BENEFITS GUIDE

OCTOBER 2026–DECEMBER 2026

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, well-being, and future. From robust medical, dental, and vision plans to life, disability, and 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 health care choices, you not only lower your out-of-pocket expenses today but also contribute to keeping health care costs manageable for both you and F5 in the long term. Together, we can ensure continued access to valuable benefits that support your well-being.

GETTING STARTED

This guide will help you make informed 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, dental, vision, flexible spending accounts (FSAs), and optional life benefits will be in effect through the end of the plan year. However, it may be possible to change your medical, dental, vision, or FSA 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, dental, vision, and flexible spending accounts 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 (the effective date of Optional Life insurance may be subject to underwriting).

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, dental plan, and vision 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.

Coverage for F5's Basic Life and AD&D, as well as the Short-Term and Long-Term Disability plans is automatic and begins on your start date as a regular full-time employee. This also applies to benefits such as the Employee Assistance Program, Emergency Travel Assistance, etc.

*60 days for the birth or placement of a child

ASK THE EXPERTS

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 Nurseline Talkspace	N/A 800.841.8343 N/A	98point6.com/premera N/A talkspace.com/premera
Mental Health Resources	Modern Health Headspace Talkspace Boulder Care	N/A N/A N/A 888.316.0451	my.joinmodernhealth.com work.headspace.com/f5/member-enroll teamsupport@headspace.com talkspace.com/premera boulder.care/premera
Back-up Care	Bright Horizons	877.242.2737	clients.brighthorizons.com/f5networks Username: F5Networks Password: Benefits4You
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
Flexible Spending Accounts, Pre-tax Transit and Parking Benefits	Navia Benefit Solutions	800.669.3539	naviabenefits.com Company Code: f5n

ASK THE EXPERTS

BENEFIT	CONTACT	PHONE	WEBSITE OR E-MAIL
Life and AD&D, Short-Term Disability, Long-Term Disability	Sun Life Financial	800.247.6875	N/A
Long-Term Care	Trustmark	800.918.8877	myvb.trustmarkbenefits.com/login customercare@trustmarkbenefits.com
Employee Assistance Program	Modern Health	833.322.1931	modernhealth.helpwhereyouare.com Company ID: F5
Emergency Travel Assistance	Assist America	800.872.1414 301.656.4152 (Outside U.S.)	assistamerica.com
Identity Theft Assistance	Assist America	877.409.9597	assistamerica.com
401(k)	Fidelity Investments	800.890.4015	netbenefits.com
Employee Stock Purchase Plan	F5 Employee Stock Plan Team	N/A	Submit ticket in ServiceNow
General Benefit Questions	F5 Benefits Team	N/A	benefits@f5.com
Payroll	Pay & Timekeeping	N/A	Submit ticket in ServiceNow
Accident, Critical Illness & Hospital Indemnity	Unum	866.643.9404	calendly.com/unumengageplus/f5inc Reference #: 231365
Legal Plan	LegalEase	800.248.9000	legaleaseplan.com/f5
Discount Platform	LifeBalance	N/A	f5.lifebalanceprogram.com
Pet Plan	Nationwide, MetLife, Spot, Wishbone	N/A	f5.lifebalanceprogram.com
Auto/Home	InsureOne Premier	N/A	f5.lifebalanceprogram.com

HEALTH ADVOCATE

Health Advocate is available 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 is available 24/7. Health Advocate will also work with your parents and parents-in-law, at no cost. Call 866.695.8622 or visit HealthAdvocate.com/f5.

WHO IS ELIGIBLE

EMPLOYEES

All active U.S. employees, including temporary employees and interns, who are expected to work 20 or more hours per week, are eligible for the following benefits from their hire date:

- Medical
- Dental
- Vision
- Health Savings Account (HSA) if enrolled in the HDHP
- Pre-Tax Transit/Parking Benefit
- Modern Health / EAP
- 401(k) (no minimum hours worked required)
- Long-Term Care
- ESPP (must be expected to work at least 5 months of the year to be eligible to enroll)

Additionally, all active regular full-time U.S. employees working 30 or more hours per week are eligible for:

- Flexible Spending Accounts (FSAs)
- Basic and Optional Life and AD&D
- Short-Term and Long-Term Disability
- Accident, Critical Illness and Hospital Indemnity
- Emergency Travel Assistance
- Travel Accident Insurance
- Identity Theft & Legal Assistance
- Tuition Assistance (six months of employment required)
- Adoption Assistance (one year of employment required)

DEPENDENTS

If you are an active U.S. employee working 20 hours or more per week, you can enroll your eligible dependents in F5's medical, dental, and vision plans.

If you are a regular full-time employee working at least 30 hours per week, you may purchase Optional Life, Accident, Critical Illness, and Hospital insurance for your dependents. Their participation in the Employee Assistance and Travel Assistance Programs is automatic, regardless of whether or not you are enrolled in an F5 health care plan.

Eligible dependents will not include any person who is eligible for coverage as an Employee. Eligible dependents may include the following:

- Your legal spouse, civil union partner, or domestic partner
- Your children through age 25

CIVIL UNION OR DOMESTIC PARTNER ELIGIBILITY

To be eligible for coverage, your domestic partner must meet all criteria outlined in the domestic partner affidavit posted at F5.mybenefits.life. Civil Unions must be registered with a state or local government agency.

WHEN TO ENROLL

If you choose to enroll in the medical, dental, or vision plans, you must complete your election in Workday within 31 days of your eligibility date. If you are eligible to enroll in the flexible spending accounts (FSAs) or wish to purchase optional life, critical illness, or hospital indemnity insurance, elections must also be made within 31 days of your eligibility date. If you miss this deadline, you must wait until the next open enrollment period in November to enroll for coverage that will be effective on January 1 (the effective date of optional life insurance may be subject to underwriting).

Only the occurrence of a qualifying life event such as a change in marital status or number of eligible dependents will allow you to make changes to your benefit elections outside of open enrollment. Please contact the F5 Benefits Team as soon as possible to report a qualifying life event or to inquire about what changes are considered a qualifying life event. You must report these changes within 31 days of the event date (within 60 days for the birth or placement of a child), or you won't be able to make benefit changes until the next open enrollment.

For regular full-time employees working 30 or more hours per week, enrollment in the following plans is automatic with coverage beginning on your start (hire) date or eligibility date:

- Basic Life and AD&D Insurance
- Short-Term and Long-Term Disability Insurance
- Employee Assistance Program (only requires 20 hours)
- Emergency Travel Assistance
- Travel Accident Insurance
- Identity Theft Assistance

You may enroll in the 401(k) and/or change your contribution amount at any time. Please note, contributions based on your initial enrollment or a subsequent change won't take effect until the first paycheck of the following month provided the change is made no later than 12:00 p.m. PT on the last business day of the month. 401(k) deductions will apply to both the first and second check of each month with the same deferral percentage.

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 December 31—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 $850 of the HDHP's in-network deductible met in July, August, or September for employee-only coverage and $1,700 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

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.

MEDICAL COVERAGE

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 ($1,250 per individual or $2,500 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.

MEDICAL COVERAGE

PREMERA'S MEMBER WEBSITE

As a Premera Blue Cross plan participant, you have access to online resources and self-service tools 24/7 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.

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.

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.

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.

CARROT

Employees and spouses/partners enrolled on the Premera plan are eligible to start their journey with Carrot. Carrot provides high-quality fertility care including fertility preservation like egg and sperm freezing, IVF, donor and gestational carrier services, adoption, pregnancy, menopause, and low testosterone.

See additional details here.

MEDICAL COVERAGE

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.

MEDICAL COVERAGE

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.

MEDICAL COVERAGE

	PREMERA BLUE CROSS HDHP		PREMERA BLUE CROSS PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible*	$1,700/individual $3,400/family		$850/individual $1,700/family	$1,000/individual $2,000/family
HSA Plan Year Contribution *Must be enrolled in Premera HDHP Plan*	F5 contribution: $187.50/individual $375/family		N/A	
HRA Plan Year Contribution *Must be enrolled in Garner and select Garner providers using the Garner app*	F5 contribution: $1,250/individual $2,500/family *HRA can't be used until IRS deductible limit of $1,700/$3,400 is satisfied*		$1,250/individual $2,500/family	
Plan Year Out-of-Pocket Maximum* (includes Plan Year 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

** Deductible and out-of-pocket limit are based on the short plan year (October 1, 2026 - December 31, 2026).*

***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.*

MEDICAL COVERAGE

	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 17 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

**Plan year October 1, 2026-December 31, 2026*

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	**$$**
Traditional ER	ER attached to a hospital	All life-threatening or disabling conditions, trauma care, or major injuries	**$$$$**

MENTAL HEALTH RESOURCES

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 and therapy 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

MENTAL HEALTH RESOURCES

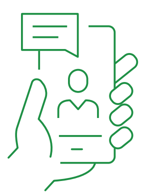
TALKSPACE THROUGH PREMERA

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 Premera Blue Cross member, you can get the support you need, when you need it most. Premera 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 Premera'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 Premera.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.

TELEMEDICINE

98POINT6

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.

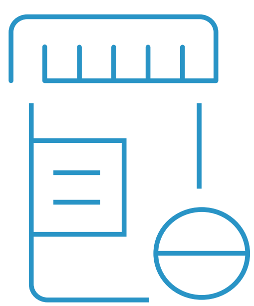
24/7: Virus in the middle of the night or itchy rash over the weekend? Get immediate care around the clock—even after hours and on holidays.

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

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	Not covered	$10 copay	Not covered
Preferred Brand	90% after deductible		$20 copay	
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 at* F5.mybenefits.life.



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
Plan Year Deductible October 1, 2026 - December 31, 2027	$50/individual $150/family	
Plan Year Dental Benefits Maximum October 1, 2026 - December 31, 2027	$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	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia Lifetime Maximum	$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

VISION COVERAGE

SEE CLEARLY

Vision coverage is provided by VSP. You are free to visit any licensed provider for your vision exam once during the time period October 1, 2026 through December 31, 2027; 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 (October 1, 2026 - December 31, 2027)	100%	$45 allowance
Contact Lens Exam (Fitting and evaluation)	Up to $60 copay	Included in allowance below
Eyeglass Lenses (per pair) (October 1, 2026 - December 31, 2027) Single Vision Bifocal Trifocal	 100% of basic lens 100% of basic lens 100% of basic lens	 $30 allowance $50 allowance $65 allowance
Eyeglass Frame (October 1, 2026 - December 31, 2027)	Retail: $250 allowance Costco/Walmart/Sam's Club: $135 allowance	$70 allowance
Elective Contact Lenses (in lieu of glasses) (October 1, 2026 - December 31, 2027)	$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*

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	$910.14	$910.14	$0.00	$0.00
Employee & Spouse/Partner	$1,883.16	$1,824.78	$58.38	$29.19
Employee & Child(ren)	$1,669.78	$1,624.20	$45.58	$22.79
Employee & Family	$2,729.46	$2,620.30	$109.16	$54.58

	PREMERA BLUE CROSS PPO PLAN			
	Monthly Rates	F5's Monthly Amount	Employee's Monthly Amount	Employee's Semi Monthly Amount
Employee	$1,091.24	$982.12	$109.12	$54.56
Employee & Spouse/Partner	$2,257.80	$1,857.04	$400.76	$200.38
Employee & Child(ren)	$2,001.94	$1,665.14	$336.80	$168.40
Employee & Family	$3,272.40	$2,618.00	$654.40	$327.20

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.

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	$60.76	$60.76	$0.00	$0.00
Employee & Spouse/Partner	$115.00	$101.44	$13.56	$6.78
Employee & Child(ren)	$136.10	$117.26	$18.84	$9.42
Employee & Family	$190.36	$157.96	$32.40	$16.20

	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.

HEALTH BENEFITS
Ask the Experts
Eligibility and Enrollment
Medical Coverage
Garner Health
Where to Go for Care
Mental Health Resources
Telemedicine
Prescription Coverage
Dental Coverage
Vision Coverage
Cost of Coverage
Health Savings Account
Flexible Spending Accounts

FINANCIAL BENEFITS
Life and AD&D Insurance
Short-Term Disability
Long-Term Disability
Voluntary Benefits
Employee Stock Purchase Plan
401(k) Retirement Benefits
Transit & Parking Benefits

ADDITIONAL BENEFITS
Identity Theft Assistance
Travel Assistance & Insurance
Long-Term Care
Employee Assistance Program
Back-Up Care
Family Support Programs
Tuition Assistance
FitOn Health
Subaru VIP Program
Previ

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.

For the short plan year, F5 will contribute $187.50 per individual and $375 per family. 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.

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 deductibles.

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

FLEXIBLE SPENDING ACCOUNTS

TAX SAVINGS ON QUALIFIED EXPENSES

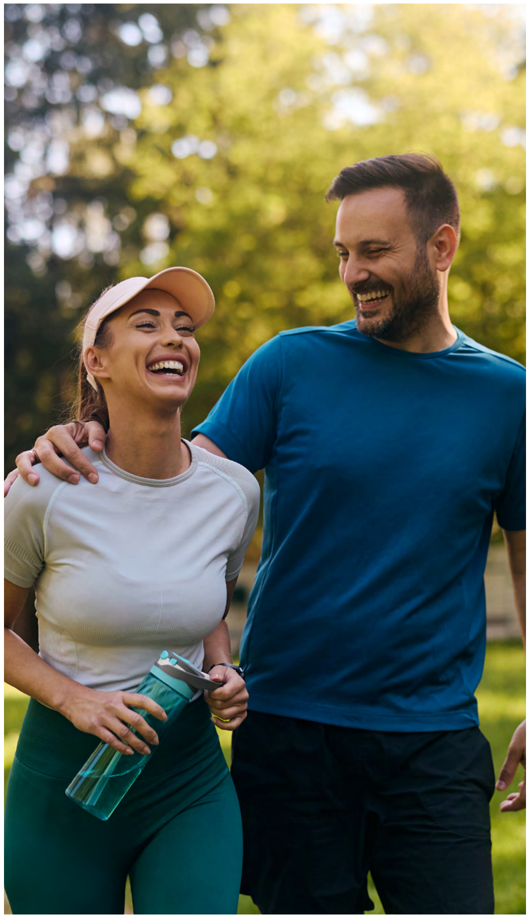
Available to active regular full-time US employees (30 or more hours per week is considered full time), the Flexible Spending Accounts (FSAs) help you save money by allowing you to pay for health care and/or day care expenses with pre-tax dollars. These accounts are subject to IRS rules and consumers are responsible for using the funds accordingly. F5's FSA plan year runs October 1, 2026 - December 31, 2026. If you and your spouse are both contributing to an FSA, you must coordinate the amounts to ensure that your combined contributions do not exceed the IRS tax year limit(s).

ONLINE AND SMARTPHONE FSA ACCESS

To register, log in to naviabenefits.com and follow the instructions. When prompted for the Company Code, enter f5n. You will find online tools and resources on the website including a list of eligible expenses, a tax savings calculator, statements, and more. You will also find instructions on the MyNavia app which allows you to submit reimbursements and review your account with your smart phone.

FLEXIBLE SPENDING ACCOUNTS

HEALTH CARE FSA



PARTICIPATION AND CONSIDERATIONS

- You cannot be enrolled in the HDHP Medical Plan.
- The short plan year FSA contribution limit is $850.
- If you plan on using the Garner HRA you will want to take that into consideration when estimating your FSA contributions.
- Your annual election will be taken in equal amounts each pay day and deposited into your FSA account with Navia Benefits Solutions. You will receive a Navia Benefits Card which makes it easy to access and use your funds.
- You must re-enroll each plan year – FSAs do not rollover from one plan year to the next.
- You may only seek reimbursement for qualified health care expenses which occur during the October 1, 2026 - December 31, 2026 plan year for which you had an FSA election.
- You may seek reimbursement amounts greater than your account balance and receive full reimbursement up to your annual election.
- Reimbursement requests for the 2026 short plan year must be submitted no later than March 31, 2027.

USE-IT OR LOSE-IT

- If you don't use your elected funds they are forfeited in compliance with IRS rules.
- If you submit your FSA reimbursement request after the March 31 deadline your remaining funds will be forfeited in compliance with IRS rules.
- When you leave F5 the account may not be transferred to a new account – See F5.mybenefits.life for additional information.

FLEXIBLE SPENDING ACCOUNTS

DEPENDENT CARE ('DAY CARE') FSA

Available to all active regular full-time U.S. employees working 30 or more hours per week, the Day Care FSA lets you reimburse yourself with pre-tax payroll deductions for day care expenses you incur so that you (and your spouse, if married) can work, actively look for work, or attend school full-time. As a family, you can contribute up to $3,750 during the short plan year to the Day Care FSA.

For purposes of this plan, your eligible dependents are your children under age 13 who qualify as dependents on your federal income tax return, or your children of any age who are physically or mentally unable to care for themselves and who qualify as your dependents. Other individuals may qualify if they are incapable of self-care and are considered your dependent on your tax return.

ELIGIBLE EXPENSES

You can use the funds in your Day Care FSA to pay for the following:

- Care at day care centers
- In-home child care
- Before- or after-school care

Your day care provider cannot be a dependent on your tax return or your child under age 19. All caregivers must provide a receipt which includes their tax ID or Social Security number, and this information must be included on your federal tax return.

INELIGIBLE EXPENSES

Expenses not eligible for reimbursement from your Day Care FSA include the following:

- Tuition for school at kindergarten level or above
- Overnight camp fees
- Nursing home expenses
- Meals
- Activity/supply fees
- Transportation costs
- Montessori school tuition, except charges for preschool or before- or after-school care

FSA VS. TAX CREDIT

If you participate in the Day Care FSA, you cannot claim a dependent care credit on your taxes for reimbursed expenses, per IRS rules. Please consult your tax advisor to determine whether you should enroll in the FSA.

FLEXIBLE SPENDING ACCOUNTS

DEPENDENT CARE ('DAY CARE') FSA

REIMBURSEMENT OF ELIGIBLE EXPENSES

You can submit reimbursement requests by mailing hard copy forms to Navia Benefits Solutions; online at naviabenefits.com; or via the MyNavia app on your smartphone. You may also use your Navia Benefits debit card to pay for eligible daycare expenses. Regardless of the method you choose, you will only be reimbursed for the available balance in your Day Care FSA at the time your request is received. If your request exceeds your available balance, you will receive reimbursements following each payroll contribution until your request has been fully reimbursed.

Requests for reimbursement require supporting documentation including the date or period of service and the provider's name and tax ID or Social Security number.

IF YOU CEASE EMPLOYMENT

If your employment with F5 ends while you are participating in the Day Care FSA, we will deduct the amount owed for your monthly Day Care FSA contribution from your final regular paycheck. You will not be permitted to make any additional contributions to your account.

You can access the funds in your account through the end of the plan year ending December 31, 2026, even if the dates of service occur after your termination date, as long as you meet the eligibility requirements per the IRS. All requests for reimbursement must be submitted to Navia Benefit Solutions by March 31, 2027.

MID-YEAR CHANGES

The following qualifying events are exclusive to the Day Care FSA and allow you to make a change to your annual contribution if you submit a change in Workday within 31 days of the event:

- A change in your day care costs, such as a rate increase or decrease or receiving free day care
- A change in your need for day care (e.g., your spouse terminates employment or has a change in work schedule)
- Your dependent ceases to satisfy eligibility requirements

LIFE AND AD&D INSURANCE

BASIC LIFE AND AD&D INSURANCE

Life and Accidental Death & Dismemberment (AD&D) insurance protects your family from a sudden loss of income in the event of your death or accidental dismemberment. Because Life and AD&D insurance is so important, F5 pays the full cost for basic coverage (2 x annual compensation* up to $500,000) for all active regular full-time U.S. employees working 30 or more hours per week.

Basic Life insurance pays your beneficiary a lump sum in the event of your death. AD&D insurance provides your beneficiary with an additional benefit up to the amount of your Basic Life coverage if you die as a result of an accident. It also provides benefits to you if you suffer a loss of limb, speech, hearing, or sight due to an accident. For details see the plan booklet at F5.mybenefits.life.

AGE REDUCTION SCHEDULE	
Age	Amount Reduced to...
70	65% of original amount
75 or older	50% of original amount

**Compensation includes your annualized base pay, plus commissions, MBO, or Customer Satisfaction bonuses earned in the last 12 months or from the date of hire if employed less than 12 months.*

LIFE AND AD&D INSURANCE

OPTIONAL LIFE AND AD&D

Life insurance helps provide financial security to family members you leave behind. Consider the cost of funeral expenses, legal expenses, and other costs for survivors, such as housing, transportation, college, weddings, etc., when determining an appropriate amount of coverage. If you are an active regular full-time U.S. employee working 30 or more hours per week and would like to provide your family with additional protection, you may purchase Optional Life and AD&D insurance with after-tax payroll deductions.

If you enroll within 31 days of your start date, Evidence of Insurability (EOI) for employee coverage is only required for amounts above $500,000 and for spouse, civil union or domestic partner coverage above $25,000. If you do not enroll when you are first eligible, you must wait until the next open enrollment period. You will be required to provide EOI for all amounts of coverage except AD&D insurance for you and any covered dependents or life insurance for a child.

Note: *You may elect to continue this coverage if you leave the company. Applications to continue coverage must be received by Sun Life within 31 days of loss of coverage.*

Guaranteed issue amounts and AD&D coverage will be effective on your date of hire or eligibility. Amounts in excess of the guaranteed issue limit will not go into effect until Sun Life approves your application. Coverage for your dependents requested during open enrollment will not be effective until your coverage has been approved.

COVERAGE OPTIONS

To cover a spouse/partner or child, you must purchase coverage for yourself. You may choose coverage in the following amounts:

For yourself: up to $1,000,000 or 8 times your total compensation (whichever is less) in increments of $10,000. Compensation in this context is defined as annualized base pay, target commission, and quarterly MBO/Customer Satisfaction bonus amounts.

For your spouse/partner: up to $250,000 or 100% of optional employee benefit amount (whichever is less) in increments of $5,000. The amount you purchase for your spouse/partner must be less than or equal to the amount you purchased for yourself.

For your children (up to age 26): up to $10,000 in increments of $2,500.

EVIDENCE OF INSURABILITY

Evidence of Insurability (EOI) is required for each individual applying for coverage in excess of the guaranteed issue amount. Sun Life will send instructions for completing the EOI if required. In addition to EOI, Sun Life may arrange for you to take a medical exam (at Sun Life's expense) and/or complete a questionnaire. If you do not submit the required EOI within your 31-day eligibility period or by the deadline for open enrollment, your Optional Life insurance application will be canceled.

LIFE AND AD&D INSURANCE

OPTIONAL LIFE AND AD&D

OPTIONAL LIFE RATES	
Employee Age	Employee or Spouse/Partner Monthly Cost per $1,000 of Coverage
Under 25	$0.055
25–29	$0.066
30–34	$0.088
35–39	$0.099
40–44	$0.110
45–49	$0.165
50–54	$0.253
55–59	$0.473
60–64	$0.726
65–69	$1.397
70+	$2.266
Child Monthly Cost per $1,000 of Coverage	
$0.100	

OPTIONAL AD&D RATE
Employee, Spouse/Partner or Child(ren) Monthly Cost per $1,000 of Coverage
$0.015

AGE REDUCTION SCHEDULE	
Employee Age	Amount Reduced to...
70	65% of original amount
75 or older	50% of original amount

ADDITIONAL BENEFITS

As part of your Basic and Optional Life and AD&D Sun Life benefits, you are automatically provided with the following:

ACCELERATED BENEFIT

If you become terminally ill and are not expected to live more than 24 months, you may request a payment of up to 75% of the amount of your life insurance up to $500,000 without fees or present value adjustments. To qualify for this benefit, Sun Life must receive certification of your condition from your doctor. Upon your death, the remaining benefit will be paid to your beneficiary.

PORTABILITY/CONVERTIBILITY

In most cases, if you terminate your employment with F5, your Basic Life, AD&D, and Optional Life insurance is portable to a term life plan. However, if you reduce your hours or are retiring, disabled, or have a condition that has a material effect on your life expectancy, you can convert your Life insurance to a whole life plan (you cannot convert Basic or Optional AD&D coverage). Your application to port or convert coverage must be received by Sun Life within 31 days of loss of coverage. Contact the F5 Benefits Team for an application.

See the Sun Life Summary Plan Description (SPD) available at F5.mybenefits.life.

LIFE AND AD&D INSURANCE

LIMITATIONS AND EXCLUSIONS

The following limitations and exclusions apply to the Basic and Optional AD&D plan. AD&D benefits will not be paid for losses caused by, contributed to by, or resulting from any of the following:

- Suicide, self-destruction while sane or insane, or intentionally self-inflicted injury while sane or insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Attempt to commit (or commission of) an assault or felony
- The voluntary use of any prescription or non-prescription drug, poison, fume, or other chemical substance unless used according to the prescription or direction of your doctor (not applicable if the chemical substance is ethanol)
- Sickness, infection, or medical or surgical treatment
- An accident that occurs while serving on full-time active duty for more than 30 days in any armed forces
- Travel or flight in a private aircraft

TERMINATION OF COVERAGE

Your coverage under the Basic and Optional Life and AD&D plan ends on the earliest of the following dates:

- The date the policy or plan is canceled
- The date you no longer are in an eligible group or your eligible group is no longer covered
- The last day of the month in which you are actively employed, unless coverage is continued due to a covered layoff or leave of absence, or due to an injury or sickness, as described in the Summary Plan Description (SPD) available at F5.mybenefits.life.

SHORT-TERM DISABILITY

F5 provides a Short-Term Disability (STD) plan that pays 60% of your weekly base pay up to $2,500 for each week you are unable to work because of an illness or injury, for up to 13 weeks. This includes a seven-day waiting or elimination period in which no benefits are paid. Sun Life's disability payments are usually reduced by other benefits you may receive such as workers' compensation, Social Security, or disability paid from a state-sponsored program so your combined benefit will be the greater of the other benefits you might receive or those paid by Sun Life. If your other benefits exceed 60% of your compensation, you will receive a weekly benefit of $25.

WAITING OR ELIMINATION PERIOD

The waiting or elimination period is the length of time of continuous disability that must be satisfied before you are eligible to receive benefits. If your disability is the result of an injury and/or illness that occurs while you are covered under the plan, your waiting or elimination period for short-term disability benefits is seven days.

DEFINITION OF DISABILITY

You are disabled when Sun Life determines you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury, and you have a 20% or more loss in weekly earnings due to that sickness or injury.

DELAYED EFFECTIVE DATE

Basic and Optional Life and AD&D, as well as Short-Term and Long-Term Disability insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date insurance would otherwise become effective.

LIMITATIONS AND EXCLUSIONS

Benefits will not be paid for loss resulting from any of the following:

- Active participation in a riot, rebellion, or insurrection
- Intentionally self-inflicted injuries
- Committing or attempting to commit an assault, felony or other criminal act
- An occupational injury or sickness
- War, declared or undeclared, or any act of war

TERMINATION OF COVERAGE

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is canceled
- The date you no longer are in an eligible group or your eligible group is no longer covered
- The last day you are actively at work except as provided under the covered layoff or leave of absence provision as outlined in the Summary Plan Description (SPD) available at F5.mybenefits.life.

LONG-TERM DISABILITY

The Long-Term Disability (LTD) plan pays a benefit each month you are unable to work due to a disabling condition.

- **Basic Monthly LTD Benefit:** 60% of your covered monthly compensation* up to $15,000 per month
- **Assisted Living Benefit:** 20% of your covered monthly compensation* up to $5,000 per month

LTD benefits may be reduced by the amount of other income replacement benefits you receive; however, your Assisted Living benefit will not be reduced.

BASIC LTD DEFINITION OF DISABILITY

You would be considered disabled and eligible for basic LTD benefits if the following apply:

- You are limited from performing the material and substantial duties of your regular occupation, and you have a 20% or more loss in your monthly earnings due to an illness or injury
- After benefits have been paid for 24 months, your benefits would continue if you are working in any occupation and continue to have a loss of 40% or more in your monthly earnings, or you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by training, education, or experience

**Compensation includes your annualized base pay, plus commissions, MBO, or Customer Satisfaction bonuses earned in the last 12 months or from the date of hire if employed less than 12 months.*

DEFINITION OF DISABILITY FOR ASSISTED LIVING BENEFITS

You would be considered severely disabled and eligible for Assisted Living benefits if, due to illness or injury, one of the following applies:

1. You lost the ability to independently perform two of the six Activities of Daily Living (ADL) safely and completely without another person's assistance or verbal cueing. ADLs include the following:
    - Hygiene (bathing, grooming, shaving, and oral care)
    - Continence
    - Dressing
    - Eating (ability to feed oneself)
    - Toileting (the ability to use a restroom)
    - Transferring (actions such as going from a seated to standing position and getting in and out of bed)
2. You have a deterioration or loss of intellectual capacity and need another person's assistance or verbal cueing for your protection or the protection of others

Note: You must be qualified under the definition of basic disability and be receiving basic disability benefits to be eligible for the additional Assisted Living payment.

LONG-TERM DISABILITY

WAITING OR ELIMINATION PERIOD

Basic LTD benefits begin after 90 consecutive days of total or partial disability as described in the definition. This follows the period you were receiving STD benefits. If at the same time you become disabled, you lose two Activities of Daily Living or need assistance from another person to keep you or others safe as a result of a loss of cognitive function, you can satisfy both the Basic and Assisted Living benefits concurrently.

BENEFIT DURATION

Your duration of benefits is based on your age when the disability occurs. Both your LTD and Assisted Living benefits are payable for the period during which you continue to meet the definition of disability up to your Social Security Normal Retirement Age. If your disability occurs at or after age 61, benefits will be paid for a reduced period of time.

ADDITIONAL BENEFITS

RETRO DISABILITY

The Retro Disability Benefit pays a lump sum amount equal to your gross monthly benefit times the number of months in the Elimination Period if total disability required continuous hospital confinement for at least 14 consecutive days at the onset of total disability. Rehabilitation centers are not considered hospitals for the purposes of this benefit, even if the rehab center is located inside, adjacent to, or affiliated with a hospital. Total disability must remain continuous throughout the Elimination Period, and the benefit is not subject to other income offsets.

SOCIAL SECURITY DISABILITY INCOME RIDER

For the first 24 months following the first date your total or partial disability begins, any Social Security Disability Income benefits you or your dependent spouse or child(ren) receive will not be considered other income and will not offset Sun Life's monthly LTD benefit.

COBRA PREMIUM REIMBURSEMENT RIDER

Sun Life will reimburse you up to $400 per month for premiums associated with COBRA continuance for medical, dental, and/or vision insurance. This benefit may continue for the full duration of your COBRA eligibility period with F5, provided you continue to receive disability benefits.

LONG-TERM DISABILITY

ADDITIONAL BENEFITS

RETURN TO WORK INCENTIVE

Sun Life's team will work with you so you can earn up to 100% of your pre-disability earnings for the first 24 months you are back to work.

TERMINATION OF COVERAGE

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is canceled
- The date you no longer are in an eligible group or your eligible group is no longer covered
- The last day you are actively at work except as provided under the covered layoff or leave of absence provision as outlined in the Summary Plan Description (SPD) available at F5.mybenefits.life.
- The day your employment terminates

LIMITATIONS AND EXCLUSIONS

Pre-existing Condition Exclusion: A pre-existing condition is a sickness or injury for which you received medical treatment, consultation, care, or services including diagnostic measures, or took prescribed drugs or medicines in the three months prior to your effective date of coverage on F5's LTD plan. If you suffer a disability caused by, contributed to or resulting from a pre-existing condition and it begins in the first 12 months after your effective date for coverage on F5's LTD plan, that disability would not be covered by this LTD policy.

Mental Illness and Drug/Alcohol: LTD benefits would be paid for 24 months per occurrence for disabilities caused by mental illness, drugs, and/or alcohol that meet the definition of disability. Mental illness benefits may continue beyond 24 months if you are institutionalized or hospitalized as a result of the disability. Please see the Summary Plan Description (SPD) for more information at F5.mybenefits.life.

Benefits will not be paid for loss resulting from any of the following:

- Active participation in a riot, rebellion, or insurrection
- Intentionally self-inflicted injuries
- Commission of a crime for which you have been convicted under state or federal law
- Operation of any motorized vehicle while intoxicated
- War, declared or undeclared, or any act of war

VOLUNTARY BENEFITS

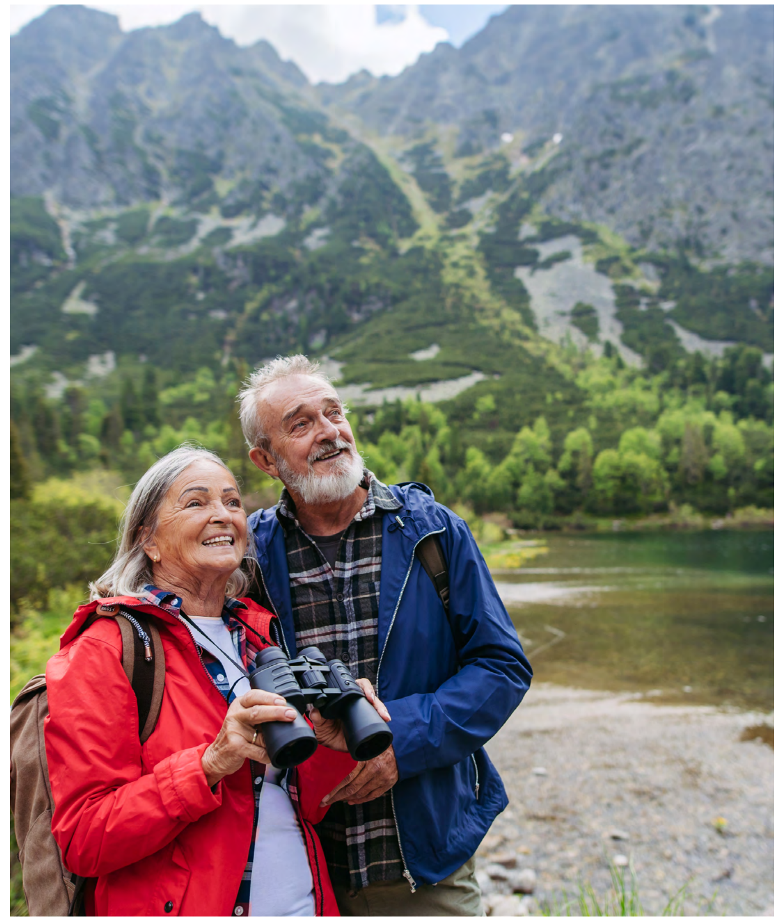
Get extra protection from voluntary benefits in addition to your core plans. These additional coverages make life easier, help you prepare for unexpected events, and provide solutions for several insurance and personal needs.

Please read through the following information regarding plan benefits and costs to see if these offerings would be a good fit for you and your family!

If you would like to enroll in any benefits, please log into your Workday account to review your options and associated premium costs.

PLANS TO HELP YOU SAVE

- Unum Accident
- Unum Critical Illness
- Unum Hospital Indemnity
- LegalEase Legal Plan
- LifeBalance Discount Platform:
  - InsureOne Auto & Home
  - Multi-Carrier Pet Insurance



IF YOU HAVE QUESTIONS ABOUT YOUR VOLUNTARY BENEFITS:

Unum
Phone: 866.643.9404
Website: calendly.com/unumengageplus/f5inc
Reference #: 231365

LegalEase
Phone: 800.248.9000
Website: legaleaseplan.com/f5

LifeBalance
Website: f5.lifebalanceprogram.com

ACCIDENT INSURANCE

A FINANCIAL CUSHION WHEN ACCIDENTS HAPPEN

Accident insurance pays cash benefits for the treatments and injuries associated with an accidental injury such as fractures, dislocations, burns, emergency room, or urgent care visit, and physical therapy. If you or a covered family member suffers an accident, the plan will pay a lump sum benefit based on a predetermined schedule of benefits.

EXAMPLE

Kyle injured himself while playing in the yard and suffered a serious concussion. Although Christine, his mom, had good medical coverage, the out-of-pocket costs kept adding up. Thankfully, she and her family were enrolled in the Accident plan.

CHRISTINE'S BENEFIT PAYOUT	
Ambulance	$400
Emergency Room	$100
Major Diagnostic Testing	$300
Concussion	$200
TOTAL BENEFIT	$1,000

COVERED BENEFITS

BENEFIT TYPE	BENEFIT AMOUNT
Ambulance	$400 ground, $1,500 air
Concussion	$200
Organized Sport Benefit	25% increase to benefit payment
Diagnostic Testing (Major)	$300
Dislocation	Schedule up to $6,750
Emergency Room Treatment	$100
Follow-up Treatment	$75 per visit, up to 2 visits
Fracture	Schedule up to $9,000
Hospital Admission	$1,000
Hospital Confinement	$250 per day, up to 365 days
Laceration	Schedule up to $600
Physical Therapy	$25 per visit, up to 15 visits
Surgery	Schedule up to $1,500
Urgent Care	$100
X-ray	$50
Wellness Benefit	$50 per insured, per year

ACCIDENT INSURANCE

UTILIZING YOUR WELLNESS BENEFIT

Your Accident benefit offers an annual Wellness Benefit – available to each enrolled member! Unum will pay this benefit when you receive services that you're likely already accessing as part of your preventive care routines. By simply filing a claim after receiving these services, you will receive $50 per insured, per year, so be sure to leverage this benefit when looking at your out-of-pocket premium costs for this plan.

EXAMPLE

Terry wants to enroll in the Accident plan for the coming year. He sees that he can get a $50 benefit paid for receiving care that he already has scheduled with his doctor! Using that money to offset the cost of his annual premium, he realizes the coverage can be even more affordable than he originally planned – **less than $4 per month** to provide a financial safety net when he might need it the most.

Employee-only coverage is $7.54 per month, or $90.48 annually. After his qualifying preventive services, Terry submits a Wellness Benefit claim and receives his claim.

After factoring in this benefit, his annual premium is only $3.37 per month, or $40.48 annually!

COVERING FAMILY MEMBERS?

Wellness Benefit claims are paid out **per insured member** – if Terry enrolls his spouse and child, he could receive up to $150 in benefits if each family member received qualifying services.

Terry's annual premium for family coverage on the Accident plan is $295.08.

Terry can submit a Wellness Benefit for each family member – which would offset the cost to cover his entire family by $150!

After receiving his Wellness Benefit, the total annual cost for his family's coverage is $145.08 annually, or **$12.09 per month to provide comprehensive Accident coverage for his whole family.**

WHAT ARE QUALIFYING SERVICES?

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer including pap smear, colonoscopy
- Cardiovascular function screenings
- Screening for cholesterol and diabetes
- Imaging studies, including chest x-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

CRITICAL ILLNESS INSURANCE

FILL FINANCIAL GAPS DUE TO SERIOUS ILLNESS

Critical Illness insurance can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum benefit is paid directly to you.

EXAMPLE

Cindy has a history of cancer in her family, so she enrolled in the Critical Illness plan and elected $20,000 in benefits. A few months later, Cindy was diagnosed with invasive breast cancer. After filing a claim, Cindy was able to use her benefit to help cover her medical costs, pay for additional childcare and cover some of her lost income.

CINDY'S BENEFIT PAYOUT	
Cancer	100%
TOTAL BENEFIT	$20,000

COVERED BENEFITS

BENEFIT TYPE	BENEFIT AMOUNT
Employee	$10,000, $20,000, or $30,000
Spouse	50% of employee's election
Child	50% of employee's election
BENEFIT TYPE	PERCENTAGE OF BENEFIT PROVIDED
ALS or Multiple Sclerosis Disease	100%
Paralysis	100%
Infectious Diseases (including COVID)	25%*
Invasive Cancer	100% (Skin Cancer: $500)
Non-Invasive Cancer	25%
Alzheimer's or Parkinson's Disease	100%
Covered Childhood Illnesses	100%
End Stage Renal Failure	100%
Heart Attack	100%
Major Organ Failure	100%
Stroke	100%

**Some infectious diseases, including COVID, require a 14+ day hospital stay for benefit payout.*

HEALTH BENEFITS
Ask the Experts
Eligibility and Enrollment
Medical Coverage
Garner Health
Where to Go for Care
Mental Health Resources
Telemedicine
Prescription Coverage
Dental Coverage
Vision Coverage
Cost of Coverage
Health Savings Account
Flexible Spending Accounts

FINANCIAL BENEFITS
Life and AD&D Insurance
Short-Term Disability
Long-Term Disability
Voluntary Benefits
Employee Stock Purchase Plan
401(k) Retirement Benefits
Transit & Parking Benefits

ADDITIONAL BENEFITS
Identity Theft Assistance
Travel Assistance & Insurance
Long-Term Care
Employee Assistance Program
Back-Up Care
Family Support Programs
Tuition Assistance
FitOn Health
Subaru VIP Program
Previ

HOSPITAL INDEMNITY INSURANCE

HELP COVER OUT-OF-POCKET COSTS

A hospital stay can be costly, even if you have medical coverage. Hospital Indemnity insurance can help cover your medical deductible or coinsurance if you are hospitalized by paying a lump-sum benefit directly to you.

EXAMPLE

Alexis and her husband eagerly awaited the birth of their child. Alexis was enrolled in the Hospital Indemnity plan, which provided benefits for her hospital admission and stay. The money she received under the plan allowed her to take an extra week of unpaid maternity leave to bond with her little boy.

ALEXIS' BENEFIT PAYOUT	
Hospital Admission	$1,000
Hospital Stay (2 days)	$200 ($100 per day)
TOTAL BENEFIT	**$1,200**

COVERED BENEFITS

BENEFIT TYPE	BENEFIT AMOUNT
Hospital Admission	$1,000 per admission
Hospital Confinement	$100 per day, up to 365 days
Hospital ICU Admission	$1,000 per admission Pays in addition to hospital admission
Hospital ICU Confinement	$200 per day, up to 30 days Pays in addition to hospital confinement

Benefits for hospital coverage will not be paid out within 9 months of the effective date for childbirth.

LEGAL PLAN

SUPPORT AND PROTECTION FOR LEGAL MATTERS

LegalEASE offers a legal insurance plan that provides support and protection for unexpected personal legal issues. You'll save time and costly legal fees. You'll also have access to one of the largest networks of attorneys to help navigate common individual or family legal issues.

ACCESS TO TURNSIGNL!

TurnSignl provides live legal guidance on-demand during traffic stops and auto accidents. At the press of a button, the mobile app connects drivers to trained attorneys over video chat to safely navigate any roadside interaction and get home safely.

HEALTH BENEFITS
Ask the Experts
Eligibility and Enrollment
Medical Coverage
Garner Health
Where to Go for Care
Mental Health Resources
Telemedicine
Prescription Coverage
Dental Coverage
Vision Coverage
Cost of Coverage
Health Savings Account
Flexible Spending Accounts

FINANCIAL BENEFITS
Life and AD&D Insurance
Short-Term Disability
Long-Term Disability
Voluntary Benefits
Employee Stock Purchase Plan
401(k) Retirement Benefits
Transit & Parking Benefits

ADDITIONAL BENEFITS
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Long-Term Care
Employee Assistance Program
Back-Up Care
Family Support Programs
Tuition Assistance
FitOn Health
Subaru VIP Program
Previ

LIFEBALANCE

EXCITING EMPLOYEE DISCOUNTS

As an F5 employee, you and your family have access to an amazing suite of employee discounts through the LifeBalance Program. Visit f5.LifeBalanceProgram.com to explore all the savings available to you!

DEALS ON FUN, FITNESS, AND EVERYDAY PURCHASES

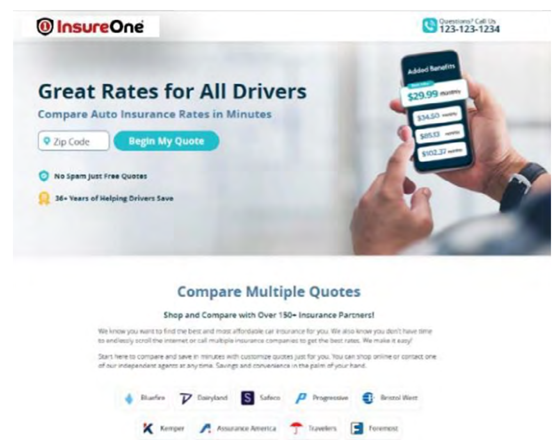
With LifeBalance, you can save on your favorite things — fun family time, travel, fitness, electronics, apparel, outdoor adventures, gardening, and more!

Plus, get great deals on childcare, meal delivery, pet care, automotive services, and appliances.

GREAT RATES ON PET INSURANCE

Protect your pet while protecting yourself from surprise veterinary costs. LifeBalance's pet insurance partners offer coverage on accidents, illnesses, prescriptions, medical supplies, and more.

Shop plans through MetLife, Spot Pet, Nationwide, and Wishbone to find a plan that suits you and your pet. Rates vary based on pet age and breed, and you'll pay your insurer directly.



PERSONALIZED AUTO & HOME INSURANCE COVERAGE

Want help finding the best Auto & Home insurance package for your needs? LifeBalance has partnered with InsureOne, who helps you shop and compare plans with over 150 carriers across the US!

InsureOne's simple online platform makes it easy to get comparison quotes online. Prefer to talk with someone? Their best-in-class service team can help provide you with a tailored package that meets your needs. Payment will be set up directly between you and the carrier of your choice.

Visit f5.lifebalanceprogram.com to create your account and start saving!

VOLUNTARY BENEFIT COSTS

You cover the full cost of coverage of your voluntary benefits. These premiums are deducted post-tax, providing a tax-free benefit.

ACCIDENT INSURANCE

	MONTHLY PREMIUM
Employee Only	$7.54
Employee + Spouse	$13.68
Employee + Children	$18.45
Employee + Family	$24.59

HOSPITAL INDEMNITY INSURANCE

	MONTHLY PREMIUM
Employee Only	$14.62
Employee + Spouse	$30.82
Employee + Children	$21.63
Employee + Family	$37.83

LEGAL INSURANCE

	MONTHLY PREMIUM
Employee + Family	$17.97

VOLUNTARY BENEFIT COSTS

CRITICAL ILLNESS INSURANCE

Spouse and child rates are based on 50% of the employee benefit. Children can be enrolled at no additional cost. Rates increase at policy anniversary if you change age brackets.

MONTHLY PREMIUM	Rates for a $10,000 employee benefit, $5,000 spouse benefit, and $5,000 child(ren) benefit		Rates for a $20,000 employee benefit, $10,000 spouse benefit, and $10,000 child(ren) benefit		Rates for a $30,000 employee benefit, $15,000 spouse benefit, and $15,000 child(ren) benefit	
Age	Employee	Spouse	Employee	Spouse	Employee	Spouse
under 25	$1.20	$0.60	$2.40	$1.20	$3.60	$1.80
25 – 29	$1.70	$0.85	$3.40	$1.70	$5.10	$2.55
30 – 34	$2.50	$1.25	$5.00	$2.50	$7.50	$3.75
35 – 39	$3.40	$1.70	$6.80	$3.40	$10.20	$5.10
40 – 44	$5.10	$2.55	$10.20	$5.10	$15.30	$7.65
45 – 49	$7.70	$3.85	$15.40	$7.70	$23.10	$11.55
50 – 54	$12.30	$6.15	$24.60	$12.30	$36.90	$18.45
55 – 59	$17.80	$8.90	$35.60	$17.80	$53.40	$26.70
60 – 64	$26.30	$13.15	$52.60	$26.30	$78.90	$39.45
65 – 69	$38.90	$19.45	$77.80	$38.90	$116.70	$58.35
70 – 74	$57.90	$28.95	$115.80	$57.90	$173.70	$86.85
75 – 79	$78.80	$39.40	$157.60	$78.80	$236.40	$118.20
80 – 84	$102.00	$51.00	$204.00	$102.00	$306.00	$153.00
85+	$149.20	$74.60	$298.40	$149.20	$447.60	$223.80

EMPLOYEE STOCK PURCHASE PLAN

PURCHASE DISCOUNTED STOCK

Eligible employees can purchase company stock at a discounted price. You may contribute up to 15% of your gross earnings to the Employee Stock Purchase Plan through convenient payroll deductions. Stock will be purchased using these funds on the last day of each six-month offering period. The purchase price will be set by comparing the closing price of the stock on the start and end dates of the offering period, then discounting the lower of the two closing prices by 15%.

Current offering periods: May 1 through October 31 and November 1 through April 30.

You must begin your employment at least five business days before the first day of the new ESPP offering period begins to be eligible to enroll in the plan. You may withdraw from an ESPP offering up until 11:59 p.m. Pacific Time, 14 calendar days before the purchase, or as otherwise specified by F5 by logging in at etrade.com/enroll.

See the Global Employee Stock Plans section at F5.mybenefits.life. For questions regarding ESPP open a ticket in ServiceNow.

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) section at F5.mybenefits.life.

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.

COMPLIMENTARY 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.

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.

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.

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.

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

IDENTITY THEFT ASSISTANCE

DON'T BECOME A VICTIM

Identity theft is a serious crime. Every year, millions of Americans become victims of identity theft and spend significant time and money restoring their records. Assist America's SecurAssist® Identity Protection program is available to all active regular full-time U.S. employees working 30 or more hours per week. The service provides the following:

- 24/7 telephone support and guidance by anti-fraud experts
- Dedicated expert caseworker who will help notify credit bureaus, file paperwork to correct credit reports, cancel stolen cards, and request new ones
- Proactive protection and alerts for up to 10 credit or debit cards per employee, using sophisticated webcrawling technology that monitors underground chat rooms where thieves sell and trade stolen personal information
- To enroll, go to assistamerica.com.

In addition, you can get added security with Experian's free credit report monitoring, plus ID theft and fraud resolution services through Premera.

Once logged into your Premera account, in the upper right corner, click "My Account", then "Account Settings". Scroll to the bottom and you will see "Free Credit Monitoring Services", click "sign up today".

TRAVEL ASSISTANCE & INSURANCE

The following travel benefits are available to all active regular full-time U.S. employees working 30 or more hours per week.

EMERGENCY TRAVEL ASSISTANCE

If you or a family member is traveling more than 100 miles from home and has a medical or personal emergency, help is just a phone call away. By calling Assist America's 24/7 Emergency Travel Assistance call center at 800.872.1414 (inside of the U.S.) or 301.656.4152 (outside of the U.S.) you can receive help with the following:

- Pre-qualified, English-speaking doctors, hospitals, pharmacies, and dentists anywhere in the world*
- Medical consultation, evaluation, and referral*
- Hospital admission guarantee*
- Emergency medical evacuation*
- Medical monitoring*
- Lost prescription assistance*
- Assistance with unattended minor children
- Family or friend compassionate visit for those traveling alone and expecting to be hospitalized for more than seven days

**Contact BlueCross BlueShield Global Core first for these benefits. Assist America should only be used when you are outside of the BlueCross BlueShield Global Core Service area or not covered on F5's health plan. (See the "Ask the Experts" table for contact information).*

TRAVEL ACCIDENT INSURANCE

The company also provides business travel insurance in the amount of 10 times your annual compensation up to $500,000 in accidental death benefits if a claim occurs while you are traveling on business for F5 more than 100 miles from home. This benefit is in addition to your Sun Life coverage and is paid even if the claim is due to an act of war or terrorist attack, which Sun Life excludes.

LONG-TERM CARE

WHAT IS LONG-TERM CARE INSURANCE?

Long-term care (LTC) insurance is coverage which provides a monthly payment to help you or your loved ones pay for qualified care when you can't take care of yourself. This includes home-health care, nursing home care, and/or personal or adult daycare.

WHY IS LONG-TERM CARE PLANNING IMPORTANT?

Long-term care (LTC) planning is an important aspect of a personal financial plan. LTC services are not covered by your Health Insurance, Disability Insurance, or Medicare. The average cost of care is $70,000/year or more. LTC benefits help protect your retirement savings, ease the burden of caregiving by your loved ones, and choose the setting in which you receive care.

UNIQUE OFFER FOR EMPLOYEES

Our program is offered to benefit eligible employees working at least 20 hours per week, their spouse, and children up to age 23. Actively-at-work eligible employees up to age 64 are guaranteed acceptance - no health questions required. Coverage is fully portable at the same cost and same benefits (no conversion required).

Long-Term Care can only be purchased during our annual open enrollment in August.

HOW DOES IT WORK?

One policy with two benefits – life insurance coverage for your family and LTC benefits if you need them.

As life insurance, the benefit protects your family with money that can be used any way they choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt, and final expenses. Employees, spouses, and children may select a Life Insurance amount of up to $150,000.

For long-term care, if you become chronically ill and qualify for benefits, you can access 4% of the selected life benefit per month if you need LTC. The LTC benefit keeps paying up to 2x the life insurance benefit if you continue to need care. A death benefit is available even if you collect benefits for LTC.

Example: If your life insurance benefit is $75,000, your monthly LTC benefit would be $3,000 and your total LTC benefit would be $150,000.

Washington state employees had to purchase a LTC policy before the state deadline, November 1, 2021 to be exempt from the payroll tax that began July 1, 2023. See WA Cares Fund for more information.

If you have an exemption letter submit the letter in ServiceNow > Human Resources > Payroll > WA State Long-Term Care Tax Opt Out.

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.

BACK-UP CARE

BACK-UP CARE BENEFITS FOR THE WHOLE FAMILY

Whether school's closed or your regular caregiver is unavailable, rely on Bright Horizons Back-Up Care™ and get high-quality childcare in a center and child or adult/elder care at home whenever you need an extra hand.

SIGN UP AND RESERVE BACK-UP CARE WHEN:

- Your child's school is closed and, you need to be at work
- A regular caregiver is unavailable
- Mom or Dad needs support in their home or yours

REGISTER AND RESERVE CARE NOW

- Download the App: Search "back-up care" in the App Store or Google Play
- Visit clients.brighthorizons.com/f5networks
- If prompted, enter Employer Username: F5Networks and Password: Benefits4You

FAMILY SUPPORT PROGRAMS

CARROT

Carrot provides high-quality fertility care with deep, equitable support for all journeys, including fertility preservation like egg and sperm freezing, IVF, donor and gestational carrier services, adoption, pregnancy, menopause, and low testosterone. With the support of a concierge care team, you will receive guidance and recommendations to support your unique journey.

SUPPORT PROVIDED:

- **Fertility care support** regardless of infertility diagnosis, including consultations, genetic testing related to fertility, in vitro fertilization, and more.
- **Infertility care support** as indicated by a diagnosis of infertility, including consultations, fertility medications, fertility preservation, and more.
- **Adoption support** including agency and home study fees, legal fees, travel expenses, and more.
- **Gestational carrier (surrogate) support** including costs incurred from matching with donors, donor-related fertility care, embryo transfer, and more.
- **Pregnancy support** including preparing for pregnancy, trimester group sessions, postpartum care, and more.
- **Online childbirth education class** or workshop (one per pregnancy) from one of three Carrot-approved organizations.
- **Menopause and low testosterone support** including select hormonal and non-hormonal therapies prescribed by a clinician and certain provider visits.
- **Gender affirming care support** for the treatment of gender dysphoria, including hormone replacement therapy costs, standard labs for monitoring of therapy, and eligible non-hormone treatment expenses.

Services listed above are available through your Premera plan.

ADDITIONAL CARROT SUPPORT AND PROGRAMS:

- **Parenting and Return to Work support** including inclusive resources for newborn care, parental wellness, and support for returning to work.
- **Menopause and low testosterone support** including medications prescribed by eligible providers, nutritional counseling, advanced temperature regulation products (i.e., wearable devices), and more.

Get the app and sign up at app.get-carrot.com/signup or learn more by reaching out to the Carrot Care Navigation Team at support@get-carrot.com.

Services provided by Carrot may be considered a taxable expense. These amounts will be reported as imputed income and are thereby subject to local, state, and federal tax withholding.

FAMILY SUPPORT PROGRAMS

ADOPTION ASSISTANCE

F5 provides adoption assistance for children up to age 18 or for children who are physically or mentally unable to care for themselves. Benefits under this program are available to all regular full-time U.S. employees working 30 or more hours per week, with at least one year of service with F5.

The adoption assistance benefit is available for adoptions made through an adoption agency or by direct placement. F5 will reimburse up to 100% of eligible adoption expenses, to a maximum of $10,000 per family per lifetime. Adoptions of multiple children (where the adoption is finalized on or around the same date, i.e., siblings adopted as a family unit) will be considered a single adoption event eligible for total reimbursement of up to $10,000.

ELIGIBLE EXPENSES

Eligible expenses may include legal and adoption agency fees and medical expenses of the adopted child that are directly associated with the adoption. Fees for the adoption of stepchildren or a child born to a spouse, partner, or other relative are not eligible for reimbursement. Expenses must be incurred on or after your eligibility date to be considered for reimbursement.

REIMBURSEMENT

Reimbursement is made after the adoption becomes final. The Adoption Assistance Reimbursement Claim form is available at F5.mybenefits.life. Required documentation and instructions for submitting your form and attachments are listed on the form. Amounts paid under this program will not be subject to federal income tax withholding, although applicable FICA and FUTA taxes will be withheld from the reimbursement payment. You will be responsible for determining whether the reimbursement is taxable when you file your income tax return.

For additional information about the income exclusion or tax credit available for adoption expenses, please refer to the Instructions for Form 8839, available from the IRS and on the IRS website at irs.gov.

This is a summary of the adoption assistance program. For more information, see the full description of the F5 Networks, Inc. Adoption Assistance Program on F5.mybenefits.life. You may also contact the F5 Benefits Team.

TUITION ASSISTANCE

SUPPORT FOR PROFESSIONAL DEVELOPMENT

F5 supports the professional development of its employees by offering tuition assistance. If you are an active regular full-time U.S. employee working 30 or more hours per week and you have six months' equivalent of full-time service at F5 before the coursework begins, you may receive tuition reimbursement up to $5,000 per calendar year (capped at lifetime benefit of $20,000) for expenses including tuition, books, and registration fees.

Classes must be taken at an accredited college or university. Courses must be in areas related to F5's business such as computer science, networking, business (e.g., accounting, finance, marketing, etc.) or are required to complete a certificate program or degree in those areas.

Before you register for a class, you must obtain pre-approval. Log into ServiceNow, select "Request Something", then select **Human Resources > Benefits > Tuition Assistance Pre-Approval (Step 1)** to complete the form and submit the request. The request will be routed to your manager, director, and F5's Benefits Team for approval.

Note: You are expected to attend classes during non-work hours. Once the coursework is completed, return to ServiceNow to submit the **Tuition Reimbursement Approval (Step 2)** for reimbursement.

TO RECEIVE REIMBURSEMENT:

- Your department must have the funds budgeted for this expense
- The request must be reviewed by the F5 Benefits Team prior to registration to verify a class qualifies for reimbursement
- You must be employed by F5 for the duration of the course and at the time when transcripts and receipts are submitted to the F5 Benefits Team for reimbursement
- You must receive a grade "B" or better (or "pass" if the class is offered on a pass/fail basis)

The amount of tuition reimbursement you receive will be coordinated with all other financial assistance you receive for educational expenses, including scholarships. If you voluntarily resign from F5, you will be required to repay any tuition reimbursement received for coursework completed in the 12 months prior to your termination date.

Exclusions: Professional seminars, self-study courses, professional certification fees, and test preparation courses are not eligible for tuition reimbursement.

FITON HEALTH

FITON AT A GLANCE

FitOn is a leading digital and in-person health and 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.

SUBARU OF AMERICA, INC. VIP PROGRAM

Are you taking advantage of all your employee benefits? As a regular full or part-time employee of F5 located in the U.S. (except Hawaii), you are eligible to receive invoice pricing on the purchase or lease of a new Subaru.

To take advantage of the VIP Program offer, visit vip.subaru.com to receive an approved Retailer Visit Authorization form prior to contacting a Subaru retailer.

Your F5 email address will be required to enter the VIP Program website where you will learn how the program works, receive general pricing information, review frequently asked questions, select your preferred retailer, and complete the “Request a VIP Retailer Visit Authorization Form”.

Upon verification of eligibility, your authorization will be forwarded to you within twenty-four business hours via your preferred method of delivery.

Questions can be directed to VIP Program Headquarters via email at vipprogram@subaru.com or at 800.VIP.0933. Visit subaru.com to check out the exciting new line-up of Subaru vehicles!

PREVI

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

Get more details here.

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.