



BENEFITS GUIDE

OCTOBER 2025–SEPTEMBER 2026

INTERNS





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WE'VE GOT YOU COVERED

At F5, we unite the brightest minds and the most innovative ideas, fully recognizing that our employees are the driving force behind our ongoing success. To support you, we've crafted a comprehensive benefits program focused on your health, wellbeing, and future. From robust medical, dental, and vision plans to retirement options that help you plan ahead, we're here to ensure you feel supported every step of the way. At F5, your success is our success.

We encourage your partnership in helping F5 maintain the quality benefits we proudly offer by making thoughtful use of your plans and actively managing your health. By making informed healthcare choices, you not only lower your out-of-pocket expenses today but also contribute to keeping healthcare costs manageable for both you and F5 in the long term. Together, we can ensure continued access to valuable benefits that support your wellbeing.



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GETTING STARTED



This guide will help you make smart decisions about the benefits that best meet your needs and the needs of your family. If you have any questions after reading this guide, please contact your F5 Benefits Team.

The choices you make regarding your medical, vision, and dental benefits will be in effect through the end of the last day of the month in which your internship ends. However, it may be possible to change your medical, vision, and dental elections mid-year if you have a qualifying life event. If you enroll in the HSA, you may start, stop, or change your contribution amount at any time. Additionally, there is no special enrollment period for the 401(k); you may enroll and make changes to your contribution amounts at any time.

Coverage for medical, vision, and dental is effective on your start (hire) date with F5, subject to completing the necessary enrollment in Workday. Mid-year changes due to a qualifying life event must be submitted in Workday within 31 days of the event and, in most cases, are effective as of the event date. Changes made during open enrollment are effective on October 1.

If you don't submit your new hire elections in Workday within 31 days of your initial eligibility date, your enrollment will default to employee only coverage for the high deductible health plan, vision plan, and dental plan. You will not be enrolled in the health savings account—you will need to complete that enrollment yourself to receive F5's HSA contributions.



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BENEFIT	CONTACT	PHONE	WEBSITE OR E-MAIL
Health and FSA Benefits and Claims	Health Advocate	866.695.8622	healthadvocate.com/members Organization: F5, Inc answers@healthadvocate.com
Medical / Rx	Premera Blue Cross Express Scripts	800.722.1471 800.391.9701	premera.com
Medical / Rx Services outside the U.S.	Blue Cross Blue Shield Global Core Service Center	800.810.2583 804.673.1177 (Outside U.S.)	bcbsglobalcore.com First 3 letters from ID: FKK
Health Reimbursement Arrangement (HRA)	Garner Health	866.761.9586	concierge@getgarner.com
Telemedicine	98point6	N/A	98point6.com/premera
	Nurseline Talkspace	800.841.8343 N/A	N/A talkspace.com/premera
Mental Health Resources	Modern Health Headspace	N/A N/A	my.joinmodernhealth.com work.headspace.com/f5/ member-enroll teamsupport@headspace.com
	Talkspace Boulder Care	N/A 888.316.0451	talkspace.com/premera boulder.care/premera
Dental	Delta Dental of Washington	800.554.1907	deltadentalwa.com
Vision	VSP	800.877.7195	vsp.com
Health Savings Account	Fidelity Investments	800.544.3716	netbenefits.com
401(k)	Fidelity Investments	800.890.4015	netbenefits.com
General Benefit Questions	F5 Benefits Team	N/A	benefits@f5.com
Payroll	Pay & Timekeeping	N/A	Submit ticket in ServiceNow

HEALTH ADVOCATE

Health Advocate is available 24/7 to assist you and your family members with benefit or claims questions, help find the right doctors, assist with Medicare, locate eldercare, find other coverage, etc. Health Advocate will not only assist you, your spouse, and dependent children, but also will work with your parents and parents-in-law, at no cost. To learn more call 866.695.8622 or go to healthadvocate.com/members (code: F5, Inc.).



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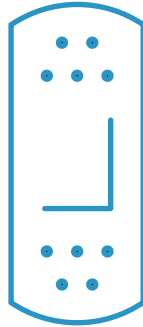
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MEDICAL COVERAGE



Nothing is more important than your good health. That is why F5 offers all active U.S. employees expected to work 20 or more hours per week the choice of two medical plans to help them and their families live healthier lives. You can choose either a traditional PPO or a High Deductible Health Plan (HDHP).

Both the PPO and the HDHP are administered by Premera Blue Cross and offer medical and prescription coverage. The PPO has a lower annual deductible and out-of-pocket limit (the most you will pay for covered medical expenses during the plan year) and inexpensive office visit copays when you use in-network providers, but requires you to pay a premium to insure yourself and your family.

On the other hand, F5 fully subsidizes the premium for the HDHP for you when enrolled in employee only coverage. Additionally, F5 contributes to the HDHP's accompanying health savings account (HSA) for eligible participants.

Both plans allow you to see in- or out-of-network providers, but you will typically pay more when you use an out-of-network provider as illustrated in the medical chart. This is because the deductible and out-of-pocket limits are higher and the amount paid by the insurance is lower. Additionally, the amount paid by your insurance is based upon reasonable and customary charges for covered services.

You are responsible for the difference between the billed amount and the amount the insurance pays; the excess of the allowable reasonable and customary amount and services not covered by the plan will not count toward your out-of-network deductible or your out-of-pocket limit.

As a reminder, the deductible, out-of-pocket limit, and benefit limits are tied to the plan year—October 1 through September 30—and not the calendar year. If you are enrolled in the PPO plan and meet any portion of your in-network deductible in July, August, or September, that amount will apply to your in-network deductible if you remain on the PPO plan for the new plan year.

This also applies to the HDHP's in-network deductible if you move to the PPO plan during open enrollment, however, the carryover to the PPO will be limited to \$350 of the HDHP's in-network deductible met in July, August, or September for employee-only coverage and \$1,050 for family coverage. There is no deductible carryover if you remain enrolled in the HDHP or move from the PPO to the HDHP.

GARNER HEALTH - NEW FOR 2025!

Garner Health pairs alongside the PPO and HDHP plans at no cost to you. Garner uses data analytics to help you find the highest quality in-network doctors near you. When you visit a Garner Top Provider, Garner will reimburse you for qualifying out-of-pocket-medical costs. Find more details about this exciting benefit on the next page.



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GARNER HEALTH

INTRODUCING GARNER

Your health is our priority. This is why we've invested in Garner, an innovative benefit that works alongside the F5 medical plans.

The individual doctor (not the facility they work at) has the greatest impact on the quality of your care. Garner helps you find the best doctors in your area and will reimburse you for eligible expenses when you visit them. These doctors, known as **Top Providers**, follow best practices to keep you healthier. You have access to this information through the Garner Health app, which allows you to locate these top-quality doctors easily.

GARNER TOP PROVIDERS

Garner analyzes the country's largest database of medical claim records to evaluate doctors based on **real patient outcomes** to find the top-performing providers. These Top Providers are nearby, in-network, and have availability to see you.

Garner identifies Top Providers based on their ability to:

- Practice according to the latest medical research
- Diagnose problems successfully
- Achieve the best patient outcomes

GETTING STARTED WITH GARNER

When you visit a Top Provider, Garner will reimburse you for qualifying out-of-pocket medical costs (\$1,000 per individual or \$2,000 per family). For HDHP Participants, the IRS deductible of \$1,700/\$3,400 must be satisfied before you have access to these funds.

To begin your journey with Garner:

- Sign up for the F5 medical plan during open enrollment
- Create your Garner Account
- Get reimbursed for your qualifying medical costs

EXPERT HELP WHEN YOU NEED IT

As your first line of expert assistance, the Garner Concierge team can assist in understanding your benefit, finding Top Providers for yourself and your family, or answering questions about claims.

You can contact the Concierge team through:

- In-app messaging
- Phone: 866.761.9586
- Email: concierge@getgarner.com
- Hours: Monday–Friday
from 8:00 a.m. to 8:00 p.m. ET.





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PREMERA'S MEMBER WEBSITE

As a Premera Blue Cross plan participant, you have access to online resources and self-service tools

24 hours a day, 7 days a week at premera.com.

When you log in to the secure member site, you can check your claims, review your benefits, and print a temporary ID card.

24-HOUR NURSELINE

Call Premera Blue Cross' free and confidential 24-hour NurseLine when you have a health care question or concern. Registered nurses are always available to assist you, and may save you time and money by helping you treat an illness or injury at home. The NurseLine number is 800.841.8343 and is listed on the back of your medical insurance ID card.

SAVEONSP

SaveOnSP helps you save money on certain specialty medications. PPO plan members who are currently taking or will be taking a medication on the SaveOnSP Drug list are eligible to participate in the program. Eligible participants will receive a letter from SaveOnSP which will provide additional information about this program.

GENDER AFFIRMATION BENEFITS

F5 is committed to supporting all employees and their eligible covered dependents with the necessary financial support for medical treatments or procedures; this support includes transgender individuals. Benefits are available to individuals who are at least 18 years of age and have been diagnosed as having either gender dysphoria or gender identity disorder.

Treating physicians must submit a pre-service review to Premera Blue Cross so that services can be pre-authorized and medical necessity verified. For more information regarding the services covered or for additional information about the benefit, please see the medical benefits table and the Gender Affirmation FAQ, or contact Premera Blue Cross directly.

FERTILITY BENEFITS

Covered members have access to \$25,000 per plan year in assisted reproductive assistance, including egg freezing. Fertility pharmacy benefits will be processed as any other prescription of the same formulary tier. Pre-authorization may be necessary for some services, consult with your physician before scheduling services. For more details see the medical benefits table, or contact Premera Blue Cross directly.



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NEW FOR 1/1/2026! THYME CARE

Thyme Care's oncology-trained Care Team delivers support across all phases of the cancer journey, from pre-diagnosis through survivorship, tailored to each member and available 24/7.

Learn more about how you can get cancer support at thymecare.com.

TELADOC WEIGHT MANAGEMENT

START YOUR WELLNESS JOURNEY TODAY.

Your health goals and challenges are unique. Get personalized tools and support from expert coaches to help you take care of your health.

Get a smart scale, a personalized action plan and ongoing expert coaching and support—all paid for by F5. Visit Teladoc Health to get started.

CODE: **LIVEYOURBESTLIFE**

BOULDER CARE

SUBSTANCE USE DISORDER TREATMENT IS AVAILABLE VIRTUALLY.

Achieve recovery wherever you are with virtual care. You can get the care you need from the comfort of home. Take advantage of short wait times and no waiting room through your Premera Blue Cross health plan.

Geography, time, or day are not barriers. You have access 24/7/365 to substance use disorder treatment with the support of a licensed professional.

STRUGGLING WITH ADDICTION? A LICENSED PROFESSIONAL IS READY TO HELP.

Boulder Care

Treatment for opioid use disorder and alcohol use disorder. Video visits and text messaging with a therapist. Visit boulder.care/getstarted.



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PRIOR AUTHORIZATION (PRE-APPROVAL)

Premera Blue Cross requires prior authorization for some services.

The purpose is to ensure members receive high-quality, cost-effective treatment that is appropriate and supported by clinical best practices and outcomes. You can view a complete list of services requiring prior authorization at premera.com. Some of these services include:

- Planned admission into a hospital or skilled nursing facility
- Some planned outpatient procedures
- Non-emergency ground or air ambulance transport
- Advanced imaging other than X-rays, such as MRIs and CT scans
- Endoscopy
- Transplant and donor services
- Some injectable medications received in a provider's office
- Prosthetics and orthotics other than foot orthotics or orthopedic shoes
- Reconstructive surgery
- Home medical equipment costing \$500 or more

While it's the health care provider's responsibility to request a prior authorization, you may want to verify this has been done and a determination has been made before undergoing the procedure—you don't want to find out after the fact that it wasn't approved. Typically, prior authorization will take five to seven business days when your health care provider submits your medical records along with the request. If the health care provider advises Premera Blue Cross that an expedited response is required because of risk of life or health, a decision may be made in as little as 48 hours.

Prior authorization does not apply to emergency room services, dialysis services, childbirth, and newborn care.

Please note: Pre-authorizations are time-limited and postponed procedures may require re-authorization.

TRAVELING OUTSIDE THE U.S.?

The Blue Cross Blue Shield Global Core Service Center can direct you or a covered family member to contracted hospitals, provide physician referrals for outpatient care, or help when you need medical assistance around the globe, 24/7. When the Service Center arranges for inpatient care, the provider files the claim on your behalf. For outpatient care or inpatient care not arranged by the Service Center, you will pay the provider and submit a claim for reimbursement. Services received outside of the U.S. are typically paid at the in-network level. See the "Ask the Experts" table for contact information.



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	PREMERA BLUE CROSS HDHP		PREMERA BLUE CROSS PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible*		\$1,700/individual \$3,400/family	\$850/individual \$1,700/family	\$1,000/individual \$2,000/family
HSA Annual Contribution <i>Must be enrolled in Premera HDHP Plan</i>		F5 contribution: \$750/individual \$1,500/family	N/A	
HRA Annual Contribution <i>Must be enrolled in Garner and select Garner providers using the Garner app</i>		F5 contribution: \$1,000/individual \$2,000/family <i>HRA can't be used until IRS deductible limit of \$1,700/\$3,400 is satisfied</i>	\$1,000/individual \$2,000/family	
Annual Out-of-Pocket Maximum* (includes Annual Deductible)	\$3,000/individual \$6,000/family**	\$6,000/individual \$12,000/family**	\$2,250/individual \$4,500/family	\$5,000/individual \$10,500/family
Lifetime Plan Maximum	Unlimited		Unlimited	
Office Visit Primary Care Physician or Specialist	90% after deductible	50% after deductible	\$15 copay then 100%	50% after deductible
Routine Preventive Exam	100% (deductible waived)	50% after deductible	100% (deductible waived)	50% after deductible
Outpatient Diagnostic X-ray and Lab Tests	90% after deductible	50% after deductible	100% (deductible waived)	100% (deductible waived)
Hospital Room & Board	90% after deductible	50% after deductible	90% after deductible	50% after deductible

* Annual deductible and out-of-pocket limit are based on the plan year (October 1 - September 30).

**If you have enrolled one or more family members in the HDHP, then you must meet the full annual amount of the family deductible before the coinsurance applies; the individual deductible does not apply. This is also true for the annual out-of-pocket limit; there is no individual amount when you are covering your family on the HDHP.



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	PREMERA BLUE CROSS HDHP		PREMERA BLUE CROSS PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient Surgery	90% after deductible	50% after deductible	90% after deductible	50% after deductible
Emergency Room	90% after deductible		\$100 copay then 90% after deductible (copay waived if admitted)	
Chiropractic (up to 30 visits per plan year)	90% after deductible	50% after deductible	\$15 copay then 100%	50% after deductible
Massage Therapy (up to 30 visits per plan year)	90% after deductible	50% after deductible	\$15 copay then 100%	50% after deductible
Mental Health Inpatient	90% after deductible	50% after deductible	90% after deductible	50% after deductible
Outpatient (See page 5 for details on OON coverage)	90% after deductible	90% after deductible	\$15 copay then 100% (of allowable amount)	\$15 copay then 100% (of allowable amount)
Gender Affirming Services Office and clinic visits	90% after deductible	50% after deductible	\$15 copay then 100%	50% after deductible
Surgery and other professional services, Inpatient facility care	90% after deductible	50% after deductible	90% after deductible	50% after deductible
Fertility	Plan year limit: \$25,000		Plan year limit: \$25,000	
Office and clinic visits	90% after deductible	50% after deductible	\$15 copay then 100%	50% after deductible
Inpatient facility care, Outpatient surgery center, Testing, Surgery and other professional services	90% after deductible	50% after deductible	90% after deductible	50% after deductible



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KNOW WHERE TO GO FOR CARE

With many options for getting care, how do you choose? This chart can help you understand where to go for what—and how you can save money.

WHERE TO GO	SERVICES PROVIDED	WHAT THEY CAN HELP WITH...	COST
Nurseline 	Nurses available 24 hours a day by calling 800.841.8343. This number is located on the back of your ID card as well.	If you're unsure about the care you need, this service may be able to help manage your illness or injury, recognize urgent symptoms, locate a doctor or hospital, or recognize medication interactions.	FREE
Telemedicine 	Anytime anywhere access to quality medical care through phone and video consults	Telemedicine doctors can treat many medical conditions, including cold and flu symptoms, allergies, bronchitis, UTIs, dermatological conditions, and mental health issues, as well as prescribe short-term medication when medically appropriate.	\$
Retail Clinic 	Walk-in clinics found in some grocery stores and pharmacies	Routine care, such as a sinus infection, minor allergic reaction, fever, rash, cut, or flu shot	\$
Primary Care Physician 	Physician with traditional office hours	Ongoing and more personalized care based on an understanding of your medical history; annual check-ups; routine care such as a sinus infection, minor allergic reaction, fever, rash, cut, or flu shot	\$
Urgent Care 	A stand-alone facility that typically has "urgent care" in the name	Problems that need immediate attention but aren't life-threatening, like stitches, sprains, animal bites, or X-rays	\$\$
Traditional ER 	ER attached to a hospital	All life-threatening or disabling conditions, trauma care, or major injuries	\$\$\$\$



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EVERYONE HAS CHALLENGES IN LIFE

Support for you and your family members when life happens. Whether you're managing anxiety, depression or stress; having issues at work, at home or at school; or concerned about alcohol or substance use, F5 offers resources to help.

MODERN HEALTH EMPLOYEE ASSISTANCE PROGRAM

Life has its share of challenges that can affect us physically, mentally, and emotionally. Sometimes you need a little help. Available to all active U.S. employees working 20 or more hours per week, Modern Health's employee assistance program (EAP) offers you and your dependents 24-hour access to confidential, professional advice. You can speak with experienced masters-level counselors or receive 1:1 coaching up to six visits per year at no charge to you. Refer to [the EAP page](#) for more details.



HEADSPACE

Mindfulness for your everyday life. Learn the life-skills of meditation and mindfulness in just a few minutes per day with Headspace. Explore guided exercises, videos and more to support your overall physical and mental well being. People who meditate are healthier, better spouses, and experience increased performance at work.

GET REGISTERED

1. Sign up at work.headspace.com/f5/member-enroll
2. Enter your name and email, add a password, then click on 'Create An Account'
3. You will be prompted to check your email to verify your email address
4. Download the Headspace app from the App Store or Google Play
5. Open the app, then log in to get some Headspace



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TALKSPACE THROUGH PREMIERA

THERAPY AS CLOSE AS YOUR PHONE.

Life has a habit of coming at us sideways. And when it does, everything can feel overwhelming. We want you to know that you don't have to go through those difficult situations alone. As a Premiera Blue Cross member, you can get the support you need, when you need it most. Premiera Blue Cross' behavioral health network includes Talkspace. With Talkspace, you can easily connect to therapists and psychiatrists by video and text, for about the same cost as an in-person visit.

HOW IT WORKS

1. Sign up for Talkspace at redemption.talkspace.com/redemption/premera
2. Get matched with the best therapist for you
3. Start messaging your therapist right away



When you need Talkspace—regardless of the time of day or where you are at—you can reach your dedicated therapist.

IN-NETWORK COVERAGE

If you are in Washington, choose a provider in Premiera's Heritage network; if you are outside of Washington, select the BlueCard PPO network or BlueCard Traditional in Utah. To search for a provider, go to [Premiera.com](https://www.premiera.com).

OUT-OF-NETWORK COVERAGE

Based upon reasonable and customary charges. You may be balanced billed by the provider for the difference between what they received from the insurance company and what they billed. Except for the copayment, the remaining amount does not apply to your deductible or your out-of-pocket limit.



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TELEMEDICINE

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On-demand: Whether you're feeling unwell or have a health-related question, simply sign in and start a visit whenever you're ready. No appointment needed.

Text-based: Connect with a primary care physician right from your phone. Get treatment for a cough from the comfort of your own home or get care for your child's stomach pain while at a weekend barbecue.

Nationwide: With service available in all 50 states plus D.C., you and your family can access care anywhere you are—at home or while traveling.

24/7: Virus in the middle of the night or itchy rash over the weekend? Get immediate care around the clock—even after hours and on holidays.



Install the app, create your account, and start your visit!





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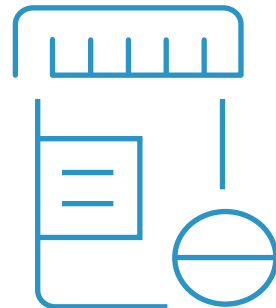
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PRESCRIPTION COVERAGE

	PREMERA BLUE CROSS HDHP		PREMERA BLUE CROSS PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail			You pay:	Covered at 60% of allowed after:
Supply Limit	30-90 days	30-90 days	30 days	30 days
Preferred Generic*	90% after deductible	50% after deductible	\$10 copay	\$10 copay
Preferred Brand	90% after deductible	50% after deductible	\$20 copay	\$20 copay
Preferred Specialty	90% after deductible	50% after deductible	\$40 copay	\$40 copay
Non-Preferred	90% after deductible	50% after deductible	30%	30%
Mail-Order (90-day supply)			You pay:	
Preferred Generic*	90% after deductible		\$10 copay	
Preferred Brand	90% after deductible	Not covered	\$20 copay	Not covered
Preferred Specialty	90% after deductible		\$40 copay	
Non-Preferred	90% after deductible		30%	

**If you are enrolled in the HDHP, some drugs taken for certain conditions are available at no charge. For a list, see the HDHP Preventative Drug List that can be found on the U.S. Benefits SharePoint site.*





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DENTAL COVERAGE



Good health includes healthy teeth and gums. The F5 dental plan is designed to help you maintain a healthy smile through regular preventive dental care, and to fix any problems as soon as they occur. You may seek care from any licensed provider; however, keep in mind that this plan has contracted with a network of participating dentists who provide discounted pricing for their services. When you visit a participating network dentist, you can maximize your benefits with lower out-of-pocket expenses. If you visit an out-of-network dentist you may be responsible for additional costs if the provider's charges exceed the plan's accepted usual and customary amounts for those services.

	DELTA DENTAL OF WASHINGTON PPO	
	PPO Dentist	Premier & Out-of-Network
Annual Deductible (October 1 - September 30)	\$50/individual \$150/family	
Annual Dental Benefits Maximum (October 1 - September 30)	\$2,000/individual (this amount excludes what is paid for preventive care)	
Class 1–Diagnostic & Preventive: Exams, X-rays, Fluoride, Sealants	Plan pays 100%	Plan pays 100%
Class II–Restorative: Periodontics, Endodontics, Restorations, Oral Surgery	Plan pays 90% after deductible	Plan pays 80% after deductible
Class III–Major: Crowns, Dentures, Partials, Bridges, Implants	Plan pays 60% after deductible	Plan pays 50% after deductible
Orthodontia Adults and children through age 25 Orthodontia Lifetime Maximum	Plan pays 50% after deductible	Plan pays 50% after deductible \$2,500 per individual

CONFIRMATION OF TREATMENT AND COST

Before you receive extensive dental services, it is always a good idea to ask your dentist to complete and submit a claim form to Delta Dental of Washington for a pre-treatment estimate. Delta Dental will notify you regarding which procedures are covered, the amount the plan will pay toward the treatment, and your financial responsibility.

HOW TO FIND A DELTA DENTAL PROVIDER

1. Go to deltadentalwa.com
2. Under "Patient tools" click "Find a Dentist"
3. Enter your search criteria and select the network: **Delta Dental PPO (In-Network)** or **Delta Dental Premier (Out-of-Network)**, then click "Search"
4. A list of providers' contact information will appear



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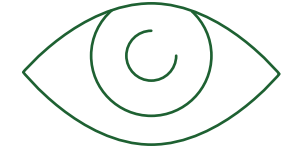
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VISION COVERAGE



SEE CLEARLY

Vision coverage is provided by VSP. You are free to visit any licensed provider for your vision exam once per plan year (October 1 through September 30); however, you will spend less when you visit VSP providers.

If you visit an out-of-network provider, you may be required to pay the provider up front and submit a claim to VSP for reimbursement. Additionally, you will be responsible for any charges which exceed VSP's maximum reimbursement levels. To find a VSP provider, go to vsp.com.

Please note that VSP does not mail out ID cards. Your in-network provider is able to verify coverage with VSP.

	VSP	
	In-Network	Out-of-Network
Eye Exam (Once per plan year)	100%	\$45 allowance
Contact Lens Exam (Fitting and evaluation)	Up to \$60 copay	Included in allowance below
Eyeglass Lenses (per pair) (Once per plan year)		
Single Vision	100% of basic lens	\$30 allowance
Bifocal	100% of basic lens	\$50 allowance
Trifocal	100% of basic lens	\$65 allowance
Eyeglass Frame (Per plan year)	Retail: \$250 allowance Costco/Walmart/Sam's Club: \$135 allowance	\$70 allowance
Elective Contact Lenses (in lieu of glasses) (Per plan year)	\$300 allowance	\$271 allowance
Each member chooses one upgrade*:	Additional \$50 frame allowance, Additional \$50 contact lens allowance, Fully covered Anti-Reflective Coating, Fully covered Progressives, OR Fully covered Photochromics	Not applicable

*not available at Costco, Walmart or Sam's Club



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COST OF COVERAGE



You may enroll in the medical, dental, and vision plans independently, but you must elect coverage for yourself if you enroll dependents. You may choose one medical plan to cover you and your qualified dependents. Please see the tables below for the medical, dental, and vision premiums. There is no additional cost to elect the health savings account (HSA) as an active employee.

	PREMERA BLUE CROSS HDHP PLAN			
	Monthly Rates	F5's Monthly Amount	Employee's Monthly Amount	Employee's Semi Monthly Amount
Employee	\$798.36	\$798.36	\$0.00	\$0.00
Employee & Spouse/Partner	\$1,651.90	\$1,600.68	\$51.22	\$25.61
Employee & Child(ren)	\$1,464.72	\$1,424.74	\$39.98	\$19.99
Employee & Family	\$2,394.26	\$2,298.50	\$95.76	\$47.88

	PREMERA BLUE CROSS PPO PLAN			
	Monthly Rates	F5's Monthly Amount	Employee's Monthly Amount	Employee's Semi Monthly Amount
Employee	\$957.22	\$861.50	\$95.72	\$47.86
Employee & Spouse/Partner	\$1,980.52	\$1,628.98	\$351.54	\$175.77
Employee & Child(ren)	\$1,756.08	\$1,460.64	\$295.44	\$147.72
Employee & Family	\$2,870.52	\$2,296.48	\$574.04	\$287.02

CIVIL UNION AND DOMESTIC PARTNER PREMIUMS

Employee premiums for civil union and domestic partners are generally deducted on an after-tax basis. The premium paid by F5 on their behalf is considered income for which you will be taxed. If your partner qualifies as an IRS dependent, additional taxes may not apply. Contact the F5 Benefits Team for more information.



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COST OF COVERAGE

	DELTA DENTAL OF WASHINGTON PPO PLAN			
	Monthly Rates	F5's Monthly Amount	Employee's Monthly Amount	Employee's Semi Monthly Amount
Employee	\$58.36	\$58.36	\$0.00	\$0.00
Employee & Spouse/Partner	\$110.48	\$97.44	\$13.04	\$6.52
Employee & Child(ren)	\$130.74	\$112.64	\$18.10	\$9.05
Employee & Family	\$182.86	\$151.74	\$31.12	\$15.56

	VSP VISION PLAN			
	Monthly Rates	F5's Monthly Amount	Employee's Monthly Amount	Employee's Semi Monthly Amount
Employee	\$12.68	\$12.68	\$0.00	\$0.00
Employee & Spouse/Partner	\$25.42	\$22.24	\$3.18	\$1.59
Employee & Child(ren)	\$27.20	\$23.56	\$3.64	\$1.82
Employee & Family	\$43.46	\$35.76	\$7.70	\$3.85

WAIVING MEDICAL, DENTAL, AND/OR VISION COVERAGE

You may waive F5's medical, dental, and/or vision insurance if you are covered through another source such as a spouse's, partner's, or parent's employer, or your school. You may be required to sign a waiver and provide documentation to certify that you have other coverage.

If you work in the city of San Francisco, you must sign the San Francisco Health Care Security Ordinance waiver. If this waiver is not received by the enrollment deadline, you will be enrolled in the HDHP with employee only coverage (there are no premiums for this coverage). Please contact Benefits@f5.com to obtain this form. You may also be required to provide proof of the other coverage.



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HEALTH SAVINGS ACCOUNT



The Health Savings Account (HSA) provides the opportunity for you to save pre-tax dollars to cover your deductible and other out-of-pocket qualified medical, dental, and vision expenses.

ELIGIBILITY

There are several requirements you must meet to be able to contribute to F5's HSA.

- You must be enrolled in F5's High Deductible Health Plan (HDHP).
- You cannot be enrolled in a medical plan that is not an HDHP, such as your spouse's, partner's, or parent's PPO or HMO plan; nor can you be enrolled in Medicare, Medicaid, or Tricare. This restriction does not apply to your spouse or partner; they can be enrolled in any type of medical plan, and you can still contribute to F5's HSA.
- You or your spouse cannot be enrolled in a health care FSA. This applies even if the annual election amount has been spent and the FSA balance is zero but contributions are still being made. There are no restrictions if you have a day care FSA.
- You cannot be a dependent on someone else's tax return. This does not apply if you are listed as a spouse.

F5 contributes \$750 per individual and \$1,500 per family annually. If you are not eligible for the HSA, you will not be eligible for F5's contributions. You may still enroll in the HDHP and waive the HSA.

WORKDAY ELECTIONS

If you elect the HDHP, F5's HSA contributions are only available if you elect the HSA in Workday and open an HSA with Fidelity through NetBenefits. These steps must be completed even if you are not contributing to the HSA yourself. Contributions will begin on the first paycheck of the following month as long as your HSA is ready to receive contributions.

Any change of address you key into Workday must also be entered into your Health Savings Account profile through NetBenefits.



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HEALTH SAVINGS ACCOUNT

HSA AND DEPENDENTS

The HSA is a tax advantaged plan, so you can't use your HSA to cover expenses for anyone who is not an IRS tax dependent including adult children of any age and Civil Union or Domestic Partners. If you are unclear as to whether or not someone is an IRS tax dependent, please see your tax professional.

ADVANTAGES OF THE HSA

- It's your money in your account and doesn't go away until you spend it
- Triple Tax Advantage in most states*
 1. Your money goes in tax free
 2. Your money grows tax free
 3. Your money comes out tax free when used for qualified health care expenses
- Balances of \$500 or more can be invested
- When you reach IRS retirement age you can spend the money on anything you want and only pay ordinary income tax.
- Those participating in the HSA also have access to the Garner HRA once you have satisfied the IRS minimum deductible.

**CA and NJ - While HSA contributions and earnings are not subject to federal taxes, they are subject to state income tax.*

NH and TN - Dividend and interest earnings may be subject to an additional tax.





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401(K) RETIREMENT BENEFITS

F5's 401(k) plan is available to all active employees on U.S. payroll regardless of the number of hours worked or age. Maintained by Fidelity Investments, the 401(k) plan helps you meet one of life's most important goals—financial security in retirement. If you enroll in the plan, you can contribute a portion of your eligible compensation on a pre-tax basis or post-tax into a Roth 401(k). For calendar year 2026, F5 is contributing \$0.50 for every dollar you contribute, up to \$4,400 as a company match.

Note: You must contribute \$8,800 during the calendar year to receive the maximum company match of \$4,400.

In addition to the standard pre-tax and Roth 401(k) contributions, F5's 401(k) plan also allows you to make additional after-tax contributions up to the IRS limit or 25% of your pay, whichever comes first. Once in your 401(k) account, the money can be moved to the Roth 401(k) where it grows tax free.

After-tax contributions are not matched by F5. You may want to consider contributing to your standard 401(k) first, to receive the full company match before making additional after-tax contributions. For more information about the benefits and limitations of making additional after-tax contributions see the 401(k) folder on the U.S. Benefits SharePoint site.

You can enroll in the 401(k) plan as a new hire or any time during the year. Once your Fidelity 401(k) account is available on their NetBenefits site—usually within seven business days following your start date—you can activate your account, set up deferral amounts, and select investment options. Contributions will typically begin the first paycheck of the following month or as soon as administratively possible. To enroll in the 401(k) plan, access Fidelity's NetBenefits site at netbenefits.com or call Fidelity at 800.890.4015.

COMPLEMENTARY EDUCATION SESSIONS

Fidelity understands that everyone has different needs and that your retirement plan is part of your current financial situation. Fidelity's goal is to help you increase your financial knowledge and confidence.

1:1 APPOINTMENTS

Let an experienced Fidelity representative help you develop a comprehensive retirement and investment plan that aligns with your overall financial goals. Spouses and other family members are invited to participate.



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401(K) RETIREMENT BENEFITS



IMPORTANT 401(K) FEATURES

The following features of the plan are subject to change per IRS rulings and the F5 401(k) Committee:

- If you are under 50, you can contribute up to 60% of your eligible compensation up to the IRS annual maximum.
- If you are 50 or will turn 50 by December 31 of this year, the IRS allows you to make additional contributions as a catch-up. Fidelity's system will allow you to set your contribution amount to 100% of your pay, but remember to account for insurance premiums and other benefit deductions, ESPP elections, and applicable Payroll taxes.
- You can allocate your contributions among a variety of mutual funds depending on need and risk tolerance.
- You can begin, change, stop, and restart your contributions on a monthly basis, which will normally be reflected on the first paycheck of the following month as long as the change is made no later than 12 p.m. PT on the last business day of the month.
- If you want one-on-one assistance in planning for retirement or other financial goals, Fidelity offers Personalized Planning and Advice for a small fee. Go to netbenefits.com/plan, or call 866.811.6041 to get started.
- You are always 100% vested in your regular, rollover, or qualified non-elective contributions and their associated earnings. F5's employer match and its associated earnings will vest as follows: 0% vesting for less than 2 years of service; 50% for 2 years, 75% for 3 years, and 100% for 4 years.
- You can access your account balance and review quarterly statements at netbenefits.com or request statements to be sent by mail.
- If you have a balance in a former employer's qualified retirement plan and/or an IRA, you can consolidate your assets in F5's 401(k) plan. Keeping your retirement savings in a single plan can help simplify performance tracking, provide greater convenience in making investment changes, and minimize paperwork. Log into your Fidelity NetBenefits account at netbenefits.com, or call Fidelity at 800.890.4015 for more information on the rollover process.



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TRANSIT/PARKING BENEFITS

PRE-TAX TRANSIT BENEFIT*

This benefit allows you to set aside up to \$340 pre-tax each month to pay for mass transit to and from work. You can set this up as a one-time or recurring deduction from your paycheck.

The money is loaded onto a Navia Benefits debit card which works just like a typical debit card allowing you to purchase your tickets, passes, or tokens directly from the bus or transit authority in your area. You can set up your account and add funds to your Navia Benefits debit card online at naviabenefits.com. Your order or changes must be completed by 11:59 p.m. PT on the 20th of the month prior to the month you want your benefit to begin.

Some vendors send through a pre-note, often \$1 or less, to validate a card the first time it is used; when a change is made to the amount of a recurring purchase; or the transit authority changes its fees. As a result, you may not have enough for your purchase. Initially adding an extra \$1 will ensure your purchase goes through.

Once money is loaded onto your Navia Benefits debit card, you can make purchases with any transit authority that accepts MasterCard. Please note, if you have a Health Care or Day Care FSA tied to your Navia Benefits debit card, any unsubstantiated health care or daycare charges may temporarily deactivate your card.

**Available to all active U.S. employees working 20 hours or more per week, including temporary employees and interns.*

PRE-TAX PARKING BENEFIT*

The IRS allows you to set aside up to \$340 pre-tax each month for work-related parking costs. Seattle employees who elect onsite parking will have their cost of company-provided parking deducted up to the IRS limit on a pre-tax basis. The remainder will be deducted post-tax. Those with other parking arrangements can also pay parking costs pre-tax using a Navia Benefits debit card.

Just like the transit program, you can have money deducted from your paycheck as needed or on a recurring basis to cover a monthly parking permit. Your order or changes must be completed by 11:59 p.m. PT on the 20th of the month prior to the month you want your benefits to begin.

Once money is loaded onto your Navia Benefits debit card, you can use it to pay for parking with any vendor that accepts MasterCard. If your garage doesn't accept MasterCard, you can arrange for the funds to be paid to you so you can pay the vendor.

Log in to naviabenefits.com to set up your account and add funds to your Navia Benefits debit card. Please note, if you have a Health Care or Day Care FSA tied to your Navia Benefits debit card, any unsubstantiated health care or daycare charges may temporarily deactivate your card.



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EMPLOYEE ASSISTANCE PROGRAM



As part of your benefits package, F5 has partnered with Modern Health to provide you and your dependents resources that support your emotional, physical and even financial health.

Employee assistance or crisis support is available 24/7 at 833.322.1931.

Through Modern Health, you have access to personalized 1-1 support, group support, and self-serve resources to help you be the best version of yourself - at home, at work, and in your relationships. You and each of your dependents* have complimentary access to 6 coaching and 6 therapy sessions per year.

** Coaching available to dependents age 18-25.*

MODERN HEALTH IS AVAILABLE TO YOU FOR FREE. TO CLAIM YOUR BENEFIT:

- Scan the QR code. After your download is complete, select "Join Now" from the welcome page of the mobile app. Or visit my.modernhealth.com on the web.
- Use your first and last name you have on file with F5.
- Enter Company Code F5; as well as your company email and a password of your choice.
- Select "Register" on the web or "Agree & Join" on the mobile app to complete registration.



If you have trouble registering for Modern Health, please don't hesitate to reach out to help@modernhealth.com.





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FITON HEALTH

FITON AT A GLANCE

FitOn is a leading digital and in-person health & fitness platform that redefines the self-improvement experience.

PREMIUM DIGITAL WORKOUTS

FitOn works with the world’s best trainers that are leaders across their various categories.

- HIIT
- Cardio
- Yoga
- Strength
- Barre
- Meditation
- Toning
- Pilates
- Dance
- Low impact
- Plus more

IN-PERSON EXPERIENCES

Receive 15 credits each month to use for gym memberships, fitness classes, or other fitness services offered by FitOn Health.

EXCLUSIVE PROGRAMS AND COURSES

With FitOn Health you get access to exclusive courses from experts on a variety of health topics, and exclusive programs to help you achieve your fitness goals and get faster results.

Sign up at web.fitonapp.com/signup/health/email.

PREVI

As an F5 employee you get exclusive employee pricing on Unlimited Mobile Plans with T-Mobile and AT&T. Nationwide Home & Auto Insurance uses Previ’s Bill Compare Tool to get personalized savings and automatic annual price checks through Price Monitoring.

To get more details or assistance with enrolling in any of Previ’s pricing benefits, text 801.437.0620 from 7:00 a.m. to 7:00 p.m. PT Monday-Friday.

These benefits are exclusive to F5 employees and are accessible only through private links. Please do not share your access outside of F5.



This communication highlights some of your F5 benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. F5 reserves the right to change or terminate any benefit plan without notice. Benefits are not a guarantee of employment.

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