disability must be supported by a certificate of a Physician or Practitioner, or if hospitalized under the authority of a county hospital in California or a medical facility of the United States, an authorized medical officer of a United States government hospital or medical facility, or a registrar of a county hospital within the State of California. A midwife, nurse midwife, or nurse practitioner may file a certificate in support of a normal pregnancy or childbirth. However, a certificate is not required:
 - a. if, in accordance with CUIC Section 2708.1, the Employee submits evidence of receipt of temporary disability benefits under a workers' compensation law;
 - b. if any Employee in good faith adheres to the teachings of any bona fide church, sect, denomination or organization which depends entirely upon prayer or spiritual means for healing, the certificate of a duly authorized or accredited practitioner of such bona fide church, sect, denomination or organization as to the Disability of the Employee and the estimated duration of such Disability, will be accepted;
 - c. if an Employee has been referred or recommended by competent medical authority to participate in an approved drug-free residential facility, and an authorized representative of the facility certifies that the Employee is a resident participating in a State approved drug-free residential facility;
 - d. if an Employee has been referred or recommended by competent medical authority to participate as a resident of any approved alcoholism recovery home, and an authorized representative of the facility certifies that the Employee is a resident participating in a State approved alcoholism recovery program; or
 - e. if an Employee has been ordered not to work by a written order from a state or local health officer because the Employee is infected with, or suspected of being infected with, a communicable disease. Such written order shall be acceptable (for the period specified therein) in lieu of a certificate.

F. Reductions in Benefits in Excess of the State Disability Plan

The benefit payments from the Plan in excess of the State Disability Plan benefits will be reduced by any benefits which are paid, payable or which the Claims Administrator determines may be available (whether or not such benefits are applied for) from the following:

1. Social Security Act or similar act of any government for the Employee, children of the Employee, or the Employee's spouse. Spouse or child awards will reduce the Plan benefit if such awards are made because of the Employee's Disability. For purposes of computing the total Social Security offset, any statutory



cost of living increases awarded after the initial award will not be used. However, if the initial award is subsequently adjusted to give credit for additional earnings or for any other reason, other than a statutory cost of living increase, the new award will be offset;

2. State disability plan (other than California, except for benefits payable to an Employee as a result of simultaneous coverage shown in Section VII of this Plan) or any Plan providing disability payments pursuant to a compulsory benefit act or law;
3. Workers' compensation and other similar disability payments required by law, attributable to any compromise and release settlements, or lump sum settlements. (All other workers' compensation benefits will reduce the Plan benefit as described in Section F of this document.);
4. Any state or public employee retirement or disability plan; or any pension or disability plan or any other nation or political subdivision thereof;
5. Any income received for disability or retirement under the Employer's retirement plan, to the extent that it can be attributed to the Employer's contributions;
6. A self-funded plan, or other arrangement if the Employer contributes toward it or makes payroll deductions for it;

If the Employee either chooses not to apply for or elects to defer or fails to request any of the above benefits, the Claims Administrator will reduce his or her benefits on the basis that the Employee had received the benefit on the earliest date he or she was eligible.

If, however, the Employee does apply for and/or requests any of the above benefits for which he or she may be eligible as determined by the Claims Administrator and the Employee provides the Claims Administrator with written evidence of these applications and/or requests, the Claims Administrator shall have the option of having the Employee sign a promise to repay agreeing to pay the Plan the appropriate amount of the other benefits that are in excess of the State Disability Plan. If the Employee signs the promise to repay, the Claims Administrator will pay the full Plan benefits while the Employee is waiting for his or her "other benefits" payments. Failure to sign the promise to repay will result in a delay in the payment of all or some of the Employee's benefits that are in excess of the State Disability Plan benefit.

G. Limitations and Exclusions for Disability Benefits

1. The Plan will pay a maximum of ninety (90) days for residents in an approved alcoholic recovery or drug-free residential program.
2. Disability benefits paid under this Plan will be reduced in the following circumstances:
 - a. Benefits will be reduced by any weekly workers' compensation benefits or any employer liability law in any state (including California) to which the Employee is entitled.
 - b. If the Employee receives wages, including sick pay, from any employer, they can still receive Disability benefits. However, the combined total of both wages and Disability benefits must not exceed the Employee's weekly wage (excluding overtime pay) immediately before beginning the Disability.

Vacation pay or Paid Time Off (PTO) is not considered wages when determining eligibility for Disability benefits.
3. No benefits are payable:
 - a. for any day on which the Disability is not supported by a certificate from a Physician, Practitioner, or other person authorized to certify Disability;
 - b. if the Employee is involuntarily confined due to commitment, court order, or certification in an institution or other place, as a dipsomaniac, drug addict, or sexual psychopath;



- c. for any period of Disability for which benefits are paid or payable under any unemployment compensation act of the United States or of any other country;
 - d. if any individual has filed with the California Employment Development Department and each of his or her employers a statement declaring the Employee's adherence to the faith or teaching of any bona fide religious sect, denomination, or organization and in accordance with its creed, tenets, or principles, depends upon prayer for healing in the practice of religion, and the Employee's statement disclaims any Disability benefits based on wages paid while such statement is in effect. This limitation is applicable during the period when such exemption is in effect and for a period of three (3) months following the rescission of such exemption certificate; or
 - e. to an individual who is: i) incarcerated in any federal, state, or municipal penal institution, jail, medical facility, public or private hospital, or in any other place because of a criminal conviction of a federal, state, or municipal law or ordinance; or ii) who commits a crime and is disabled due to an illness or injury caused by, or arising out of the commission of, arrest for, investigation of, or prosecution of, any crime that results in a felony conviction.
4. Disability benefits will be limited to the State Disability Plan benefit under the following situations:
- a. For Disabilities sustained by part-time Employees regularly working less than 20 hours per week and temporary Employees whose work assignment is expected to last 2 weeks or less.
 - b. For Disability resulting from
 - i. a war or participation in a riot;
 - ii. intentional self-inflicted injuries or attempted suicide, whether sane or insane;
 - iii. cosmetic surgery that is not medically necessary;
 - iv. when Employee is not receiving appropriate care from Employee's Physician or during any portion of the Disability Benefit Period when the Employee fails to comply with the requirements of appropriate care and treatment recommended by the treating Physician. This limitation shall remain in effect until the Claims Administrator receives satisfactory evidence of compliance from the treating Physician;
 - c. For any Disability that commences during the fifteen (15) day extended coverage period while the Employee is on either an unpaid Employer approved Leave of Absence or a temporary layoff without pay.
 - d. Until the Claims Administrator has received objective medical evidence in support of Disability that is determined by the Claims Administrator to be satisfactory evidence of Disability. Such objective medical evidence includes, but is not limited to, data and records from the Employee's attending Physician, narrative reports, x-rays and other laboratory findings, and consulting Physician reports. This information is required at the initiation of an Employee's claim and periodically thereafter as reasonably requested by the Claims Administrator.
 - e. If coverage terminates, as described in Section I.C., while benefits are being paid on a claim, further benefits will be limited to the state weekly maximum rate in effect as of the date of Disability, subject to all limitations and provisions of this Plan.
 - f. For Disabilities which result in the Employee being unable to perform his or her regular or customary work, but such Employee is not Wholly Disabled and the Employee has been offered alternative employment by the Employer that is of comparable status and compensation to his or her previous occupation and the Employee has declined the alternative employment offer.
 - g. If the Plan becomes obligated to pay benefits while disputing with the State Disability Plan the Employees coverage for benefits under the Plan.



IV. PAID FAMILY LEAVE BENEFITS

A. Paid Family Leave Waiting Period

There is no waiting period for Paid Family Leave benefits

B. Amount of Benefits for Paid Family Leave

The amount of weekly Paid Family Leave benefit for which an Employee is covered under the Plan (subject to any Plan Limitations and Exclusions) shall be equal to 100% of the Employee's Benefit Salary. The Paid Family Leave weekly benefit amount for Bonding following pregnancy Disability will be 100% of the Employee's Benefit Salary which was the basis for the calculation of the Employee's Disability pregnancy claim.

In all cases, the weekly benefit amount will be equal to or greater than the Employee's benefit calculated by the Employment Development Department. The Claim Administrator will make any necessary adjustments promptly after receiving such notification if the weekly benefit amount is less than the State Disability Plan. The minimum weekly benefit amount is \$50.00.

C. Paid Family Leave Benefits for Less Than One (1) Week

For each day of any **full-time**, continuous period of Paid Family Leave for which benefits are paid and which is less than a full week, the benefit payable shall be one-seventh ($1/7^{\text{th}}$) of the weekly benefit amount.

If Paid Family Leave is taken intermittently, part-time, or in increments of less than a full week, benefits will be calculated and paid on a wage loss basis, per CUIC Section 2656.

D. Maximum Total Benefit for Paid Family Leave

The maximum benefit payable shall be eight (8) times the applicable weekly benefit within a Twelve (12)-Month Period.

E. Paid Family Leave Determination

A covered Employee may be eligible for Paid Family Leave benefits if he or she is unable to perform his or her regular or customary work because he or she is providing care to a seriously ill Family Member, Bonding with a new minor Child, or participating in a Qualifying Exigency resulting from the Employee's Spouse, Domestic Partner, Child, or Parent's military deployment to a foreign country.

1. Providing Care to a Seriously Ill Family Member

The medical eligibility of the Serious Health Condition of the Family Member that warrants the care of the Employee must be established by a certificate from a Physician or Practitioner. The information provided must be within the Physician's knowledge and must be based on a physical examination and documented medical history of the Family Member.

2. Bonding with a new minor Child

As provided in the California Code of Regulations (CCR), Title 22 Section 2706-2, the supporting documentation must provide satisfactory evidence of: (a.) the relationship between the Employee and the Child and (b.) the birth, adoption, or foster care placement of the Child. Eligibility for Bonding is limited to the first twelve (12) months after the birth, adoption, or foster care placement of the Child.

3. Participating in a Qualifying Exigency

In accordance with CUIC Section 3307, the supporting documentation must provide satisfactory evidence of: (a.) the appropriate facts regarding the Qualifying Exigency; (b.) the start and end dates of the requested leave period (including frequency and duration for intermittent leave); (c.) if meeting with a third party, contact information for the individual or entity; and, (d.) a copy of the rest and recuperation orders, if applicable.



F. Limitations and Exclusions for Paid Family Leave

1. Paid Family Leave benefits paid under this Plan will be reduced in the following circumstances:
 - a. Benefits will be reduced by any weekly workers' compensation benefits or any employer liability law in any state (including California) to which the Employee is entitled.
 - b. If the Employee receives wages, including sick pay, from any employer, they can still receive Paid Family Leave benefits. However, the combined total of both wages and Paid Family Leave benefits must not exceed the Employee's weekly wage (excluding overtime pay) immediately before beginning the Paid Family Leave.

Vacation pay or Paid Time Off (PTO) is not considered wages for determining eligibility for Paid Family Leave benefits.
2. No benefits are payable:
 - a. for any day on which the Paid Family Leave is not supported by appropriate documentation;
 - b. for any period for which the Employee is eligible for unemployment insurance in California or any other state or the federal government;
 - c. for any period for which benefits are payable under a disability insurance act of California or any other state, or any company plan established in lieu of a state plan; or
 - d. for the same period of time in a day for which another Family Member is ready, willing, able, and available to provide the required care.
3. Paid Family Leave does not provide job protection or return rights. As provided in CCR, Title 22 Section 3301(a)-1, an Employee's job may be protected if he/she is eligible for the federal Family Medical Leave Act and the California Family Rights Act. The Employee must notify Human Resources of the reason for taking leave in a manner consistent with the Employer's leave policy.
4. Paid Family Leave benefits will be limited to the State Disability Plan benefit under the following situations:
 - a. If coverage terminates, as described in Section I.C., while benefits are being paid on a claim, further benefits will be limited to the state weekly maximum rate in effect as of the date of the Paid Family Leave or the pregnancy Disability if the Paid Family Leave is for Bonding following pregnancy Disability, subject to all limitations and provisions of this Plan.

G. Paid Family Leave Continued Claims

A Paid Family Leave continued claim is a claim for the same Care Recipient within the same Twelve (12) Month Period, subsequent to the first or re-established claim where there is no interruption of the period for which benefits are claimed.

H. Paid Family Leave Re-established Claims

A Paid Family Leave re-established claim is a claim filed subsequent to a first claim within the same Twelve (12) Month Period. A re-established claim occurs when there is one (1) of the following:

1. An interruption of the period for which benefits are claimed for the same Care Recipient.
2. Benefits are claimed for a new Care Recipient.

V. CLAIM INTAKE PROCESS

To apply for benefits, the Employee must contact The Hartford at 1-866-747-4868. Except for good cause, a claim must be filed within sixty (60) days from the first compensable day of Disability or Paid Family Leave.

An Employee who files a claim will receive a Notice of Computation (DE 429D) from the Employment Development Department, which shows the minimum amount he or she should be paid. If an Employee was in



the military service, received workers' compensation benefits, or did not work because of a trade dispute during his or her Base Period, he or she may be able to substitute wages paid in prior quarters to make the claim valid or increase the benefit amount. If the DE 429D shows no benefits due to extended unemployment during his or her Base Period, the Employee may also be able to substitute wages paid in prior quarters to make the claim valid.

VI. MEDICAL CERTIFICATION REQUIREMENTS FOR DISABILITY AND PAID FAMILY LEAVE

The Employee must establish medical eligibility for each uninterrupted period of Disability or Paid Family Leave by filing a first claim for benefits supported by the certificate of a treating Physician or Practitioner that establishes the sickness, injury, or pregnancy of the Employee or that warrants the care of the Care Recipient. For subsequent periods of uninterrupted Employee Disability or care of the Care Recipient after the period covered by the initial certificate or any preceding continued claim, the Employee must file a continued claim for those benefits supported by the certificate of a treating Physician or Practitioner. A certificate filed to establish medical eligibility for the Employee's own sickness, injury, or pregnancy or that warrants the care of the Care Recipient must contain:

1. a diagnosis and diagnostic code prescribed in the International Classification of Diseases, or, if no diagnosis has yet been obtained, a detailed statement of symptoms;
2. a statement of the medical facts, including secondary diagnoses when applicable, within the Physician's or Practitioner's knowledge, that is based on a physical examination and documented medical history of the Employee or Care Recipient by the Physician or Practitioner;
3. the Physician's or Practitioner's conclusion as to the Employee's Disability or Care Recipient's need for care;
4. a statement of the Physician's or Practitioner's opinion as to the expected duration of the Disability or need for care; and
5. The Physician's or Practitioner's name, address, license number, and signature.

Under the provisions of the CUIC, the Employer or its authorized Claims Administrator shall have the right to: (A) require supplemental forms from the Physician or those authorized to certify Disabilities as often as deemed necessary, and (B) examine, at the Plan's expense, any Employee or Family Member claiming benefits under this Plan. The Plan shall have the sole authority to select the examining physician. Failure of the Employee or Family Member to attend any medical examination or cooperate with the examiner without good cause can result in loss of benefits. Continued medical certification, signed by a certified Physician or Practitioner, must be submitted within twenty (20) days of the date the Employee is issued a notice of final payment or the Employee receives a request for additional medical certification, whichever is later. Additional medical certification may be requested when and as often as may be reasonably required during the period payments may be due under this Plan. For both Disability and Paid Family Leave claims, a complete listing of certification requirements will be included in the claim packet.

VII. DISABILITY AND PAID FAMILY LEAVE PRORATION OF BENEFITS

A. Simultaneous Coverage for Disability Claims

Simultaneous coverage exists when an Employee is covered by and eligible for Disability benefits from more than one (1) Disability insurance plan, including the State Disability Plan and one (1) or more Voluntary Plans.

When benefits are paid under simultaneous coverage, the liable plans equally share the State Disability Plan weekly and maximum benefit rate. Additionally, each Voluntary Plan pays the difference between the full State Disability Plan and the amount of benefit entitlement under that Voluntary Plan. Each Voluntary Plan is counted as one (1) plan. The State Disability Plan is counted as one (1) plan even if the Employee works for more than one (1) State Disability Plan covered employer.



B. Simultaneous Coverage for Paid Family Leave Claims

Simultaneous coverage exists when an Employee is covered by and eligible for benefits from one (1) or more plans (including the Voluntary Plan and the State Disability Plan) at the time he or she establishes a Care Recipient Period. The plan(s) under which the Care Recipient Period is established in Paid Family Leave remain liable for all claims associated with the same Care Recipient through the end of the Twelve (12) Month Period, regardless of any change in employment. Liability for Paid Family Leave benefits remains with the plan(s) that covered the Employee when the Care Recipient Period was established.

Under simultaneous coverage, each Voluntary Plan is counted as one (1) plan. The State Disability Plan is counted as one (1) plan, even if the Employee works for more than one (1) State Disability Plan covered employer. The plans equally divide the State Disability Plan weekly and maximum benefit rates. Additionally, each Voluntary Plan pays the difference, if any between the full State Disability Plan benefit and the amount of benefit entitlement under that Voluntary Plan.

VIII. REDIRECTION OF BENEFITS

As provided in CUIC Section 1345, an individual eligible to receive benefits under this Plan may choose to redirect a portion of his or her weekly benefits to cover all or part of the cost of Employee-paid benefits. In order to allow the Employer to redirect a portion of the Voluntary Plan benefit, the Employee must give permission, in writing, for the weekly amounts to be redirected for payment of the Employee-paid benefits. This redirection may be initiated at the time the Employee applies for Voluntary Plan benefits or at any time while receiving Voluntary Plan benefits. The Employee may terminate or change the terms of the Voluntary Plan redirection of benefits at any time while receiving benefits under this Plan. See EDD sample form DE 2571.

IX. APPEALS

A. Appeal of Denial of Disability or Paid Family Leave Benefits

As provided in CUIC Section 2707.2 and CCR, Title 22 Section 5007(c), an Employee covered under a Voluntary Plan may appeal the denial of a claim within thirty (30) days from the date the notice of denial was mailed or sent electronically. An Employee may also appeal if he or she does not receive notice denying benefits within thirty (30) days after the claim was sent to the Voluntary Plan. In such cases, the Employee must file the appeal after thirty (30) days and within sixty (60) days from the date the claim was sent to the Voluntary Plan. In both cases of denial and lack of notice of denial, the Employee must send the appeal to the Employment Development Department for processing. The Employment Development Department generally does not attend this type of hearing.

Written appeals must be signed and shall include the Employee's name, address, and Social Security number, as well as the name of the Employer and the reason for filing the appeal. Appeals for the denial of Disability benefits may be made in person or in writing to any office of the Employment Development Department. Appeals for the denial of the Paid Family Leave benefits must be sent to: Paid Family Leave, PO BOX 997017, Sacramento, CA 95899-7017.

B. Payment of Benefits Pending Appeal

An Employee may elect to continue to receive Disability or Paid Family Leave benefits pending the outcome of a timely appeal to an Administrative Law Judge if the Employee:

1. submits a signed promise to the Voluntary Plan to repay benefits if an Administrative Law Judge rules the Employee is not entitled to further benefits;
2. submits continued certification as required pending the decision; and
3. is otherwise eligible to receive benefits.

This option is not applicable to claims on which the initial determination was a complete denial and no benefits were paid.



C. Disputed Coverage Appeals

As provided in CCR, Title 22 Section 5007(b), an Employee, the Employment Development Department, or the Plan may appeal a denial of coverage for Disability or Paid Family Leave within thirty (30) days of the date the notice of denial was mailed.

In disputed coverage cases in which a denial of coverage is not furnished, an appeal will be filed after twenty-five (25) days and within fifty-five (55) days from the date the appellant sends a request for payment of benefits to the Employment Development Department or Plan. If eligible, the Employee will be paid benefits by the plan that initially received the claim, pending disposition of the disputed coverage appeal.

X. OVERPAYMENTS

The Employee will be required to repay any overpayment from the Plan to the extent permitted under the CUIC Section 2735. The Employer will make reasonable arrangements with the Employee or his/her legal representative(s) for the repayment to the Plan, including but not limited to, the reduction of future benefits under the Plan or the reduction of future pay from the Employer as allowed under the CUIC.

XI. BENEFIT ENHANCEMENT

A. This Voluntary Plan provides several benefits that are considered better than the State Disability Plan. The following benefits qualify as a greater right under CUIC section 3254:

1. Provides a greater Disability:
 - a. benefit replacement rate (Section III.B)
 - b. maximum weekly benefit amount (Section III.B)
2. Allows a claim filing period beyond the 49th consecutive day for period of Disability (Section V)
3. Provides a greater Paid Family Leave:
 - a. benefit replacement rate (Section IV.B)
 - b. maximum weekly benefit amount (Section IV.B)
4. Allows a claim filing period beyond the 41st consecutive day for period of Paid Family Leave (Section V)

B. This Voluntary Plan also provides several additional benefits that are considered better than the State Disability Plan, but do not qualify as a greater right under CUIC section 3254:

1. Reduced Employee contribution rate (Section II)

XII. DEFINITIONS

A. **Base Period** means the following:

If the claim begins in:

The "Base Period" is the twelve (12) months
which ended the preceding:

January, February, or March.....	September 30
April, May, or June.....	December 31
July, August, or September	March 31
October, November, or December.....	June 30

The benefit amount is based on the quarter with the highest State Disability Plan taxable wages earned from all the Employee's employers within the Base Period.

B. **Benefit Salary (BenSal)** means base salary as of the commencement of the Employee's Disability Benefit Period or, if there is no related Disability Benefit Period, the commencement of the Employee's Paid Family Leave Benefit Period plus bonus, commissions, shift differential, over-time and all appropriate variable compensation paid from October 1, 2023, through September 30, 2024.



- C. **Bond or Bonding** means to develop a psychological and emotional attachment between a new Child and the Employee. This includes being in one another's physical presence.
- D. **Calendar Quarter** means a period of three (3) consecutive months commencing with the first (1st) day of January, April, July or October.
- E. **Care Recipient** means either the Family Member who is receiving care for a Serious Health Condition, or the Child with whom the Employee is Bonding.
- For the purposes of a Qualifying Exigency, Care Recipient means the military member who is participating in a Qualifying Exigency
- F. **Care Recipient Period** means all periods of Paid Family Leave that an Employee takes within a Twelve (12) Month Period to care for the same Care Recipient.
- G. **CCR** means the California Code of Regulations.
- H. **Child** means a biological, adopted, or foster son or daughter, a stepson, a stepdaughter, a legal ward, a son or daughter of a Domestic Partner, or the person to whom the Employee stands in loco parentis. This definition of a Child is applicable regardless of age or dependency status.
- I. **Claims Administrator** is The Hartford.
- J. **Covered Active Duty** has the same meaning as defined in CUIC Section 3302.1; it means, with respect to a member of the regular Armed Forces of the United States, duty during the deployment of the member with the regular armed forces to a foreign country and, with respect to a member of the reserve components of the Armed Forces of the United States, duty during the deployment of the member of those reserve components to a foreign country under a federal call or order to active duty.
- K. **CUIC** means the California Unemployment Insurance Code.
- L. **Disability** means a covered Employee:
1. is unable to perform his or her regular or customary work because of an illness or injury, whether physical or mental, including elective surgery, pregnancy, childbirth, or related medical condition;
 2. is unable to work because of a written order from a State or local health officer as defined by CUIC Section 2626 because he or she is infected with, or suspected of being infected with a communicable disease;
 3. has been referred or recommended by a Physician to participate as a resident in an approved:
 - a. alcoholic recovery program to the extent specified in CUIC Section 2626.1; or
 - b. drug-free residential program to the extent specified in CUIC Section 2626.2.
- M. **Disability Benefit Period** means the continuous period of unemployment and Disability beginning with the first (1st) day with respect to which the individual files a valid claim for benefits. Two (2) consecutive periods of Disability due to the same or related cause or condition and separated by a period of not more than sixty (60) days shall be considered as one (1) Disability Benefit Period.
- Each new Disability Benefit Period requires satisfaction of a benefit waiting period and has a maximum benefit amount of 52 times the applicable weekly benefit amount. The weekly benefit amount will be calculated for each new Disability Benefit Period as defined in this Plan document.
- N. **Domestic Partner** is one (1) of the following:
1. Employee's civil union partner, which is defined as the individual with whom Employee entered into a valid civil union in a state that provides for civil unions; or
 2. Employee's same-sex or opposite-sex registered domestic partner as described under California Family Code Section 297; or



3. Employee's same-sex or opposite-sex domestic partner provided that all of the following requirements are met:
 - a. Employee and domestic partner are each other's sole domestic partners, are mutually responsible for each other's common welfare, and intend for this to remain so indefinitely;
 - b. Employee and domestic partner share the same principal residence and are mutually responsible for each other's financial obligations;
 - c. Employee and domestic partner are both age 18 or older (or the age of consent in the state of residence) and are mentally competent to consent to contract;
 - d. Employee and domestic partner are not related by blood to a degree of closeness that would prohibit legal marriage in Employee's state of residence; and
 - e. Neither Employee nor domestic partner is presently married to another person.
- O. **Employee** means any individual whose service with the Employer is considered employment within the meaning of the CUIC, and such person is not excluded from coverage under this Plan.
- P. **Employer** means Oracle America, Inc., and any of its subsidiaries that participate in the Plan.
- Q. **Family Member** means Child, Grandchild, Grandparent, Parent, Parent-in-law, Sibling, Spouse, or Domestic Partner as defined in these definitions.
- R. **Grandchild** has the same meaning as defined in CUIC Section 3302; the Child of the Employee's Child.
- S. **Grandparent** has the same meaning as defined in CUIC Section 3302; the Parent of the Employee's Parent.
- T. **Leave of Absence** means an absence from work that has been approved by the Employer under the Employer's leave of absence policy.
- U. **Paid Family Leave or PFL** means the program that provides up to eight (8) weeks of wage replacement to Employees who take time off to care for a seriously ill Family Member, to Bond with a new Child, or to participate in a Qualifying Exigency
- V. **Paid Family Leave Benefit Period** means a period of unemployment beginning with the first (1st) day an Employee establishes a valid claim for Paid Family Leave to care for a seriously ill Family Member, to Bond with a new minor Child during the first (1st) year after the birth or placement of the Child in connection with foster care or adoption, or to participate in a Qualifying Exigency related to the Employee's Spouse, Domestic Partner, Child, or Parent's deployment to a foreign country.

Periods of Paid Family Leave for the same Care Recipient within a Twelve (12) Month Period will be considered one (1) Care Recipient Period.

For purposes of determining coverage, a Disability Benefit Period related to childbirth and a period of Paid Family Leave associated with the birth of that Child will be considered one (1) Disability Benefit Period.
- W. **Parent** has the same meaning defined in CUIC Section 3302; means a biological, foster, or adoptive parent, a stepparent, a legal guardian, or other person who stood in loco parentis to the Employee when the Employee was a child.
- X. **Parent-in-law** has the same meaning as defined in CUIC Section 3302; the Parent of a Spouse or a Domestic Partner.
- Y. **Physician** means physicians and surgeons holding an M.D. or D.O. degree, psychologists, optometrists, dentists, podiatrists, and chiropractic practitioners licensed by California state law and within the scope of their practice as defined by California state law. Psychologist means a licensed psychologist with a doctoral degree in psychology, or a doctoral degree deemed equivalent for licensure by the Board of Psychology pursuant to Section 2914 of the Business and Professions Code, and who either has at least two (2) years of clinical experience in a recognized health setting or has met the standards of the National Register of the



Health Service Providers in Psychology. For certification purposes, Physician and Practitioner may be used interchangeably.

Z. Plan means a Voluntary Plan established by the Employer pursuant to Part 2 of the CUIC relating to unemployment compensation Disability benefits.

AA. Practitioner means a person duly licensed or certified in California acting within the scope of his or her license or certification who is a dentist, podiatrist, physician assistant, or a nurse practitioner and in the case of a nurse practitioner, after performance of a physical examination by a nurse practitioner and collaboration with a physician and surgeon, or as to pregnancy, childbirth, or postpartum conditions consistent with the scope of their professional licensure, a midwife or nurse-midwife, or nurse practitioner. For certification purposes, Physician and Practitioner may be used interchangeably.

BB. Qualifying Exigency has the same meaning as defined in CUIC Section 3302.2; it means time off to assist a Child, Parent, Spouse, or Domestic Partner deployed to a foreign country on active military service for reasons including, but not limited to, the following: short-notice deployment; attendance in an official ceremony; attendance in a family support program sponsored by the military; arranging or providing childcare; transferring a Child to a new school; making or updating financial or legal arrangements; attending counseling; accompanying the Child, Parent, Spouse, or Domestic Partner while he or she is on short-term rest and recuperation leave; or, attending arrival ceremonies.

CC. Serious Health Condition means an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential health care facility, or continuing treatment or supervision by a health care provider, as defined in Section 12945.2 of the California Government Code.

DD. Sibling has the same meaning as defined in CUIC Section 3302; a person related to another person by blood, adoption, or affinity through a common legal or biological Parent.

EE. Spouse means a partner in a lawful marriage as recognized by the Federal Government of the United States.

FF. State Disability Plan means the California State Disability Insurance program that provides short-term Disability insurance and Paid Family Leave wage replacement benefits to eligible workers who need time off work. Benefits from this program are administered by the Employment Development Department and are payable from the State Disability Fund pursuant to Part 2 of Division 1 of the CUIC. The EDD uses the following criteria to determine benefits:

1. When the amount of wages paid during the highest quarter of the Base Period is less than \$722.50, the weekly benefit amount will be \$50.
2. When the amount of wages paid during the highest quarter of the Base Period is \$722.50 or more and less than 70% of the state average quarterly wage, the weekly benefit amount will be 90% of the highest quarterly wage, divided by thirteen (13), rounded up to the next higher whole dollar, subject to the maximum weekly benefit as determined under the CUIC.
3. When the amount of wages paid during the highest quarter of the Base Period is 70% or more of the state average quarterly wage, the weekly benefit will be the greater of:
4. 63% of the state average weekly wage, or
5. 70% of the highest quarterly wage, divided by thirteen (13), rounded up to the next higher whole dollar, subject to the maximum weekly benefit as determined under the CUIC.

GG. Twelve (12) Month Period means the 365 consecutive days that begin with the first (1st) day an Employee first establishes a valid claim for Paid Family Leave benefits.

HH. Voluntary Plan or VP means a Voluntary Plan established pursuant to Part 2 of the CUIC.

II. Wages, with respect to all eligible Employees for the purpose of benefit determination, shall mean Benefit Salary.



- JJ. **Wholly Disabled** means the Employee's inability to perform the duties of any occupation for which he or she has experience, training or education.

XIII. OTHER REQUIREMENTS

A. Security

Security, as required by the Employment Development Department, will be deposited to secure the operation of the Plan. The Employment Development Department will determine the amount of the deposit, and the security will be retained by the State Treasurer.

B. Reports

The Employer agrees to furnish to the Employment Development Department the information, reports, and records, as are required by law.

C. Assessments

The Employer agrees to pay all valid assessments or charges levied by the Employment Development Department in accordance with the CUIC. All state assessments and administrative expenses may, at the employers' discretion, be paid for directly from the Voluntary Plan Fund established for this Plan.

D. Withdrawal of Plan

The Plan shall continue in effect for a period of one (1) year from the original effective date and continuously thereafter unless thirty (30) days advance written notice is given to the Employment Development Department by the Employer or a majority of its Employees for the withdrawal of the Plan. Withdrawal will be effective only on the following dates:

1. The anniversary of the effective date of the Plan next following the filing of the notice;
2. The operative date of any law increasing the benefit amounts provided by CUIC Sections 2653, 2655, and 3301, or
3. The operative date of any change in the worker contribution rate as determined by CUIC Section 984.

XIV. LEGISLATIVE DISCLOSURE

Senate Bill (SB) 951: Effective January 1, 2025, the wage replacement rate will increase to:

1. 70% up to the maximum State Disability Plan weekly benefit amount or
2. 90% up to the maximum State Disability Plan weekly benefit amount for individuals making less than 70% of the state average quarterly wage.

XV. COMPLIANCE

Each Employee covered by this Plan will in all respects be afforded rights at least equal to those afforded by the State Disability Plan and will receive a weekly rate, maximum amount, and duration of benefits at least equal to those which the Employee would have received from the State Disability Plan.

No Employee will be excluded or restricted from this Plan due to age, sex, income, or pre-existing health condition.

