US Benefits 2025 benefits and enrollment guide

The intent of this benefits and enrollment guide is to provide highlights of the Oracle benefit plans and provide enrollment instructions for new hire, qualified family status change (FSC), and open enrollment events.

Oracle reserves the right to terminate, suspend, withdraw, amend, or modify the benefits described in this benefits and enrollment guide, in whole or in part at any time.

We make every effort to ensure the information in this benefits and enrollment guide is current and accurate. However, if there is a conflict between this benefits and enrollment guide and official plan documents, the official plan documents will govern. You can find the official plan documents on the Oracle US Benefits website 🔒.

🔒Oracle network access required

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INTRODUCTION

This benefits and enrollment guide provides general information for eligible employees enrolling in Oracle US Benefits as a new hire, making changes due to a qualified family status change, and/or making new elections during open enrollment.

US BENEFITS WEBSITE

Located at www.oraclebenefits.com, the Oracle US Benefits website is your best source of benefits and enrollment information. Listed below are links to website content to help you make your benefit decisions and successfully complete the enrollment process.

- » Frequently asked questions (FAQs) 🔒
- » Health plan comparison charts
- » Plan costs 🔒
- » What's new 🔒
- » HSA Medical Plan resource center
- » Vendor contacts 🔒
- » Summary plan description (SPD) 🔒
- » Benefits video library–meet your benefits

WHEN YOUR BENEFITS BEGIN AND END

When your benefits begin

- » **New hire:** coverage for you and eligible dependent(s) begins on your date of hire
- » **New hire through acquisition:** coverage for you and eligible dependent(s) begins on the date of Legal Entity Combination (LEC)
- » **US Benefits open enrollment:** the effective date of elections you make during open enrollment is January 1 of the following calendar year

When your benefits end

Benefits for you and your eligible dependent(s) become inactive at 11:59 PM on the day you become ineligible (e.g., termination date).

COST OF ORACLE'S US BENEFITS

Oracle subsidizes approximately 80% of the aggregate cost of your health care coverage across all plans and election levels.

CORE AND DEFAULT COVERAGE

There are certain minimum benefits in which you are required to enroll. These minimum benefits are referred to as "core coverage" and are listed below

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Core coverage (minimum required)

- » Medical coverage for yourself (unless you have alternate coverage)
- » Life insurance: $10,000 pre-tax or 1x annual compensation after-tax
- » Accidental death & dismemberment (AD&D) insurance: $10,000
- » Long term disability (LTD) insurance: 50% pre-tax coverage level

Default coverage

If you are a new hire or rehire, and **DO NOT** complete your enrollment during the designated enrollment period of 31 days, you will **AUTOMATICALLY** be enrolled in the default plans listed below

- » UHC HSA Medical Plan (employee only)
- » Life insurance: $10,000 pre-tax
- » Accidental death & dismemberment (AD&D) insurance: $10,000
- » Long term disability (LTD) insurance: 50% pre-tax coverage level
- » AYCO financial planning

Default coverage does **NOT** INCLUDE

- » Coverage for eligible dependents (spouse/domestic partner and children)
- » Dental insurance
- » Vision insurance
- » Health/dependent care flexible spending accounts (FSA)
- » Legal insurance
- » Wellhub

Declining coverage

You may decline medical coverage provided you can verify coverage from another source, such as your spouse, domestic partner, or parent's medical plan.

ELIGIBILITY

Employees

All regular employees on the Oracle US payroll scheduled to work 30 hours or more per week and regular part-time employees scheduled to work an average of 20–29 hours per week are eligible to enroll in Oracle US Benefits. Temporary employees and contractors are NOT eligible for Oracle US Benefits.

Long term assignments in the US (outside of your home country)

If you are assigned to work outside of your home country—you may be eligible for alternative US benefits that better meet the needs of you and your eligible dependents. Click here 🔒 for more information.

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Dependents

Your spouse/domestic partner and children are eligible for certain benefits. Review the summary plan description 🔒 for more information.

Dependent eligibility

The following table provides a summary of the benefit plan(s) for which your dependents are eligible

Plan Type	Spouse/DP	Children
Medical	YES	YES
Dental	YES	YES
Vision	YES	YES
Employee assistance program (EAP)	YES	YES
Life insurance	YES	YES
Accidental death & dismemberment	NO	NO
Long term disability (LTD)	NO	NO

Oracle couples

If both you and your spouse/domestic partner are employed by Oracle, you may not have "double coverage" under Oracle's medical, dental and vision plans. This means you may not be covered as both an Oracle employee and as a dependent of another Oracle employee for these plans. In addition, you and your spouse/domestic partner may not cover the same child as a dependent for any benefit. However, you may both elect spouse/domestic partner after-tax life insurance for one another. If one or both of you choose to "double cover" under the employee and spouse/domestic partner life insurance options, the combined maximum amount of life insurance coverage you may purchase is $2,550,000.

Rehired employees

If you leave Oracle and are rehired within 30 days of the same calendar year, your benefits will automatically be reinstated. If you are rehired after 30 days, you must re-enroll for benefits.

HOW TO ENROLL

Oracle US Benefits enrollment system

Enrolling in Oracle US Benefits is simple. In addition to enrolling in benefits, you may also add or update dependent information and designate or modify your life insurance/AD&D beneficiaries.

Oracle US Benefits enrollment system
Login using your Oracle single-sign-on (SSO) username and password

New hires

Access to the Oracle US Benefits enrollment system is based on your hire date. While access may be available on your hire date, there may be a slight delay. Please refer to the timeline below:
- » **Monday hire date:** access is typically available the same day, but please allow up to 3 business days.
- » **Tuesday hire date:** access is granted by Wednesday.

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> » **Wednesday hire date:** access is typically available the same day, but please allow up to 3 business days.
>
> » **Thursday or Friday hire date:** access becomes available the following Monday.

Enrollment instructions

An email will be sent to your Oracle email address, and you will receive a letter via US mail to your home address following your hire date. The enrollment letter provides you with important information and instructions—including your enrollment deadline.

Visit the Oracle US Benefits enrollment system and follow the online instructions to make your benefit elections. You may access the enrollment application as many times as needed, up until your election deadline. After you have completed your enrollment, please review your summary of elections for accuracy and keep a copy for your records. The benefits shown on your confirmation statement will remain in effect for the calendar year unless you experience a qualified family status change.

Enrollment deadline

If you do not enroll by your specified deadline, you will automatically receive the default coverage. The default coverage does **NOT** cover your eligible dependents—nor does it include dental and vision. **New hires have 31 days following eligibility date (e.g., new hire date) to complete elections.** Refer to the "default coverage" section of this document.

ANNUAL US BENEFITS OPEN ENROLLMENT

Open enrollment period: October-November each year (exact dates communicated via email)

Take advantage of your annual opportunity to review your benefits and make changes for the new year. During this period, you can

> » Review your benefits
>
> » Modify benefit plan elections
>
> » Add/drop coverage for yourself and dependents
>
> » Enroll in your health/dependent care FSAs
>
> » Make your HSA contribution election if applicable
>
> » Update your dependent and beneficiary information

Make your open enrollment elections

Access the Oracle US Benefits enrollment system using your Oracle single-sign-on (SSO) username and password. All plan and cost changes become effective January 1, 2025 and remain in effect for the entire year. Your next opportunity to make changes to your benefits is the next annual open enrollment period or if you make changes because of a qualified family status change event. Refer to the Oracle US Benefits website 🔒 to learn more about qualified family status changes.

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Open enrollment is NOT a qualified COBRA event

Removing dependents from coverage during the open enrollment period is not an IRS-qualified COBRA event. If you drop a dependent, he/she will not be eligible for COBRA benefits continuation.

QUALIFIED FAMILY STATUS CHANGE EVENTS

Quick links: qualified family status change 🔒

You may be eligible to make certain changes to your benefits during the year as a result of a qualified family status change event. A few of the most common events are

- » Marriage
- » Divorce
- » Birth or adoption
- » Child becomes ineligible for coverage
- » Change of spouse coverage

Making your family status change and benefit elections

Submit your family status change benefit elections by accessing the Oracle US Benefits enrollment system. You must make your changes within 62 days of the status change. You can make benefit changes that are directly related to your qualified family status change event. For example, if you adopt a child, you may add your child to your current medical plan, but you may not drop your spouse's medical coverage at that time. Visit the Oracle US Benefits website for more information regarding allowable changes.

BENEFICIARY DESIGNATIONS

It is important that you select and keep your beneficiary information current. In the event of your death, benefits will be paid to your designated beneficiary. Certain benefits require that you keep an update beneficiary on file.

Life and AD&D—Access the Oracle US Benefits enrollment system at any time to designate, review, or update your life insurance and accidental death & dismemberment insurance beneficiary information.

HSA—If you enrolled in the UHC HSA Medical Plan, you must make your health savings account beneficiary designation directly with Optum Bank.

401(k)—If you enrolled in the 401(k) plan, you must make your beneficiary election on the Fidelity NetBenefits website.

MEDICAL PLANS

Medical plan availability—geographic service area

Your place of residence determines which medical plans are available to you. You can enroll in a plan if your home address zip code falls within the plan's service area. When you access the Oracle US Benefits enrollment system, only the medical plans you are eligible for will be displayed.

Medical Plan	Geographic Availability

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UnitedHealthcare (UHC) Plans	
Medium PPO	Nationwide
Premium PPO	Nationwide
EPO	Nationwide
HSA Medical Plan	Nationwide
HPHC Passport	Massachusetts
EPO (HI)	Hawaii[1]
Medium & Premium Out-of-Area PPO	Areas where UHC networks are not available[2]
Kaiser Permanente HMO Plans	
Kaiser Atlanta	Georgia
Kaiser California (Northern)	Northern California
Kaiser California (Southern)	Southern California
Kaiser Colorado	Colorado
Kaiser Mid-Atlantic	Washington DC
Kaiser Northwest	Oregon and Washington
Kaiser Washington	Washington

UnitedHealthcare (UHC) Plans

Quick links: medical comparison tool 🔒 | UHC plan information 🔒 | summary of benefits coverage (SBC) 🔒

Oracle offers you a choice of UnitedHealthcare (UHC) medical plans including preferred provider options (PPOs), an exclusive provider organization (EPO) plan and a high deductible health plan (HDHP). Eligible services are the same in all UHC plans—however the amount you pay for services and per pay period premium costs vary by plan.

Premium PPO Plan

The rich coverage of the UHC Premium PPO Plan makes this plan attractive. However, due to the high plan value it also has the highest per pay period premium of the UHC plans. Network physician's office visits are covered at 100% after you pay the applicable co-pay and most other network services are covered at 100% after you meet the annual deductible. If you receive care from non-network providers, the plan pays 80% of the allowed amount after you meet the annual deductible. This plan has the richest non-network coverage.

Medium PPO Plan

The UHC Medium PPO Plan is the most popular UHC option. The comprehensive coverage and moderate per pay period premium meet the healthcare needs for most employees. The plan covers network physician's office visits at 100% after you pay the applicable co-pay. Most other network provider services are covered at 90% after you meet the annual deductible. If you receive care from non-network providers, the plan pays 70% of

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[1] Residents of Hawaii are required to select this state mandated/approved plan. No other medical plan is available.
[2] The UnitedHealthcare (UHC) network of physicians, providers, and facilities extends across the entire US and most employees have access to an extensive network of providers. In a few rural areas the network is limited, and you are eligible to enroll in the Premium or Medium Out-of-Area Plans – which offer non-network coverage equitable to other plans where the network is accessible.

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the allowed amount after you meet the annual deductible. This plan maximizes its value when network providers are used—however it does provide you moderate non-network coverage.

EPO Plan

The EPO Plan is a network ONLY plan and requires you to use UHC EPO physicians and facilities to receive benefits. Network physician's office visits are covered at 100% after you pay the applicable co-pay and most other network services are also covered at 100% after you meet the annual deductible. The plan does NOT cover care from non-network providers except for an emergency, acupuncture services, or Applied Behavioral Analysis (ABA) Therapy for autism.

HPHC Passport Plan

UnitedHealthcare's Harvard Pilgrim Passport Plan (HPHC) network is available to most employees who live in Massachusetts, Maine, New Hampshire, and the cities in Vermont and New York that border Massachusetts or New Hampshire. The HPHC Passport Plan requires you to use HPHC physicians and facilities to receive benefits. When you (or eligible dependents) are outside of the designated HPHC network area, you have the flexibility to access the broader UHC Choice network. The majority of services are covered at 100% after you pay the applicable co-pay, and most other network services are also covered at 100% after you meet the annual deductible. The plan does NOT cover care from non-network providers except for an emergency, acupuncture services, or Applied Behavioral Analysis (ABA) therapy for autism. Aside from the exceptions described above, services obtained outside the HPHC network or UHC Choice network are NOT covered.

HSA Medical Plan

The UHC HSA Medical Plan is an IRS-qualified high deductible health plan (HDHP). Enrolling in a HDHP consists of three components which are designed to work together

- a qualified **high deductible health plan (HDHP)**—the UHC HSA Medical Plan
- a **health savings account (HSA)**—a bank account that you own and can use to pay for out-of-pocket medical expenses associated with the HDHP
- an optional **limited purpose health care flexible spending account (FSA)**—a health care flexible spending account which allows you to pay for out-of-pocket dental and vision expenses

All services (except for eligible preventive care services, which are covered at 100%, no deductible) are subject to the plan deductible and coinsurance. If you receive care from a network provider, the plan pays 90% after you meet the annual deductible. If you receive care from non-network providers, the plan pays 70% of the allowed amount after you meet the annual deductible. In this plan, all prescriptions are subject to the plan deductible and coinsurance. For more information about the HSA Medical Plan, visit the HSA Medical Plan resource center.

Key benefits of an HSA
- An HSA offers triple tax savings.

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- The money in the account is always yours, even if you leave Oracle.
- You can use it now or save it for the future.
- You can decide if you'd like to invest it.

Are you eligible to contribute to an HSA?

There are specific eligibility requirements to open and contribute to a Health Savings Account (HSA). Be sure you validate your eligibility by reviewing the criteria available on the HSA Medical Plan resource center.

Network providers

Locate network UnitedHealthcare providers

Go to www.myuhc.com and select "find a provider."

When searching the UHC network for providers, you will need to know the name of the corresponding network when searching the online directory.

» Members of the Medium PPO, Premium PPO, and the HSA Medical Plan will choose the **choice plus** network (except in California, members will choose the **select plus** network)

» Members of the EPO Plan will choose the **choice** network (except in California, members will choose the **select** network)

» Members of the HPHC (Harvard Pilgrim) Plan will choose the **Harvard Pilgrim choice** network

100% Covered—FREE!
ALL Oracle medical plans cover eligible preventive care services at 100% when network providers are used

UnitedHealthcare pharmacy benefit

Each of the UnitedHealthcare medical plans cover prescription drug coverage administered by UHC's affiliate—OptumRx. The prescription drugs are categorized into three individual tiers, each with an associated cost (co-payment or coinsurance).

UHC's preferred prescription drug list (PDL)

Medicines prescribed in the UHC plans fall into one of three drug tiers. You will pay more or less depending on which tier your medication falls in. A preferred drug list (PDL) is a formal list that classifies prescribed medications into different tiers. The list includes generic, brand name, and compound prescription medications approved by the FDA. When you choose a medication you and your physician should consult the PDL to help you obtain the most out value from your benefit. **You may obtain the most current UHC PDL on the** Oracle US Benefits website, www.myuhc.com or by calling the UHC member phone number noted on the back of your ID card. Tier changes generally occur each January and July.

Retail 90 program

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Starting in 2025, the new Retail 90 program provides you flexibility when getting maintenance medication. You may fill a 90-day supply of medication that you use regularly either by home delivery via OptumRx or any retail pharmacy in the network. The Retail 90 program gives you the flexibility to choose. For additional information on how the program works including transferring prescriptions and finding participating retail pharmacies, see these FAQs.

Kaiser Permanente HMO
Quick links: medical comparison tool | certificates of coverage 🔒 | summary of benefits coverage (SBC) documents 🔒

Kaiser Permanente (Kaiser) is available to Oracle employees in certain geographic regions across the country (available in California, Colorado, Georgia, Washington DC, Oregon, and Washington). When enrolled in Kaiser, you receive your care by Kaiser physicians and facilities. Services are covered at 100% after you pay the applicable co-pay and there are no deductibles or claim forms to file. The plan does NOT cover care from non-network providers except in an emergency.

When you enroll in a Kaiser plan, prescription drugs are included, and you fill your prescription drugs through a Kaiser pharmacy. There are two categories of prescription drugs—generic and brand name. Each drug category is covered at 100% after you pay the applicable co-pay. For cost savings and convenience, the HMOs offer a mail-order program for maintenance prescriptions.

How do I decide what medical plan is best for me (and my family)?
» Are your doctors, facilities, and hospitals in or out of the network?
» Do you want flexibility to see non-network providers?
» Are there chronic conditions that may need recurring medical care?
» Are you anticipating hospital stays (e.g., pregnancy) for yourself or family members?
» What is your financial risk tolerance?
» Would you prefer to pay more in per pay period premiums for richer coverage?
» Have you historically met the annual deductible and reached the out-of-pocket maximum?
» Where do your dependents live?
» Will you have children going to college in another state? Or studying abroad?
» Do you travel out of state or country?

MENTAL HEALTH AND SUBSTANCE ABUSE
Quick links: employee assistance program 🔒| summary plan description 🔒| www.liveandworkwell.com | summary of benefits coverage (SBCs) 🔒

Employee assistance program (EAP)
Confidential, personal assessment and referral services for you and your household members. Enrollment is automatic and free of charge to you, your eligible dependents and other members living in your household. You do not need to be enrolled in an Oracle medical plan to access services. Optum Behavioral Health administers the EAP.

The EAP is available 24 hours a day, 7 days a week to help you with
» Stress and depression

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- » Job worries
- » Legal and financial concerns
- » Family and marital problems
- » Alcohol and chemical dependency

When you call Optum Behavioral Health, an intake specialist will work with you to find the appropriate clinician based on the nature of your issue and any gender, language, and cultural preferences you may have. The EAP provides 100% coverage for up to ten (10) in person visits per concern per year with an EAP counselor. Mental health outpatient care beyond ten (10) visits is managed through mental health and substance abuse benefits described in this document.

Juggling lessons ...for your life	**10 Free EAP counseling sessions (per concern) each calendar year** **Optum Behavioral Health**	**Available 24 x 7** **866.728.8413** **www.liveandworkwell.com** **(access code 228485)**

Mental health and substance abuse benefits care (beyond the ten free EAP visits)

If you enroll in a UHC medical plan, your mental health and substance abuse coverage will be provided through UHC and its subsidiary Optum Behavioral Health. If you enroll in an HMO, mental health outpatient care is managed through the HMO—contact your HMO for more information. UHC medical plan participants are required to pre-authorize any mental health and substance abuse outpatient and inpatient treatment.

Live and work well

Live and work well provides website access to benefits and tools to help enhance your work, health, and life. You may access this online resource center at www.liveandworkwell.com (use Oracle's access code 228485).

ADDITIONAL HEALTH BENEFITS

Quick links: Amwell 🔒 | Included Health 🔒 | Stanford Health Navigators 🔒 | CareCounsel health advocacy 🔒 Well-being resources 🔒 | Wellhub 🔒

Amwell telehealth services

Get medical care—wherever you are, whenever you need it.

Oracle US Benefits offers an additional way for medical plan members and eligible dependents to see a licensed physician, therapist, nutritionist and lactation consultant via video, phone, or chat, anytime and with the exception of therapists—without an appointment. The American Well (Amwell) telehealth service offers

- » 24-hour access, 7 days a week via mobile or web
- » No appointment necessary for general physician visits–connect right away
- » An e-prescription, if you need one
- » Private and secure, HIPAA-compliant

Included Health personal healthcare assistant

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Included Health is a benefit for our employees that provides a personal healthcare assistant and expert medical opinions. This expert opinion service is free for you and your dependents who are eligible for our health plans.

Use Included Health to

- » Find trusted, experienced doctors
- » Talk to a doctor over the phone
- » Schedule doctor's appointments
- » Get second opinions from world-leading medical experts

Included Health Communities

This component of Included Health connects our LGBTQ+ and Black employees and their covered dependents with culturally competent, high-quality care. Communities matches members to a dedicated care coordinator from a team specially trained in care they need.

Stanford Health Navigators

As a member of the Stanford Medicine Corporate Partners program, Oracle employees worldwide have access to Stanford Health Navigation services which include a personal Stanford Health navigator and exclusive educational resources.

CareCounsel health advocacy

The CareCounsel program is a confidential resource available to support you and your family members. It is offered at no additional cost to our US employees. CareCounsel can help you with Medicare questions, insurance appeal processes, explanation of benefits statements, and more.

Well-being resources

Wellness encompasses not only the physical aspect of well-being, but the mental/emotional, financial and intellectual aspects as well. Access a wide variety of resources and programs designed to meet your needs, based on what wellness means to you.

Wellhub

Wellhub is a comprehensive well-being benefit, rolled into one app with one membership. Book a class or work out at gyms, fitness centers, and studios near you, wherever you are. Leverage virtual personal training sessions, and access a variety of well-being apps, all through Wellhub. Oracle is sponsoring the cost of the "Starter Plan" for employees. All higher-level plans are partially subsidized as well, giving you the option to select a plan at a discounted rate that meets your needs.

DENTAL PLANS

Quick links: dental plan comparison tool | summary plan description 🔒 | www.metlife.com/mybenefits

Oracle offers you a choice of two dental plans administered by MetLife, Dental Plan 1 and Dental Plan 2. Dental Plan 1 covers nearly all of the same things covered by Dental Plan 2 with just a couple of exceptions.

- » No orthodontia coverage under Dental Plan 1
- » Major care covered at 50% (versus 80% under Dental Plan 2)
- » Otherwise, Dental Plan 1 is exactly like Dental Plan 2 and it's FREE (employees make no monthly contribution for this plan, so there will not be a payroll deduction).

The chart below identifies the key differences between the two plans

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Dental Plan provisions	Dental Plan 1	Dental Plan 2
Annual deductible		
- individual	$50	$50
- family	$150	$150
Annual maximum	$2,500	$2,500
Preventive care	100%	100%
Basic care	80%	80%
Major care	50%	80%
Orthodontia	**Not covered**	50%
Ortho lifetime maximum	**NA**	$2,500

Network and non-network dentists

Both plans allow you to use any licensed dentist. You can choose a dentist from MetLife's PDP Plus network or any dentist outside of the network. When you obtain services from a network or non-network dentist, the plan applies the same deductible and coinsurance. However, because network providers have agreed to accept negotiated fees that are 15% - 45% less than average dental fees in the same community, your out-of-pocket costs are usually lower. This helps to reduce your out-of-pocket costs and stretch your annual dental benefit maximum.

MetLife dental cards

MetLife does not require or issue ID cards for the dental plans. You simply notify your dentist that you are a MetLife dental participant and provide the MetLife group number (#300569). The dental office will verify your eligibility with MetLife.

Dental Plan pre-treatment estimates

If your dentist recommends treatment with an expected cost of more than $300 it is suggested that a pre-treatment estimate is obtained. Your dentist will provide MetLife with details about your dental needs including the proposed course of treatment, expected charges, and copies of applicable charts and x-rays. MetLife will then determine which services are covered and estimate how much the plan will pay, and the amount you will pay.

VISION PLANS

Quick links: vision plan comparison tool | summary plan description 🔒 | www.vsp.com | VSP discounts/special offers
Oracle offers you a choice of two vision plans administered by Vision Service Plan (VSP).

Benefits	Vision Plan I	Vision Plan II
Annual eye exam	X	X
Pair of frames and lenses	X	X
Elective contact lenses (in lieu of frames/lenses)	$250 allowance	$300 allowance

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	None	X
Additional pair of frames/lenses OR contact lenses	None	X
Non-VSP provider coverage	X	X
VSP discounts and special offers ([Learn](#))	X	X

The chart below identifies the key differences between the two plans.

Network and non-network eye care professionals

You may choose a provider from VSP's network or any non-network provider. Benefits for services performed by VSP network providers are covered at a higher rate and you will incur less out-of-pocket cost for services performed. The plan pays up to specified dollar amounts for non-network services.

VSP ID cards

VSP <u>does not</u> require or issue ID cards for the vision plans. Oracle's VSP policy number is 12-134446.

Vision plan selection considerations

- » How often do you need to replace your glasses or contact lenses?
- » Do you or your dependents wear glasses or contact lenses?
- » Have you noticed any changes in your vision?
- » Do you expect you or any of your dependents will need glasses or contact lenses for the first time?
- » Even if you do not require corrective lenses—an annual eye examination is a good preventive measure. Medical conditions, such as certain cancers and diabetes, can be identified through a non-invasive eye exam.
- » Most vision services are eligible health care FSA and health savings account (HSA) expenses.

DISABILITY INSURANCE

Quick links: [Short term disability (STD)](#) 🔒 | [statement of coverage (CA)](#) 🔒| [summary plan description (Non-CA)](#) 🔒| [Long term disability (LTD)](#) 🔒 | [LTD–certificate of coverage (all states)](#) 🔒 | [summary plan description](#) 🔒

<u>Voluntary disability insurance–California employees</u>

Employees who work in California are automatically enrolled in Oracle's voluntary disability insurance (VDI), which is a self-insured plan provided in lieu of State Disability Insurance. Employees contribute into the Voluntary Plan through payroll deductions. Employees may receive VDI benefits up to 52 weeks for an approved disability. Employees who opt out of the VDI Plan receive disability benefits directly from the State of California. Oracle will not provide supplemental disability benefits in this instance.

<u>Short term disability (STD) insurance—outside of California</u>

Eligible employees are automatically enrolled in short-term disability insurance at no cost. Employees who work outside of California may receive short term disability benefits of up to 12 weeks for an approved disability, integrated with statutory benefits where applicable. Employees that remain disabled greater than 90 days are eligible to apply for long term disability benefits.

<u>Long term disability (LTD) insurance</u>

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Long term disability (LTD) insurance provides income protection if you become totally disabled and cannot work. You may be eligible for monthly LTD benefits after 90 days of continuous disability. LTD begins on the 91st calendar day and is integrated with your voluntary disability insurance benefits (for California workers) and picks up where STD ends (for non-California workers) such that you do not have a gap in your income stream.

Oracle offers you two levels of LTD overage

>   » 50% of your annual benefits compensation, up to a maximum benefit of $12,000 per month
>   » 66 2/3% of your annual benefits compensation, up to a maximum benefit of $18,500 per month

Long term disability is a core benefit. For more information—refer to the "core coverage" section of this document.

Long term disability (LTD): pre-tax vs. after-tax coverage

You may enroll in either pre-tax or after-tax LTD coverage. If you enroll in pre-tax LTD, your payroll deductions are not taxed. However, if you become eligible to receive LTD benefits, the benefits paid to you will be fully taxable. If you enroll in after-tax LTD, your benefits will generally not be taxed in the future because you've already paid taxes on your payroll contributions. Enrolling in after-tax LTD maximizes the net benefit amount you receive in the event of a long-term disability. The premium for coverage is based on a monthly rate set by the insurance company.

Long term disability (LTD) selection considerations

>   » How much income would you and your family need if you were to become disabled and unable to work?
>   » What are your current short/longer term financial resources? Do you have other insurance outside of Oracle?
>   » Are you prepared to pay income taxes on disability compensation you receive?
>   » Choosing pre-tax coverage may reduce the amount of your LTD benefit because it will be taxed.

LIFE INSURANCE
Quick links: certificate of coverage 🔒 | summary plan description 🔒 | more information–life/AD&D 🔒

Oracle offers you pre-tax and supplemental after-tax life insurance coverage that pays benefits to help meet your financial obligations in the event of your death. Life insurance is a core benefit, and you are required to purchase a minimum amount of coverage for yourself. You also have the option to purchase after-tax life insurance coverage for your spouse/domestic partner, your children, and your domestic partner's children.

Premiums for children are based on a flat rate and the coverage level you choose. Plan premiums for you and your spouse/domestic partner are based on your age and the coverage level you choose. Rates will increase as you age and move from one insurance age band to another. It is recommended that you review your insurance cost each year during the annual open enrollment period. **Employee pre-tax life insurance**
Oracle offers you the choice of two levels of pre-tax life insurance coverage

>   » $10,000 (minimum required–core coverage)
>   » $50,000

After-tax life insurance coverage for you

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Upon initial eligibility (e.g., new hire), you may choose from 1 time to 6 times your annual benefits compensation of after-tax life insurance coverage for yourself. The maximum combined pre-tax and after-tax life insurance you may purchase for yourself is $2,550,000. Upon initial eligibility (e.g., new hire) evidence of insurability is not required for any level of life insurance. If, during your initial eligibility, you did not elect the maximum amount (e.g., 6 times your annual benefits compensation), you may increase your coverage by one level during the annual open enrollment period and/or as a result of certain qualified family status change events.

Life insurance coverage for your spouse/domestic partner

Upon initial eligibility (e.g., new hire), you may choose from the following levels of after-tax life insurance coverage for your spouse or domestic partner

- » $5,000
- » $25,000
- » 50% of 1 to 6 times your annual benefits compensation

Life insurance coverage for your spouse/domestic partner is limited to 50% of your after-tax employee life insurance (or pre-tax employee life insurance if you do not elect after-tax) coverage or $500,000; whichever is less. Upon initial eligibility (e.g., new hire) evidence of insurability is not required for any level of life insurance. If, during your initial eligibility, you did not elect the maximum amount (e.g., 50% of 6 times your annual benefits compensation), you may increase your coverage by one level during the annual open enrollment period and/or because of certain qualified family status change events.

DOUBLE COVERAGE	If your spouse/domestic partner is an Oracle employee covered under his or her own employee life insurance coverage, you may choose to "double cover" him or her. The combined maximum amount of coverage is $2,550,000 collectively.

Life insurance coverage for your children

Upon initial eligibility (e.g., new hire or the birth of your child), you may choose from the following levels of after-tax life insurance coverage for your eligible child(ren)

- » $2,500
- » $10,000
- » 25% of 1 to 6 times your annual benefits compensation

The election you choose covers all of your eligible children. Life insurance coverage for your children is limited to 25% of your after-tax employee life insurance (or pre-tax employee life insurance if you do not elect after-tax) coverage or $250,000; whichever is less. You may elect coverage for your, and/or your domestic partner's children from birth to age 26. It is your responsibility to cancel child life insurance if you no longer have children who meet the eligibility requirements. Upon initial eligibility (e.g., new hire, gain of your first child) evidence of insurability is not required for any level of life insurance. After initial eligibility—you may also increase your coverage by one level during the annual open enrollment period and as a result of certain qualified family status change events—without evidence of insurability.

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ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE
Quick links: certificate of coverage 🔒 | summary plan description 🔒 | more information–life/AD&D 🔒

Oracle offers you Accidental Death and Dismemberment (AD&D) coverage that pays benefits to you or your beneficiaries if you die or sustain certain serious injuries in an accident. AD&D insurance is a core benefit, and you are required to purchase a minimum amount of AD&D coverage for yourself. For more information—refer to the "core coverage" section of this document. AD&D Plan premiums are based on the dollar amount of the coverage level you choose. Your spouse/domestic partner or child(ren) are not eligible for AD&D insurance coverage. The plan pays benefits to you or your beneficiaries as shown below.

IF YOU …	AD&D PLAN PAYS
Die	100% of your coverage amount
Lose both hands, both feet, sight in both eyes, or any combination of the above	100% of your coverage amount
Lose one hand, foot, or sight in one eye	50% of your coverage amount

Upon initial eligibility (e.g., new hire), you may choose from the following AD&D coverage levels for yourself
- » $10,000 (core coverage)
- » $50,000
- » 1 to 6 times your annual benefits compensation

The maximum AD&D coverage you may purchase for yourself is $2,550,000. Upon initial eligibility (e.g., new hire) evidence of insurability is **NOT** required for any level of AD&D insurance. If, during your initial eligibility, you did not elect the maximum amount (e.g., 6 times your annual benefits compensation), you may increase your coverage by one level during the annual open enrollment period and/or as a result of certain qualified family status change events without evidence of insurability.

ANNUAL BENEFITS COMPENSATION

Annual benefits compensation is used to determine your life/AD&D and long term disability insurance, and Oracle's contribution (seed) to your health savings account (HSA).

- » **Salaried employee**: Your annual benefits compensation effective January 1, 2025 includes your base salary as of October 1, 2024, plus any Oracle performance-based bonuses and Oracle commissions paid to you from October 1, 2023 through September 30, 2024. Compensation paid outside of the specified period due to payment timing, errors, and/or omissions will NOT be counted—it will be included in your following year's annual benefits compensation.

- » **Hourly employee:** If you are an hourly paid employee, base salary will be based upon your hourly rate of compensation multiplied by the average number of hours you are expected to work for that calendar year. If you worked for another Oracle entity outside the US prior to joining Oracle America, Inc., those bonuses, commissions, shift differentials, and overtime will not be included in your annual benefits compensation.

- » **New hire:** If you are a new hire with a start date on or after October 1, 2024, your annual benefits compensation for the 2025 plan year will be based on your annual base salary in effect on your hire date.

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» **Rehire employee:** If you are a rehire, only bonuses, commissions, shift differentials and overtime paid to you while employed from October 1, 2023 through September 30, 2024 will be included.

» **New acquired employee:** If you are a new employee of Oracle through an acquisition, any compensation paid to you prior to legal entity combination (LEC) or under a bonus or commission plan of the acquired company will <u>not</u> be included in your annual benefits compensation.

HEALTH & DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS (FSA)

Quick links: summary plan description 🔒 | www.myuhc.com | FAQs 🔒 | IRS Publication 502 | more information–FSA 🔒

Oracle offers three pre-tax FSA options administered by UnitedHealthcare

» General Purpose Health Care Flexible Spending Account (FSA)

» Limited Purpose Health Care Flexible Spending Account (FSA)

» Dependent Care Flexible Spending Account (FSA)

Eligible healthcare expenses for you and your dependents are covered under the health care FSA. The dependent care FSA covers qualified childcare or eldercare expenses. The accounts are separate—you cannot transfer money from one reimbursement account to the other.

Eligible expenses

Only expenses incurred during the calendar year and while you are an active employee are eligible for reimbursement.

Use it or lose it—dependent care FSA

According to the IRS's "use it or lose it" rule, if your eligible dependent care expenses for the calendar year (January 1 – December 31) are less than your account balance you will forfeit the unused balance. Your unused balance cannot be paid back to you or carried over into the next year. Plan your expenses carefully! All funds left in your dependent care FSA at the end of the plan year will be forfeited. You may submit claims until March 31st of the following year for expenses incurred during the preceding plan year ending December 31st.

Carryover provision—general and limited purpose health care FSA

You may carryover up to $640 of your unused health care FSA money into the next plan year. This means that any unused balance (up to $640) can be used to pay for eligible expenses incurred in subsequent years. The carryover amount does not count towards the calendar year IRS contribution maximum—which means you may contribute up to the maximum of $3,200 and carryover up to $640 for a total of $3,840.

The carryover applies to the general purpose and limited purpose health care FSA only. It does not apply to dependent care FSA.

IMPORTANT
Flexible spending account elections <u>DO NOT</u> carry over each year—you must make an active election during open enrollment in order to participate in a flexible spending account for the following year.

<u>General purpose health care FSA</u>

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The general purpose health care FSA allows you to use pre-tax dollars to pay for eligible health care expenses incurred by you or any person whom you claim as a dependent on your federal tax return. You may contribute up to $3,200 each plan year to a general purpose health care FSA.

Eligible expenses

You may use the health care FSA to pay for any eligible health care expenses as defined by the IRS. The following is a partial list of expenses eligible for reimbursement. A more comprehensive list of eligible expenses is contained in IRS Publication 502 entitled medical and dental expenses. Certain information in IRS Publication 502 may not be applicable, since some of the laws governing health care FSAs are different from the laws governing medical expense deductibility.

Health care FSA expenses NOT eligible for reimbursement include
  » Childcare or eldercare expenses
  » Cosmetic treatment, surgery or supplies (unless to correct a congenital deformity or injury)
  » Health club/gym membership fees
  » Health plan insurance premiums (including COBRA premiums)
  » Social activities, such as dance lessons (even if recommended by physician)
  » Vitamins
  » Weight-loss and stop-smoking programs (unless medically necessary as determined by physician and health plan)

Limited purpose health care FSA

You are eligible to contribute to the limited purpose health care FSA ONLY if you enroll in the UHC HSA Medical Plan which consists of a qualified high deductible health plan (HDHP) and health savings account (HSA). The limited purpose health care FSA works similarly to the general purpose account; however, reimbursements are restricted to eligible dental and vision expenses.

Healthcare FSA—automatic reimbursement
If you enroll in a UHC medical plan, dental plan, or vision plan and you are also participating in the health care FSA, all eligible expenses not paid by the medical, dental, or vision plans will automatically be processed as a claim and reimbursed to you. If you do not want automatic reimbursement under the health care FSA, you must access www.myuhc.com and "opt out" of this feature.

Health care FSA enrollment considerations
  » How much will you spend in eligible health care expenses?
  » Remember the carryover rule—any unused monies not to exceed $640 can be used in subsequent years.
  » HSA Medical Plan enrollees may consider the limited purpose health care FSA. It allows you to save more on a pre-tax basis. Also, you can use the account for planned dental and vision expenses and reserve your health savings account (HSA) for medical expenses only.

Dependent care FSA

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The dependent care FSA allows you to use pre-tax dollars to pay for eligible dependent care expenses (childcare or eldercare) you incur during the plan year if you (or you and your spouse) need these services to allow you to work. You are eligible to enroll if you have an eligible dependent and if you fall into one of the following categories

» You are a working single parent

» You and your spouse both work

» Your spouse is a full-time student for at least five months of the plan year

» Your spouse is mentally or physically disabled and unable to care for himself or herself or your dependent

The IRS maximum contribution each plan year is $5,000. The actual amount you can contribute to a dependent care FSA depends on your family situation and tax filing status.

Dependent care FSA contributions

if you are...	you may contribute up to...
A working single parent	$5,000 per year
Married and filing a joint tax return and spouse does not have access to a dependent care FSA	$5,000 per year
Married and filing a joint tax return and spouse is a student or disabled	$3,000 per year for one dependent or $5,000 per year for two or more dependents
Married and filing separate tax returns	$2,500 per year
Married and your spouse earns less than $5,000 per year	The amount of your spouse's annual income
Married to another Oracle employee	$5,000 per year combined

You also have the option to take a federal tax credit for dependent care expenses instead of using a dependent dare FSA. You should consult with a tax advisor to determine which method is best for you.

Eligible dependents for the purposes of this account must be claimed as dependents on your federal tax return and be

» Under age 13
» Mentally or physically unable to care for himself or herself, regardless of age, which may include children over the age of 13, disabled spouse, or older relative
» Incapacitated elderly adult who lives with you at least eight hours per day

ELIGIBLE dependent care FSA expenses include

» Care at a day care facility
» In-home baby-sitting services
» Day camp (e.g., summer camp)
» Before-school and after-school care
» Practical nursing care for an adult

INELIGIBLE dependent care FSA expenses include

» Medical or healthcare expenses

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- » Any amounts paid to provide food, clothing or education
- » Services outside your home at a camp where your child or disabled spouse or dependent stays overnight
- » Transportation to and from the place where care is provided
- » Training and travel expenses for childcare provider

If the dependent care provider is your own child or relative, your expenses are eligible for reimbursement only if the provider is at least age 19 before the end of the plan year in which claims are incurred. The provider also cannot be claimed as a dependent on your income tax return. You are also required to report the name, address and social security number or tax identification number of your dependent care providers on your federal tax return. Otherwise, the amount of your reimbursements will become taxable income and will be reported on your W-2.

Dependent care FSA enrollment considerations
- » How much will you spend in the plan year for dependent care expenses? Don't forget day care, nursery school, after-school programs, and summer care that are likely to come up during the year.
- » Will your dependent child turn 13?
- » Compare the advantages of the dependent care FSA with the federal dependent care tax credit and similar tax credits to see which approach provides the greatest tax advantage.
- » Should the cost of your care change over the course of the year—you may report a qualified status change event—and modify your election. Keep in mind that changes made are done so on a prospective basis.

Plan Your FSA Elections Carefully

No automatic re-enrollment: health care and dependent care flexible spending account (FSA) elections will not automatically roll-over into the new year. You **must** enroll during open enrollment of each year if you want to continue your elections.

"Use it or lose it": Plan your expenses carefully! All funds left in your dependent care FSA at the end of the plan year will be forfeited. You may not carry over balances from year to year or receive a refund of unused amounts. You may submit claims until March 31st of the following year for expenses incurred during the preceding plan year ending December 31st.

Verify expenses: Before enrolling in the health or dependent care FSA, confirm the expenses you plan to incur are eligible for reimbursement. Certain information in IRS Publication 502 may not be applicable, since some of the laws governing health care FSAs are different from the laws governing medical expense deductibility.

For example, insurance premiums and certain long term care expenses are not eligible for reimbursement from the general and limited purpose health care FSA even though these expenses may qualify as deductible medical expenses as explained in IRS Publication 502. If you have any questions regarding what qualifies as an eligible expense, contact UnitedHealthcare at 1.866.672.2511.

401(K) SAVINGS AND INVESTMENT PLAN

Quick links: 401(k) Plan 🔒

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The Oracle 401(k) Savings and Investment Plan is administered by Fidelity and allows you to save money on a tax-deferred or after-tax basis.

Personal contributions
You may contribute up to 40% of your eligible income to the plan on a pre-tax and/or after-tax Roth 401(k). You may also contribute up to 20% on an after-tax basis. All contributions are subject to the annual IRS contribution maximums. Employees age 50 or older may contribute an additional amount and further increase retirement savings. You must make an active, separate election if you choose to contribute to the catch up contribution.

Company match
Oracle matches employee contributions at a rate of 50% of the first 6% in contributions, subject to a calendar year maximum. Matching contributions vest over a four-year period as follows:

Years of Service Completed	Amount Vested After Completion
One Year	25%
Two Years	50%
Three Years	75%
Four Years	100%

Loans
The Plan also allows you to borrow from your account. You may borrow up to 50% of your account balance and vested company contributions. The minimum loan is $1,000 and the maximum is $50,000. Repayment options are 1–5 years (ten years if for purchase of a primary residence).

Investments
You may invest in one or more of the investment options available to plan participants. If you are interested in a much broader range of investment options, you can also open a BrokerageLink self-directed brokerage account. Through BrokerageLink, you have access to an expanded universe of mutual funds, stocks and fixed income investments.

EMPLOYEE STOCK PURCHASE PLAN (ESPP)
Quick links: ESPP 🔒

The Employee Stock Purchase Plan provides employees an opportunity to purchase Oracle common stock at a 5% discount. You may choose to contribute 1%-10% of your eligible income on an after-tax basis. Stock is purchased at 95% of the stock's closing sale price on the last trading day before the exercise date. Purchase periods are every six months beginning on April 1 and October 1. For more information, contact stock_us@oracle.com.

TIME AWAY FROM WORK
Quick links: holidays 🔒 | vacation 🔒 | winter break–employee guide 🔒 | winter break FAQs 🔒 | leaves of absence 🔒 | Paid sick leave 🔒

Holidays
Oracle observes the following eleven holidays each calendar year pursuant to Oracle's Holiday Policy.

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- New Year's Day	- Labor Day
- Martin Luther King, Jr.	- Veteran's Day
- Presidents' Day	- Thanksgiving
- Memorial Day	- Day after Thanksgiving
- Juneteenth	- Christmas
- Independence Day	

Vacation

Oracle offers two forms of vacation benefits pursuant to the Vacation Policy.

Flexible vacation is offered to all eligible employees assigned to a salaried (non-overtime eligible) position. Flexible vacation gives eligible employees the opportunity to take as much time off from work as they wish, as long as they get pre-approval from their manager and continue to meet the requirements of their job and business needs.

Accrued vacation is offered to all other employees eligible for vacation benefits who are not eligible for the flexible vacation policy described above.

Note: Part-time employees working less than 20 hours a week and interns are not eligible for vacation benefits. Temporary workers who are paid by a staffing agency or other non-Oracle entities are not eligible for vacation pursuant to this policy, but may be eligible for vacation pursuant to the policies of their respective agencies or other entities.

Winter break

Each year, Oracle's US operations close for "winter break" between the Christmas and New Year's Day holiday. Generally, all US employees are required to take vacation during winter break. If you are identified as an employee who supports critical operations—you will be required to work and may arrange with your manager to take vacation at another time. Refer to the FAQs for more information.

Paid sick leave

Paid sick leave is available to you for periods of absence when you are unable to work due to illness, injury, the need to obtain medical care, and other reasons pursuant to the Paid Sick Leave Policy and applicable laws.

Leaves of absence

Under certain circumstances, Oracle provides leaves of absence if you are unable to work due to an illness, injury, or pregnancy, to address family or personal needs, or to fulfill military or civic obligations. These leaves of absence include sick leave, medical/pregnancy leave, Family Medical Leave Act (FMLA), parental leave, personal leave, caregiver leave, bereavement leave, military leave, jury duty leave, and any other leave required by applicable law.

FAMILY SUPPORT BENEFITS

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Quick links: parental leave 🔒| caregiver leave 🔒| adoption assistance 🔒| surrogacy 🔒| child care resources 🔒| RethinkCare 🔒 | Inflection 🔒 | maternity resources 🔒

Parental leave
Oracle provides up to 14 weeks of paid leave to employees following the birth or adoption of an employee's child. If employed with Oracle less than 6 months at the time of the event, Oracle will provide up to 7 weeks of parental leave. The purpose of parental leave is to enable the employee to care for and bond with a newborn or newly adopted child.

Caregiver leave
Oracle provides up to 4 weeks of paid leave to employees needing time away from work to care for a family member. The purpose of caregiver leave is to provide paid leave to the employee while caring for an ill family member.

Adoption assistance
Oracle provides a maximum of $14,400 to assist with a legally recognized adoption of an eligible child.

Surrogacy
Oracle provides up to a lifetime maximum of US $25,000 for the reimbursement of expenses associated with a Surrogacy Contract.

Child care resources
Oracle has partnered with KinderCare learning centers to help support varying work life balance needs. KinderCare offers Oracle employees a 10% childcare tuition discount at all community-based KinderCare learning centers. Program specifics vary by center.

RethinkCare
RethinkCare offers parental success and professional resilience support resources at no cost to you. Parenting resources are designed to help you understand, teach, and better communicate with your child, including those with developmental and learning challenges. Professional resilience resources can help you learn how to improve your focus, manage career stress, build emotional intelligence, communicate more effectively, and foster an inclusive environment. Enroll today for access to digital training, tips, articles, and exercises to help you bring your best self to work, and families to raise more resilient children. Create your account using enrollment code Oracle.

Inflection
Inflection is a free digital education service to help diverse employees along all paths to parenthood. This program provides education on reproductive health, fertility, and menopause. The Oracle benefit includes two additional free memberships for a family member or friend.

Maternity Resources
Oracle's medical plans offer a wide spectrum of women's wellness coverage. All of Oracle's medical plans cover eligible network preventive care services at 100%. Preventive care includes additional services for women and are covered free of charge when eligible services are received by network providers.

OTHER BENEFITS
Quick links: Ayco 🔒| Commuter benefits 🔒| Education reimbursement 🔒| SoFi student loan solutions 🔒 ARAG legal insurance 🔒 | Trustmark long term care insurance 🔒 | Pet Insurance 🔒| Edelman Financial Engines 🔒

Ayco financial planning

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Oracle offers an extensive financial planning benefit to help you with the complexities of personal financial planning. This voluntary program is 100% paid by Oracle. Ayco provides telephonic and confidential access to a professional financial counselor as well as access to the [Ayco website](#) where you'll find tools and resources to help you take control of your financial planning.

Commuter benefits
The commuter benefits program is administered by WageWorks and provides an opportunity to use pre-tax dollars to pay for eligible commuter expenses. With this benefit, you can elect up to the monthly pre-tax amount to use for parking and transit.

Education reimbursement
Oracle supports continuing education as part of employee training and development. Generally, Oracle will reimburse for job-related coursework up to $5,250 per calendar year (January 1–December 31). The company may reimburse for courses you take in work-related subjects that meet business needs. Management approval for educational reimbursements is discretionary and always required.

SoFi student loans and student loan refinancing
Oracle has partnered with SoFi, a student loan refinancing company to offer employees and family members an opportunity to reduce the cost of student loan debt. SoFi offers student loans and refinances existing student loans at lower interest rates than federal and/or private options.

ARAG legal insurance
Legal insurance makes it affordable to get the legal help you need: network attorney fees are 100% paid in full for most covered matters. With the Ultimate Advisor® legal insurance plan from ARAG, you benefit from a wide range of coverage and services to protect your family and better navigate life's legal challenges. This voluntary program is a 100%-employee-paid-benefit with premiums deducted from your paycheck on an after-tax basis. Your per-pay-period cost is reflected in the Oracle US Benefits enrollment system.

Long term care insurance
Long term care insurance helps you manage the costs of long term care, and covers skilled, intermediate, and custodial care in your home, an adult day care center, an assisted living facility or a nursing home. Long term care support can include help getting dressed, eating, bathing or self-administering medication. The Trustmark program offers one policy with two benefits—long term care insurance + universal life insurance.

Pet Insurance
Oracle has two pet insurance options—for cats and dogs—available for you to enroll in at any time. The discount options are available through Liberty Mutual or ASPCA.

Edelman Financial Engines
Edelman Financial Engines (EFE) is a federally registered investment advisor that is available to all Oracle 401(k) Plan participants to help plan and invest for retirement.

HELPFUL TIPS TO MAKE THE MOST OF YOUR BENEFITS

Taking time to learn, make informed selections, and using your benefits wisely are ways you can stay healthy and manage costs for yourself and for Oracle.

» **Take care of yourself:** The best way to keep your healthcare costs down is to stay as healthy as possible. You can't control heredity, but you can control what you do about your individual risk factors.

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- » **Learn what is treatable without a physician:** Did you know that the majority of health problems are cared for in the home? Know how to recognize common health problems, what to do when they occur, when and where to seek help, and how to prevent them in the first place.

- » **Use provider websites to find answers to your questions:** Oracle's health program vendors host websites that contains a wealth of health information. Click here to access a list of Oracle's program contacts and websites.

- » **Access 24/7 nurseline services:** Utilize the 24/7 nurseline services available as a starting point for health care information rather than visiting your physician or the emergency room.

- » **Leverage telemedicine:** Use the power of technology and mobile devices as a convenient and less costly way to access care. While telehealth services are not a complete replacement for all of your health care needs, this approach addresses most common ailments. Using online devices such as your laptop, mobile phone, or tablet, your physician can review your history, answer your questions and at their discretion diagnose, treat, and in most states prescribe medication and electronically submit a prescription fill to the pharmacy of your choice. Go to http://www.oracle.amwell.com/ for more information.

- » **Visit emergency rooms only in true medical/life threatening emergencies:** Unless you have a life/limb threatening condition think about using urgent care centers or your general physician if acute treatment is not required. Calling the 24/7 nurseline services is another option to help you determine suitable treatment options.

- » **Consider Tier 1/generic medications:** Instead of automatically purchasing a brand-name medication, ask your physician if a generic equivalent is available. Generic equivalent medications contain the same active ingredients and are subject to the same rigid Federal Drug Administration standards for quality, strength and purity as their brand-name counterparts. Choosing lower cost Tier 1 or generic medications (if available and appropriate for your condition) can effectively treat your condition and save you money.

- » **Select network physicians and service providers:** Remember, you pay less when you use network providers. When you and your family use these providers, you save money because network providers have agreed to accept negotiated rates for their services, and you pay a lower portion of coinsurance.

- » **Take advantage of preventive screenings, check-ups and online wellness resources:** All of Oracle's medical plan offerings provide coverage for preventive care. Eligible network preventive care services are covered at 100%.

- » **Get to know your plan:** Become familiar with your plan and use the features that help you prevent illness or manage your current condition.

- » **Follow through on your physician's prescribed course of treatment:** Compliance with your physician's treatment can help you experience better medical outcomes.

- » **Take advantage of tax savings opportunities:** Pay for eligible expenses using pre-tax dollars. Enroll in the general purpose health care FSA (or limited purpose health care FSA if you elect the UHC HSA Medical Plan).

NOTICE OF PRIVACY PRACTICES

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Oracle is committed to protecting the privacy and security of your personal information. The Oracle Benefits Health Insurance Portability and Accountability Act Notice (HIPAA Notice) 🔒 satisfies HIPAA's requirement that a group health plan, such as the Oracle America, Inc. Flexible Benefit Plan, provide notice to individuals whose protected health information (PHI) will be used or maintained by the group health plan.

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