

US Benefits Overview

2014

This overview contains highlights of the benefit options available through Oracle's US employee benefits program. They are not complete descriptions of the benefits. Oracle may terminate, withdraw or modify any benefits described in this guide, in whole or in part, at any time. The descriptions of the benefits are not guarantees of current or future employment or benefits. We make every effort to ensure the accuracy of the information in this guide. If there is any conflict between this overview and official Plan Documents, the official documents will govern. For full provisions of the benefit plans described in this guide, consult the documentation specific to the plan. You can find our plan documentation on the [Oracle US Benefits Website](#).

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U.S. Benefits Overview - Contents

Introduction.....	2
Medical Plans	2
UHC Medical Plans - Prescription Coverage	4
Health Maintenance Organizations (HMOs).....	4
Preventive Care Services	5
Mental Health Benefits	5
Dental Plans	6
Vision Plans.....	6
Life Insurance.....	6
Accidental Death and Dismemberment (AD&D) Insurance	7
Long Term Disability (LTD) Insurance	7
Health and Dependent Care Flexible Spending Accounts (FSAs)	8
Group Legal Program.....	8
Personal Financial Planning Services	8
Long Term Care Insurance	8
Personal Insurance (Auto / Home / Renters)	9
401(k) Savings and Investment Plan.....	9
Employee Stock Purchase Plan (ESPP)	10
Vacation and Holidays.....	10
Education/Tuition Reimbursement Program	10
Adoption Assistance Program	10
Commuter Benefit Program	10

Introduction

Oracle provides a comprehensive and competitive benefits package for eligible employees and family members. This overview provides general information about the US Benefits plans and programs available. For more information and details visit the Oracle US Benefits website at www.oraclebenefits.com. From this website, you can find direct links to information on all Oracle US benefit plan offerings. General information is available outside of the Oracle firewall and for confidentiality purposes detailed plan information requires you to log into the Oracle network to access them. Throughout the site you can link to various websites for more information. If you are reading a printed copy of this overview – the full URL has been included for non-Oracle sites. When you see reference to “Oracle US Benefits Website” – go to www.oraclebenefits.com.

Oracle US Benefits Eligibility

All regular full-time employees on the Oracle U.S. payroll working 30 hours or more per week and regular part-time employees working at an average of 20–29 hours per week are eligible to enroll in Oracle US Benefits Plans. Independent contractors and/or "leased employees" engaged by a staff leasing company are not eligible for Oracle US Benefits. Additionally, your same and opposite-sex spouse or domestic partner and your children are eligible to enroll in certain benefits.

Medical Plans

Oracle provides a choice of several United Healthcare (UHC) medical plans, and HMOs - Kaiser Permanente and HealthNet of California. You may only decline medical coverage if you have other medical coverage such as a spouse/domestic partner's employer's plan. While the plans cover many of the same services, they differ in their cost, deductibles, copayments and coverage levels. Some medical plans are offered nationwide while others are only available in certain regions. Your eligibility for medical plans is determined by your home zip code.

Eligibility – Geographic Service Area

Your place of residence determines which medical plans you are eligible for. You can enroll in a plan if your home address zip code falls within the plan's service area. The chart below identifies each of the medical plan offerings and provides general geographic availability.

Medical Plan	Geographic Availability
United Healthcare (UHC) Plans	
Medium PPO	All
Premium PPO	All
EPO Choice	All
HSA Medical Plan	All
HPHC Passport	Massachusetts, Maine, New Hampshire and the cities in Vermont and New York that border Massachusetts or New Hampshire
EPO Choice (HI)	Hawaii
Medium & Premium Out-of-Area PPO	Areas where UHC networks are not available
Health Maintenance Organizations (HMOs)	
HealthNet HMO	California
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 Group Health	Washington

United Healthcare (UHC)

Oracle offers you a choice of United Healthcare (UHC) medical plans including Choice Plus Preferred Provider Options (PPOs), a Choice Exclusive Provider Organization (EPO) plan and an IRS qualified High Deductible Health Plan (HDHP). Prescription drug coverage is included in all of the plans.

The UHC plans are self-insured – which means Oracle pays for ALL of the claims incurred by you and your family.

Additionally – Oracle pays UHC an administrative fee to pay for things such as access to UHC’s nationwide provider network, claims processing, customer service, online tools/calculators, and participation in care management programs.

Eligible services are the same in all UHC plans – however the plan coverage and your out-of-pocket cost vary by plan. All UHC plans also utilize the same large nationwide network and you are encouraged to use network providers whenever possible. For the most part the provider attrition rate is low and the network continues to grow. You are encouraged to verify the network status of your provider before seeking care. Most of the UHC plans allow you to see any licensed physician or health care facility – while a few require that you see only network providers (except in an emergency).

Medical claims for eligible services are discounted as a result of negotiated contract agreements between the network providers and UHC. This results in lower cost to Oracle and to you. Network providers will also handle claim submission and any required authorizations for you (such as hospitalization). If you obtain care from a non-network provider you will be responsible for a deductible and the plans will cover a percentage of the usual, reasonable, and customary (UCR) charges. UCR charges are generally more than UHC’s negotiated rates and any expenses exceeding UCR charges are your responsibility. When you use non-network providers, you may need to file claim forms and manage any pre-certification and/or notification requirements (as required by the plan) to avoid a penalty.

Each of the UHC plans includes a safety net against catastrophic injury or illness that may result in high cost claims. The plans’ calendar year out-of-pocket maximum varies between plans - however each limit the amount you will be required to pay each year. Should you reach your annual out-of-pocket maximum the plans will pay 100% of eligible expenses for the rest of the year.

Premium Choice Plus PPO Plan

The rich coverage of the UHC Premium Choice Plus PPO Plan makes this plan attractive. However, due to the high plan value it is 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 also covered at 100% after you pay the annual deductible. The majority of network services do not require you to meet a deductible – however a deductible is applied to a few services including in-patient facility and non-preventive laboratory. If you receive care from non-network providers, the plan pays 80% of UCR charges after you pay the annual deductible. This plan has the richest non-network coverage.

Medium Choice Plus PPO Plan

The UHC Medium Choice Plus PPO Plan is the most popular UHC option amongst Oracle employees. Its’ comprehensive coverage and moderate per pay period premium is adequate for many people. This plan is most cost effective when care is received by network providers. However – it does provide a basic level of non-network coverage. 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 pay the annual deductible. If you receive care from non-network providers, the plan pays 70% of UCR charges after you pay the annual deductible.

HSA Medical Plan

The UHC HSA Medical plan is an IRS qualified High Deductible Health Plan (HDHP). All services (except for eligible network preventive care services, which are covered at 100% no deductible) are subject to the plan deductible and coinsurance. For the majority of services if you receive care from a network provider, the plan pays 90% of UCR charges after you pay the annual deductible. If you receive care from non-network providers, the plan pays 70% of UCR charges after you pay the annual deductible. In this plan, all prescriptions are also subject to the plan deductible and coinsurance. For more information about the HSA Medical Plan visit the [HSA Medical Plan Resource Center](#) – available through www.oraclebenefits.com.

Health Savings Account (HSA)

If you select the HSA Medical Plan, a personal Health Savings Account (HSA) is automatically set up at OptumBank. Health Savings Accounts are designed to help you save for future qualified medical and retiree health expenses on a tax-free basis. Generally speaking, contributions to a Health Savings Account are exempt from federal tax and in *most* cases are exempt from state tax as well. This account can be used to pay for current and future qualified medical expenses for certain eligible individuals including you, your spouse, and other tax dependents. Contributions can be made up to the annual limits established by the IRS. Any eligible distributions are tax-free. And, you may accumulate interest in your account tax free in most states. Each year, Oracle also contributes to your personal HSA. The contribution amount is based on your medical plan coverage level (e.g. employee only, employee + Spouse, family) and your annual benefits salary. The Oracle annual contribution is vested at 100%. For more information about HSA’s visit the [Oracle HSA Resource Center](#) – available through www.oraclebenefits.com.

Premium and Medium Out-of-Area Plans

If you live outside of UHC's Choice and Choice Plus service areas, you're eligible to enroll in the Premium or Medium Out-of-Area Plans. Because you do not have access to network physicians and facilities – the plan pays 80% of Usual, Customary, and Reasonable (UCR) charges after you pay the annual deductible for all services (except prescription drugs). There are no gaps in the pharmacy network – therefore prescription drug coverage is accessed in the same manner as the other UHC plans described in this document.

Exclusive Provider Organization (EPO) Choice Plan

The Exclusive Provider Organization (EPO) Choice Plan requires you to use network physicians and providers to receive benefits. Non-network benefits are NOT covered except in an emergency, acupuncture, or ABA Therapy for autism. Most services are covered at 100% after you pay the applicable co-pay. For the majority of services this plan does not require you to meet a deductible – however a deductible is applied to a few services including in-patient facility and non-preventive laboratory.

HPHC Passport Plan

The Harvard Pilgrim Health Care (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. If you enroll in the HPHC Passport Plan you must use the HPHC network. When you are traveling outside of the designated network area you have the flexibility to access the broader UHC Choice network. Non-network benefits are NOT covered except in an emergency, acupuncture, or ABA Therapy for autism. Most services are covered at 100% after you pay the applicable co-pay.

UHC Medical Plans - Prescription Coverage

If you enroll in one of the United Healthcare medical plans – prescription drug coverage is included. The UHC medical plan prescription drugs are categorized into three individual tiers. Each tier has an associated cost (co-pay or coinsurance). This is the amount you will pay when you fill a prescription. There are three tiers – tier 1 is the lowest cost option, tier 2 is mid-range, and tier 3 is the highest cost option. If you are currently taking a medication that falls in tier 2 or 3 – you may want to ask your physician if there is an appropriate medication classified in a lower cost tier. Compound medications are those with one or more ingredients that are prepared at the pharmacy location. These types of medications are almost always classified as tier 3 and a lower tier option is not available. Generally you will find that most generic medications are classified in tier 1 however that may not always be the case.

- Tier 1: Lowest-Cost Option - You pay a flat copayment for Tier 1 medications
- Tier 2*: Midrange-Cost Option - You pay a percentage of the drug cost (coinsurance)
- Tier 3*: Highest-Cost Option - You pay a percentage of the drug cost (coinsurance)

*Tier 2 and 3 medications require you to pay a percentage of the drug cost no less than the plan minimum and no more than the plan maximum dollar.

Plan documents will define the specific copayments, coinsurance, deductibles, and cost minimum and maximums applicable to Tier 2 and 3 medications.

Note: The HSA Medical Plan requires you to pay the full cost of prescription medications until the plan deductible has been met – regardless of the drug Tier. Once the deductible is met – the plan will pay 90% if you use a network pharmacy and 70% if you use a non-network pharmacy.

UHC Medical Plans - Mail Order Prescription Program

The mail order program is ideal for people who use maintenance medications – such as medicines for cholesterol and high blood pressure. Using the mail order program saves you money and is also convenient. You receive a higher quantity of medications at a lower cost and prescriptions are mailed directly to your home which saves you a trip to the retail pharmacy. The cost for a 90-day supply of mail order medications is twice the cost of a single fill you pay at a retail pharmacy. In other words you receive three fills for the price of two.

Health Maintenance Organizations (HMOs)

Oracle offers you a choice of HealthNet and Kaiser Permanente (Kaiser) HMOs. The HMOs are available in certain geographic areas only (refer to chart above for coverage areas). The Oracle sponsored HMOs are fully insured – which means Oracle pays HealthNet and Kaiser a monthly premium for administration and to pay for all claims.

HMOs are managed care plans that require you to use network physicians and facilities. Non-network benefits are NOT covered except in an emergency. Overall, HMO's require you to pay a higher per pay period premium – however services are 100% after the applicable co-pay. As a result, your out-of-pocket costs for eligible services are predictable and relatively low. Each plan offers similar benefits – but services and coverage levels vary by plan.

When you enroll in an HMO, prescription drug coverage is included. There are two categories of prescription drugs – generic, and brand name. You receive your prescription drugs through a network pharmacy. Non-network prescriptions are NOT covered. 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.

Each of the HMO plans includes a safety net against catastrophic injury or illness. The plans' calendar year out-of-pocket maximum varies between plans - however each limit the amount you will be required to pay each year. Should you reach your annual out-of-pocket maximum the plans will pay 100% of eligible expenses for the rest of the year.

Preventive Care Services

Eligible preventive care services for all United Healthcare (UHC) and Health Maintenance Organization (HMO) medical plan members are covered at 100% when services are received by network providers. Covered services are based on the U.S. Preventive Care Guidelines and include routine exams, non-diagnostic x-ray and laboratory services, vaccinations, screenings, and an expanded list of services specific to women's preventive health.

Mental Health Benefits

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) provides confidential, personal assessment and referral services for you and your family members. Enrollment in the EAP is automatic and free of charge to you and your eligible dependents - even if you are not covered by an Oracle medical plan. United Behavioral Health (UBH) administers the EAP. The EAP provides 100% coverage for up to six (6) in person visits per concern per year with an EAP counselor for each family member. The EAP is available to help with a variety of concerns including:

- Stress
- Depression
- Job Worries
- Legal & Financial Concerns
- Family & Marital Problems
- Alcohol & Chemical Dependency

Mental Health and Substance Abuse Benefits

If you enroll in one of Oracle's medical plans, mental health outpatient care beyond the six (6) EAP visits will continue through the medical plan's Mental Health and Substance Abuse benefits. If you enroll in a United Healthcare medical plan, your mental health and substance abuse coverage will be provided through UHC and its subsidiary United Behavioral Health (UBH). If you enroll in an HMO, mental health outpatient care is managed through the HMO.

Live and Work Well

Live and Work Well is an interactive website that provides access to benefits and tools to help enhance your work, health, and life. Visit www.liveandworkwell.com and use Oracle's access code 228485. Through the website you can:

- Check your benefits information
- Search for network clinicians
- Participate in interactive and customizable self-improvement programs
- Access information and resources related to hundreds of everyday work and life topics

Dental Plans

Oracle offers you a choice of two dental plans administered by MetLife. Dental coverage is optional, therefore, you may choose to decline dental coverage altogether.

Preventive Plan: This plan covers preventive care only at 100% with no annual deductible. This plan covers preventive care **ONLY**. This includes services such as routine exams/x-rays and cleanings. Services such as fillings, oral surgery, implants, dentures, orthodontia, and periodontal care are **NOT** covered.

Comprehensive Plan: This plan covers the full spectrum of dental care needs including preventive, basic, major, and orthodontia care for adults and children. The plan covers preventive care at 100% with no annual deductible. After you satisfy the annual deductible the plan covers 80% of basic and major care up to an annual maximum benefit per individual of \$1,500. Orthodontia is covered at 50%, no deductible, up to a lifetime maximum of \$2,000.

Vision Plans

Oracle offers you a choice of two vision plans, both administered by Vision Service Plan (VSP). Vision coverage is optional, therefore, you may choose to decline vision coverage altogether.

Vision Plan I

- Annual Eye Exam
- One benefit allowance for one pair of frames and lenses every calendar year
- \$250 allowance for elective contact lenses (in lieu of frames/lenses) every calendar year

Vision Plan II

- Annual Eye Exam
- One benefit allowance for one pair of frames and lenses every calendar year
- \$400 allowance for elective contact lenses (in lieu of frames/lenses) every calendar year
- 2nd Pair Benefit: An additional pair of frames and lenses OR contact lens allowance

You can choose a physician from VSP's provider network or any provider outside of the network. Benefits for services performed by VSP network providers are covered at a higher rate and generally, you incur less out-of-pocket cost for services performed by network providers. The plan pays up to specified dollar amounts for non-network services. Your eligibility for vision benefits is based on the calendar year (January through December) and the number of benefit allowances provided under the plan in which you are enrolled.

Life Insurance

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.

Employee Pre-Tax Life Insurance

Oracle offers you the choice of two levels of pre-tax life insurance coverage:

- \$10,000 (core coverage)
- \$50,000

After-Tax Life Insurance

You may elect coverage for yourself and your eligible dependents, including your spouse/domestic partner and your children (including domestic partner's children). The amount of life insurance you purchase through After-Tax Life Insurance is portable. This means that if you leave employment at Oracle you can continue your coverage. The portability rates are higher than the current group rates.

After-Tax Life Insurance Coverage for You

You may choose 1x – 6x 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 \$2,050,000. Upon initial eligibility (e.g. new hire) evidence of insurability is NOT required for any level of life insurance.

Life Insurance Coverage for Your Spouse/Domestic Partner

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 times 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.

Life Insurance Coverage for Your Children

You may elect coverage for your children/domestic partner's children from birth to 21 years or to 23 years if they are full-time students (to age 25 in Texas). Expanded coverage for children to age 26 applicable to medical, dental, and vision coverage does NOT apply to life insurance. You may choose from the following levels of after-tax life insurance coverage for your eligible children:

- \$2,500
- \$10,000
- 25% of 1 times 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. Upon initial eligibility (e.g. new hire) evidence of insurability is NOT required for any level of life insurance.

Accidental Death and Dismemberment (AD&D) Insurance

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. Your spouse/domestic partner or child(ren) are not eligible for AD&D insurance coverage. You may choose from the following AD&D coverage levels for yourself:

- \$10,000 (core coverage)
- \$50,000
- 1 times to 6 times your annual benefits compensation

The maximum AD&D coverage you may purchase for yourself is \$2,000,000. Upon initial eligibility (e.g. new hire) evidence of insurability is NOT required for any level of AD&D insurance.

Long Term Disability (LTD) Insurance

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 three months of continuous disability. LTD picks up where STD ends such that you do not have a gap in your income stream. LTD is a core benefit — you are required to purchase a minimum amount of LTD insurance coverage for yourself. Your spouse/domestic partner or child(ren) are not eligible for LTD coverage. Oracle offers you two levels of LTD coverage:

- 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

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 compensation 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.

Health and Dependent Care Flexible Spending Accounts (FSAs)

Oracle offers you the option to enroll in three pre-tax flexible spending accounts administered by United Healthcare.

- General Purpose Health Care Flexible Spending Account
- Limited Purpose Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account

Health Care Flexible Spending Account (General Purpose)

The General Purpose Health Care Flexible Spending Account (FSA) allows you to use pre-tax dollars to pay for qualified health care expenses defined by the Internal Revenue Service. Expenses must be incurred by you or eligible dependents. You may contribute up to \$2,500 each calendar year to a General Purpose Health Care FSA.

Health Care Flexible Spending Account (Limited Purpose)

The Limited Purpose Health Care Flexible Spending Account (FSA) works similarly to the general purpose account, however, reimbursements are restricted to qualified dental and vision expenses defined by the Internal Revenue Service. The Limited Purpose Health Care FSA allows you to use pre-tax dollars to pay for qualified health care expenses defined by the Internal Revenue Service. Expenses must be incurred by you or eligible dependents. You may contribute up to \$2,500 each calendar year to a 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).

Dependent Care Spending Account

The Dependent Care Flexible Spending Account (FSA) allows you to use pre-tax dollars to pay for qualified dependent care expenses (childcare or elder care) defined by the Internal Revenue Service. Expenses must be for services that allow you to work (e.g. after school daycare for children). You may contribute up to \$5,000 each calendar year to a Dependent Care FSA. 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 year
- Your spouse is mentally or physically disabled and unable to care for himself or herself or your dependents

Group Legal Program

You and your eligible dependents may choose to participate in the Group Legal Program administered by ARAG® to protect you and your family from everyday legal issues – and high cost attorney fees. This program offers you affordable legal resources, helpful telephone services, professional legal advice, and in-court representation to address your legal needs. When you work with an ARAG Network Attorney, most covered legal matters – including Estate Planning, Property Transfers and Consumer Protection – are covered at 100%.

Personal Financial Planning Services

Oracle offers an extensive financial planning benefit to help you with the complexities of personal financial planning. The *Money in Motion*® Personal Finance Program, provided by The Ayco Company, L.P., a Goldman Sachs Company, is designed to provide both personalized telephonic and online resources for a variety of financial issues.

Long Term Care Insurance

Long-term care is necessary when you are unable to care for yourself because of an injury or a chronic illness. It can range from assistance at home with activities of daily living such as bathing and dressing, to skilled nursing care in a facility. Long-Term Care insurance provides reimbursement up to a daily benefit (which you select) to cover long-term care expenses such as nursing home care, assisted living facilities, and home care. These services, known as custodial care, are **excluded** from the Oracle medical plans and Medicare benefits are limited. Coverage is fully portable – which means if you should leave Oracle you have the option to continue coverage at the same benefit level and cost without providing evidence of insurability,

Upon initial eligibility (e.g. new hire) you may enroll at any level without evidence of insurability. You will have 60 days from your eligibility date (e.g. hire date) to enroll in the long-term care plan without providing medical information. You, your spouse, same or opposite sex domestic partner, your parents, grandparents (and parents/grandparents of your spouse/domestic partner) are eligible to participate.

Personal Insurance (Auto / Home / Renters)

Oracle has partnered with Liberty Mutual to offer you a program to purchase personal automobile, homeowners and renters insurance at a group discount and with the convenience of payroll deduction. Advantages of the Liberty Mutual Group Savings Plus program include:

- Discounts
- Convenient payroll deductions for premiums
- 24-hour roadside assistance as part of auto insurance plan
- 12 month rate guarantee
- Personalized 24-hour claims service

401(k) Savings and Investment Plan

The 401(k) Plan allows you to save money on a tax-deferred or after tax basis. You may enroll in the Plan at any time. To enroll in the Oracle 401(k) Plan, please call Fidelity directly at 800-410-2363 or go to Fidelity's website at www.netbenefits.com/oracle. Further details about the 401(k) Plan including the Summary Plan Description are available on the [Oracle US Benefits Website](#).

Contributions

You may contribute from 1% to 40% of your eligible income to the plan on a pre-tax and/or after-tax Roth 401(k) basis – up to the annual IRS contribution maximum. Contributions are withheld through payroll deduction. If you are age 50 or older as of the end of the year, you may contribute an additional amount.

If you made contributions to another 401(k) plan in the current calendar year, **YOU MUST** complete the “**401(k) Prior Year Contribution Form**”. By completing this form – Oracle Payroll will monitor your contributions to ensure the combined contribution does not exceed the annual maximum. Oracle accepts rollovers from certain qualified accounts. Details and instructions are on the “**401(k) Rollover Form**”. Forms are located on the [Oracle US Benefits Website](#).

Company Match

Oracle matches your contributions to the Plan each paycheck at a rate of 50% of your first 6% in contributions, subject to a calendar year maximum of \$5,100. 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 terms are up to five years; ten years if for purchase of a primary residence. Loans are initiated by calling Fidelity or by logging onto www.netbenefits.com/oracle.

Investments

You may invest in one or more of the mutual fund options available to plan participants. Mutual fund options are available on the [Oracle US Benefits Website](#) or on Fidelity's website at www.netbenefits.com/oracle. 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. If you wish to obtain a BrokerageLink information kit, or if you wish to open a BrokerageLink account, please contact Fidelity.

Employee Stock Purchase Plan (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, which will be withheld through payroll deduction. Stock is purchased at 95% of the stock's closing sale price on the last trading day before the exercise date. Purchase periods are six months beginning on April 1 and October 1. You must enroll by **March 15** for the period beginning April 1 and on **September 15** for the period beginning October 1. You will receive an e-mail, containing enrollment instructions, shortly before the beginning of the next enrollment period. For more information visit the Oracle Stock Plan website on the [Oracle Benefits Website](#). If you have any questions, please feel free to contact Stock Plan Administration at stock_us@oracle.com.

Vacation and Holidays

Vacation: Oracle offers the following paid vacation:

- Thirteen days per year for the first three years of your employment (8.67 hours/month)
- Eighteen days per year after three years (12 hours/month)

Maximum vacation accrual at any time during the first three years of employment is 120 hours. After completing three years of employment, maximum vacation accrual at any time is 184 hours.

Holidays: Oracle has eight scheduled holidays per calendar year: New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving (2 days), and Christmas. The annual schedule is posted on the [Oracle US Benefits Website](#).

Education/Tuition Reimbursement Program

Oracle encourages employees to further their education in subjects related to work, and to broaden their knowledge and skills in preparation for possible assumption of new responsibilities. Oracle believes that your individual growth not only enhances your own life, but also enhances the growth potential of Oracle.

The program is available to all regular, full-time employees. Your course of study must be related to present or anticipated responsibilities in the company. You must complete the course with a grade of "B-" or better. Eligible expenses may be reimbursed up to \$5,250 per calendar year. Management approval for educational reimbursements is discretionary and always required. For more information access the [Oracle US Benefits Website](#).

Adoption Assistance Program

Oracle will provide a \$3,000 adoption assistance benefit upon completion of any legally recognized adoption. The process is simple -- upon finalization of the adoption, legal documents verifying the adoption should be submitted to [Oracle US Benefits](#) (benefits_us@oracle.com) for review and approval for payment via payroll. For more information access the [Oracle US Benefits Website](#).

Commuter Benefit Program

The commuter benefit program allows employees to use pre-tax dollars to pay for eligible public transportation and/or parking expenses – up to the monthly pre-tax maximum through convenient payroll deductions. Additional plan features allow you to:

- Model commuter savings using online calculator
- Order transit passes online
- Pay your parking provider directly every month, automatically; or, have parking reimbursements directly deposited to your bank account

For more information access the [Oracle US Benefits Website](#).