New Hires and General Benefits Questions

ORACLE US BENEFITS FREQUENTLY ASKED QUESTIONS

The following FAQs have been prepared to provide general US Benefits information for newly-hired employees, or employees who have general questions.

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NEWLY HIRED EMPLOYEES

I am a new hire – when are my benefits effective and when will I be able to make my benefit elections?

Your benefits are effective on your new hire date. There is a slight delay in your ability to access the **Oracle US Benefits Enrollment System**. Generally, if your hire date falls on a Monday or Tuesday, you will be able to access the system and make your elections on Wednesday or Thursday of the same week. If your hire date falls on a Wednesday, Thursday or Friday, you will be able to access the system and make your elections on Monday or Tuesday of the following week.

You will be notified via email when you are able to access the enrollment system and make your elections. Upon receipt of the email, you can go to the **Oracle US Benefits website** and begin the election process.

The website is accessible from inside and outside of the Oracle firewall using your Oracle Single-Sign-On (SSO) user name and password. You may use the first few days of your employment to review the details of each plan so that you can make informed decisions that meet the needs of you and your family members. Provided you make your elections by your enrollment deadline, your coverage will be retroactive back to your hire/eligibility date.

What is my enrollment deadline? What happens if I miss the deadline?

You will be able to make your elections when you receive the Benefits notification email. This email confirms you are able to access the **Oracle US Benefits Enrollment System** and make your elections. You will also receive a letter in the mail, which will display your specific enrollment deadline. Please pay special attention to

that date. If you do not make elections by the deadline date displayed in your letter, you will be assigned default coverage. Default coverage does NOT include dental, vision or dependent coverage.

I have other medical insurance coverage outside of Oracle. How do I decline Oracle's coverage?

If you wish to decline medical coverage, because you are covered elsewhere, you MUST access the **Oracle US Benefits Enrollment System** and actively WAIVE coverage. If you do not waive coverage, you will be assigned default medical insurance under UnitedHealthcare's HSA Medical Plan. Default coverage does NOT include dependents.

Does Oracle offer coverage for domestic partners?

Yes, Oracle offers coverage for both same / opposite sex domestic partners – and the child(ren) of your domestic partner. Click **here** for more information regarding eligibility and / or **here** for more information regarding domestic partners.

How do I find a network provider?

To find a network provider, visit the insurance carrier website (i.e. UnitedHealthcare, Kaiser Permanente, MetLife, VSP) and run a query based on the search criteria available. Click **here** to find a listing of the carrier websites.

The best way to find a UnitedHealthcare network provider is to log into your **"MyUHC" account**. When you log in, you can access the directory applicable to your specific medical insurance plan. An alternate method is to use the general UnitedHealthcare provider directory. To use the general directory, follow the instructions below:

— Go to **https://www.myuhc.com**

— Click "Find a Provider"

— When you access the directory, there will be a menu of UnitedHealthcare medical plans to choose from. The Oracle plan names are not included in this list. See below for the Oracle UnitedHealthcare plans and the UnitedHealthcare plan name equivalents. Select the appropriate UHC plan to begin your search.

Oracle UHC Plan Name	UHC Directory Equivalent
Medium PPO Premium PPO HSA Medical Plan	Choice Plus
EPO Plan	Choice
HPHC (Harvard Pilgrim)	Choice with Harvard Pilgrim
State of California Select Plan Premium Select Plus Plan Medium Select Plus Plan HSA Select Plus Medical Plan	Select Plus

For Kaiser Permanente, the best way to find a network provider is to log into your **Kaiser account**. When you log in, you will be able to search for doctors by your region and/or your specific location. An alternative method is to use the general directory. When logged into your Kaiser account, you will also have the ability to schedule appointments, fill prescriptions, email your doctor and access your medical records.

When will I receive my medical insurance plan ID card?

You will receive your medical insurance ID card several weeks after you enroll. Be advised that your medical insurance card also serves as your prescription card.

UnitedHealthcare members may print a temporary ID card from **www.myuhc.com**. Once logged in, click "Register Now". Enter your name, date of birth, member ID number (or SSN) and the Oracle Group / Account number 228485.

Kaiser Permanente members may print a temporary ID card from **www.kp.org**. If you do not already have one, you will need to obtain a Medical Record Number (MRN) by calling 1.800.556.7677 prior to creating your Kaiser account. You may also download the Kaiser Permanente mobile app to apply for a digital ID card.

How can I obtain additional medical insurance plan ID cards?

For UnitedHealthcare, you may request additional cards from **www.myuhc.com** or by contacting UHC at 1.866.672.2511.

For Kaiser Permanente, please go to **www.kp.org** to request additional cards.

I haven't had a chance to enroll for coverage and I or my family need to see a doctor. What do I need to do? How can I see a doctor prior to receiving my medical ID card?

As a new hire, coverage begins on your hire date. If you have not logged into the Oracle US Benefits enrollment system, we encourage you to do so at your earliest opportunity prior to your enrollment deadline. In the event you need to see a doctor but have not yet enrolled – and you know which medical plan you intend to choose – act as though you are enrolled in that medical plan. Providers will often bill patients at a later date, although you may need to pay out of pocket and file a reimbursement claim with the insurance company (less applicable co-payment) once your enrollment is complete. Click **here** to find a listing of the insurance carrier contact information, network provider directory websites and policy ID numbers to provide to your doctor as needed.

If you have already made your benefit elections but have not yet received your medical insurance ID card, inform your provider that you are new to the plan, and provide your carrier name along with the Oracle policy ID number. Click **here** to find a listing of the carrier contact information, network provider directory website and policy ID numbers.

Generally, after making your benefit elections, it takes 1-2 weeks for insurance carriers to recognize your coverage eligibility. If you seek medical care before your eligibility is recognized, your provider may require you to pay for the services in full. If this occurs, keep your receipts and file a claim for reimbursement with the carrier.

For Kaiser, you may use your photo ID, SSN or your Kaiser Medical Record Number to receive medical care at a Kaiser Permanente facility while you are waiting for your medical insurance card to arrive, provided that you are in the Kaiser eligibility system.

Finally, in the event of an emergency – please contact Oracle US Benefits for assistance at either **benefits_us@oracle.com** or 650.506.9800.

How do I fill my prescription prior to receiving my medical insurance card?

You will need to pay for the prescriptions first, keep your receipts, and file a claim form for reimbursement after your receive your ID card. Forms are available on the Oracle US Benefits website. If you are actively enrolled with UnitedHealthcare but have not yet received your medical insurance card, you can provide the pharmacy with the following information to call UHC and confirm eligibility:

Oracle UHC Group Policy Number: 228485

OptumRX Prescription Information:

RX BIN: 610279

RX PCN: 9999

RX Group: UHEALTH

Customer Service: 1.866.672.2511, Prompt 1; Monday – Friday, 7am – 7pm

Are there any pre-existing condition exclusions in Oracle's benefit plans?

There are no pre-existing condition exclusions in Oracle's medical insurance plans. However, in certain cases for dental and long-term disability, there may be a waiting period or exclusions if a pre-existing condition exists, or if a treatment has already been received. Please refer to the applicable **Plan Documents** for full information.

PRICING INFORMATION

Where can I find the US Benefits pricing information?

You can find the US Benefits per-paycheck pricing sheets on the **Oracle US Benefits pricing intranet site** or you can visit the enrollment application. Please note, however, that the enrollment application tool should not be used as a cost-modeling tool.

What are Flex Credits?

Oracle provides you with some credits, on each paycheck, to help offset the cost of some of the benefit choices you make. Flex credits are listed on your payslip and include amounts for vision insurance, life insurance, accidental death & dismemberment insurance and long-term disability insurance.

For these specific benefits, you will see the total cost listed on your payslip, in the "deductions" section, whereas for medical insurance as an example, you only see the "employee contribution" cost listed. You can subtract the flex credits from the total deduction for each of the applicable benefits (vision insurance, life insurance, accidental death & dismemberment insurance and long-term disability insurance) to find your net, per paycheck cost for each.

QUALIFIED FAMILY STATUS CHANGE

Can I make changes to my benefits during the plan year?

Yes, if you have a qualified Family Status Change event, such as having a baby or getting married. Access the Oracle US Benefits enrollment system to submit your qualifying family status change.

You have 62 days after your qualifying family status change event to make the change. The effective date of coverage varies based on the event type. For example, if your event is "I had a baby" – coverage for your new baby and any changes you made in association with that event will be retroactively effective to the baby's birthdate. However, if you get married, the effective date of coverage for your new spouse and any changes you made in association with that event are not retroactive to your wedding date. Rather, they become effective on the date you make your election. If you do not complete your changes within the above timelines, you will have to wait until the next open enrollment period to make changes for the following calendar year.

Click **here** for information regarding Qualified Family Status Changes.

I just got divorced (or legally separated). What do I need to do?

If you have a dissolution of marriage (or legal separation), your ex-spouse is no longer eligible to be covered under Oracle's group health plans and spouse life insurance as of the date of your divorce.

You will need to process a family status change event within 62 days of your divorce event to remove your ex-spouse from coverage (effective as of the date of your divorce). If you are mandated by the court to cover your ex-spouse, you will need to cover your ex-spouse through COBRA or with another insurance plan.

Please Note: If you are past the 62-day deadline to make changes to your benefits as a result of your divorce, your ex-spouse will no longer qualify for continued health coverage through COBRA. In addition, Oracle US Benefits will remove your ex-spouse effective on the date you first contacted Oracle US Benefits. You must provide Oracle Benefits a copy of your dissolution of marriage judgement / order signed by the judge and stamped by the court in order for Oracle US Benefits to process the removal of your ex-spouse from your benefits.

My dependent does not have a Social Security Number (SSN). How do I add him / her to my insurance?

If your dependent does not have a SSN, you will not be able to add him / her to your benefits using the Oracle US Benefits enrollment system. Rather, please contact Oracle US Benefits at **benefits_us@oracle.com** for assistance with adding your dependents to your file so that you can elect coverage as applicable.

HEALTH / DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS (FSAS)

Click **here** to view a complete list of FAQs related to Health and Dependent Care FSAs.

DENTAL AND VISION INSURANCE

Will I receive a dental or vision insurance ID card?

No. Oracle's Dental and Vision plan administrators do not require or issue insurance cards.

Who is Oracle's Dental Plan Administrator and what is the group / policy number?

MetLife is Oracle's Dental Plan Administrator. It is important to know that MetLife does not require or issue an insurance card. To receive services, give your dental provider your SSN (alternatively, MetLife Dental will access Oracle Employee ID numbers), Full Name and the following information:

MetLife Dental	
Policy Number	300569
Contact Information 1.800.942.0854	MetLife Dental Claims PO Box 981282 El Paso, TX. 79998-1282

Who is Oracle's Vision Plan Administrator and what is the group / policy number?

Vision Service Plan (VSP) is Oracle's Vision Plan Administrator. It is important to know that VSP does not require or issue an insurance card; however, you can print a card from your VSP personal account for your reference, if desired. To receive services you have the option to give your provider your SSN or your employee ID followed by the letter O. (ex: 12345-O), Full Name, and the following information:

Vision Service Plan (VSP)	
Policy Number	12-134446
Contact Information 1.800.877.7195	PO Box 385018 Birmingham, AL 35238-0518

VSP members now have the quick and easy option of submitting an online claim for reimbursement. Although members will always get the best value for their benefits in-network, we also want our members to have the flexibility to use their benefits where they like.

Members are able to upload images of their receipts when completing the Member Reimbursement form on **www.vsp.com**. For most members, this will replace having to mail in a form with copies of their receipts. You will also be able to login to your **www.vsp.com** account to check the status of your reimbursement.

Follow these simple steps:

1. Go to **www.vsp.com** and log into your account
2. Once logged in, click "Benefits & Claims" under the 'Members' tab
3. Select "Claims & Reimbursement' box
4. Click "Submit and Out of Network Claim" to view form information, and then click "Start New Claim"
5. On the form, select the patient and enter in applicable practice information, services received and costs
6. Upload up to three receipt images (if you have more than three receipts, or prefer to send via US mail instead, you can print at this step to mail in)
7. Click "Submit" to complete

VSP members will receive a check within about 10 days, based on your plan's out-of-network benefits.

LEAVES OF ABSENCE & DISABILITY

I have questions about the Leave of Absence policies including medical, pregnancy and family leave. Where do I find information about how to file a leave, benefits, eligibility, etc.?

Click **here** to access Oracle's Leave of Absence information resources, including FAQ documents, Policies and Plan Information.

I'm expecting a baby. Where can I find information about maternity leave?

Click **here** to watch a general Leave of Absence overview video and / or **here** to access the Oracle Disability information resources including disability benefits, eligibility criteria, FAQ documents, Policies and Plan Information.

How will my health benefits be impacted while I'm on a leave of absence?

Your benefits may be impacted during a leave of absence. Click **here** to access the "Impact on Benefits during Leaves of Absence" matrix.

What is Oracle's Bereavement Policy?

Click **here** to access Oracle's Bereavement Policy.

Does Oracle offer Paid Parental Leave?

Yes. Please refer to the **Paid Parental Leave Policy and FAQ** for more information. In addition, under Oracle's Sick Leave Policy, you may take up to 5 consecutive business days (7 consecutive calendar days) off as Sick Time to care for your spouse / partner immediately before or after delivery. Any additional time away from work needed beyond the one week of Sick Time to care for your spouse's / partner's serious health condition and/or to bond with your newborn would need to be extended and applied through **FMLA** (if applicable), Paid Parental Leave, or an unpaid Personal Leave of Absence (PLOA).

Leave of Absence Policy information

Leave of Absence FAQ documents

Leave of Absence video library

OPEN ENROLLMENT

The annual Open Enrollment period occurs each fall. Information and resources are sent to employees before, during and after the enrollment period. Visit the **Oracle US Benefits website** for more information and access the **Open Enrollment FAQ document**.

HSA MEDICAL PLAN AND HEALTH SAVINGS ACCOUNT (HSA)

What happens after I have elected my HSA Medical Plan and added an amount to deduct toward my HSA employee pre-tax contribution account?

Your HSA Medical Plan enrollment information will be sent to UnitedHealthcare after your elections have been submitted. Your HSA employer seed contribution and if applicable, employee pre-tax contributions, will be sent to Optum Bank after your new hire enrollment period ends (which is 31 days from your hire date with Oracle – provided that your Health Savings Account is open and active with Optum Bank).

When will I see my HSA employer seed and employee pre-tax contributions on my Oracle paycheck and in my Optum Bank account?

Once Optum Bank has confirmed that your account is open, your HSA employer seed and employee pre-tax contributions will be sent to Oracle Payroll for processing.

NOTE: Your HSA employee pre-tax contributions are prorated based on the number of remaining pay periods left in the year at the time your account is opened. Generally, HSA monies will post to your Optum Bank account within 2-4 business days following the end of each pay period.

For more information – visit the **Oracle HSA Medical Plan Resource Center** or the **HSA Medical Plan FAQ document**.

MEDICARE

I (or my spouse) am approaching age 65. Am I required to enroll in Medicare or can I remain covered under Oracle's medical plan?

Generally, as long as you remain an Oracle US benefit-eligible employee, you are not required to waive Oracle's medical plan coverage. If you enroll or choose not to enroll in Medicare, Oracle's coverage levels will not change.

If you remain covered under Oracle's medical plan, you will not be required to pay a penalty when deciding to enroll in Medicare Part B in the future, nor will you have to wait to enroll. Oracle's medical plans are generally primary to Medicare – meaning Oracle's medical plan will pay first. You and / or your spouse may choose to enroll in Medicare Part A (hospital insurance) at no cost. Should you or your spouse require hospitalization, coordination of benefits will apply – with Oracle's medical plan paying primary and Medicare paying secondary.

Since Oracle's medical plans have a drug benefit that is considered "credible" with Medicare, enrolling into Part D (outpatient prescription drug plan) is not necessary upon turning 65. Providing a copy of our Notice of Creditable Coverage to Medicare will prove that you are currently covered under a drug plan that is at least as rich as the Medicare Part D benefit and would enable enrollment to Part D at a later date without a penalty. Click **here** to access Oracle's Notice of Creditable Coverage to Medicare.

Further, the Summary Plan Description describes how Medicare works with UnitedHealthcare plans. See section "Medicare and the UnitedHealthcare Plans". If you are enrolled in a Kaiser Permanente HMO plan, contact them directly.

If you are enrolled in the UnitedHealthcare HSA Medical Plan – you can be eligible for Medicare – however you CANNOT enroll. If you enroll in Medicare – you will be ineligible to contribute to a Health Savings Account (HSA). View the **HSA Medical Plan Resource Center** for more information,

The information provided in this FAQ document is general in nature. It is always recommended that you contact 1.800.MEDICARE or access **www.medicare.gov** to review information and details about Medicare and enrollment requirements prior to turning age 65.

COMMUTER BENEFITS

What is the deadline to enroll, stop or make changes to my commuter elections?

Employees have until the 10th of each month to enroll, stop, or make changes to commuter benefits for the following month. For example, if you make your election by March 10th – your election will apply to the benefit

month of April. If you make your election on March 12th – your election will apply to the benefit month of May. To make changes, access your commuter benefits account on the **WageWorks website**.

What happens to my unused Commuter Account balance if I do not use the money I contributed by the end of the calendar year?

Any remaining balance carries over from year to year.

What happens to my unused Commuter Account balance if I no longer have eligible commuter expenses – can I request a refund?

Federal regulations prohibit refunds of any unused pre-tax commuter contributions to pay for transit, vanpool or parking charges. Refunds are not issued and any unused balance is forfeited.

What happens to my transit Commuter Account balance if I leave Oracle?

If you separate from Oracle, you will have 90 days following your termination date to use any pre-tax dollars left on your WageWorks commuter card for transit expenses. Any remaining balance thereafter is forfeited.

Can I be reimbursed for any unused days paid for parking?

No. Parking rates are monthly rates and are not prorated. Whether you have paid for Transit Parking at a designated transit facility, using a WageWorks Commuter Card for parking, or using the "Pay My Provider" parking option, federal regulations prohibit any refunds of pre-tax dollars that have been deducted from employee wages to pay for parking charges. Any remaining balance or balance you are unable to use due to your termination with Oracle is forfeited.

Are my commuter contributions deducted on a pre-tax basis?

Your commuter contributions are deducted before Federal taxes which reduces your Federal taxable wages. In most states, your contributions are also taken pre-tax. However, states may choose to follow the Federal tax treatment guidelines or establish their own. For more information about the tax treatment in your state, contact your tax advisor or review appropriate state resources.

I participate in a Van Pool – can I use pre-tax dollars to cover this cost?

Yes – you can use pre-tax dollars to pay for your Van Pool expenses. New users must first register with WageWorks using the last four digits of your Oracle employee ID number. Once registered, follow the steps below to sign up for a Van Pool:

— Click "Place Commuter Order"

— Select Van Pool and click "Next"

— Select the Van Pool vendor

— For Oracle HQ / Redwood Shores, select "Enterprise Van Pool (No, Cal)"

— Select "Enterprise Van Pool Express Payment"

— Enter the last four digits of your "Customer Number" and seven digit reference number

— Select the monthly amount that you pay – this amount will be paid directly to Enterprise (ask your Van Pool driver if you do not know the amount)

— Confirm and submit your order

— **NOTE:** standard plan rules including monthly maximums and expense deadlines apply to Van Pools

Is there more information I can review?

Yes – please visit **https://mysites.oracle.com/hr-benefits-us/lifestyle-and-extras/commuter-benefits-.html** for more information.

INTERNATIONAL BENEFITS

Where do I find the information about enrolling in US Benefits while working outside of my home country?

Employees on assignment outside of their home country are eligible to receive certain US Benefits. Refer to the International Benefits information located on the **Oracle US Benefits website**.

How do I qualify for Inpatriate US Benefits?

Non-US employees on assignment in the United States are eligible to receive certain US Benefits. Refer to the International Benefits information located on the **Oracle US Benefits website**.

How can I obtain a letter confirming coverage for international travel purposes?

To obtain a letter confirming coverage – contact Oracle US Benefits at **benefits_us@oracle.com** to request one. Confirmation letters generally take 2-3 business days to process and return so please be sure to request ahead of travel.

Where can I find more information regarding coverage while traveling outside of my home country?

For more information, please visit the **international benefits intranet site**.

MISCELLANEOUS

Does Oracle offer a financial planning benefit?

Yes, Oracle employees may participate in financial planning through The Ayco Company, L.P., a Goldman Sachs Company. Ayco focuses on financial wellness by guiding you through the complexities of personal financial planning via a digital platform and/or a telephonic financial coach. This benefit is free for Oracle employees. Find more information **here**.

Does Oracle offer legal insurance?

Yes, Oracle employees may elect group legal insurance coverage through ARAG during their new hire enrollment period, during our annual Open Enrollment period, or in association with a qualifying Family Status Change event. With legal insurance from ARAG, you're connected to local, professional attorneys within the ARAG network who can review or prepare documents, write letters on your behalf, provide legal advice and consultation and represent you in court. This legal insurance plan covers a broad range of personal legal matters, including:

— Living wills and trusts

- — Property protection
- — Divorce and family law matters
- — Traffic matters
- — Consumer protection (warranties, contracts, debt collection, wage garnishment, foreclosure)
- — Defense of civil damages

This voluntary program is a 100% employee-paid benefit, with premiums deducted from your paycheck on an after-tax basis. Find more information **here**.

Does Oracle offer pet insurance?

Yes, Oracle offers pet insurance for cats and dogs through Oracle's personal insurance vendor, Liberty Mutual and their partner company, ASPCA Pet Health Insurance.

To learn more, visit the **pet insurance intranet site** or go directly to the **ASPCA Oracle Pet Health Insurance Portal** to "fetch your quote". Be sure to use the Oracle priority code: LMORACLE.

How do I update my address in the Oracle US Benefits database?

To update your address you must enter changes in the Oracle HR database. Oracle US Benefits, 401(k) Savings and Investment Plan and the Employee Stock Purchase Plan (ESPP) database systems recognize changes made there.

- — Go to **https://myoracle-prodapp.ocecdn.oraclecloud.com/site/authsite/home/**
- — Select "Self-Service Apps" under 'Employee Tools' and login using your Oracle SSO
- — Select "Other Self Service" then "Maintain Personal Information (HCM Cloud)"
- — Select "Edit" and click on the pencil icon in the 'Address' section of the page. "Save and Close" when completed.

Your information will be electronically loaded into the various systems as follows:

- — US Benefits database: twice a week (each Monday and Wednesday)
- — Health and Welfare Administrators: weekly
- — 401(k) and ESPP: twice a week (each Tuesday and Friday)

Whom can I contact if I still have questions?

For further questions, please contact Oracle US Benefits at **benefits_us@oracle.com**.