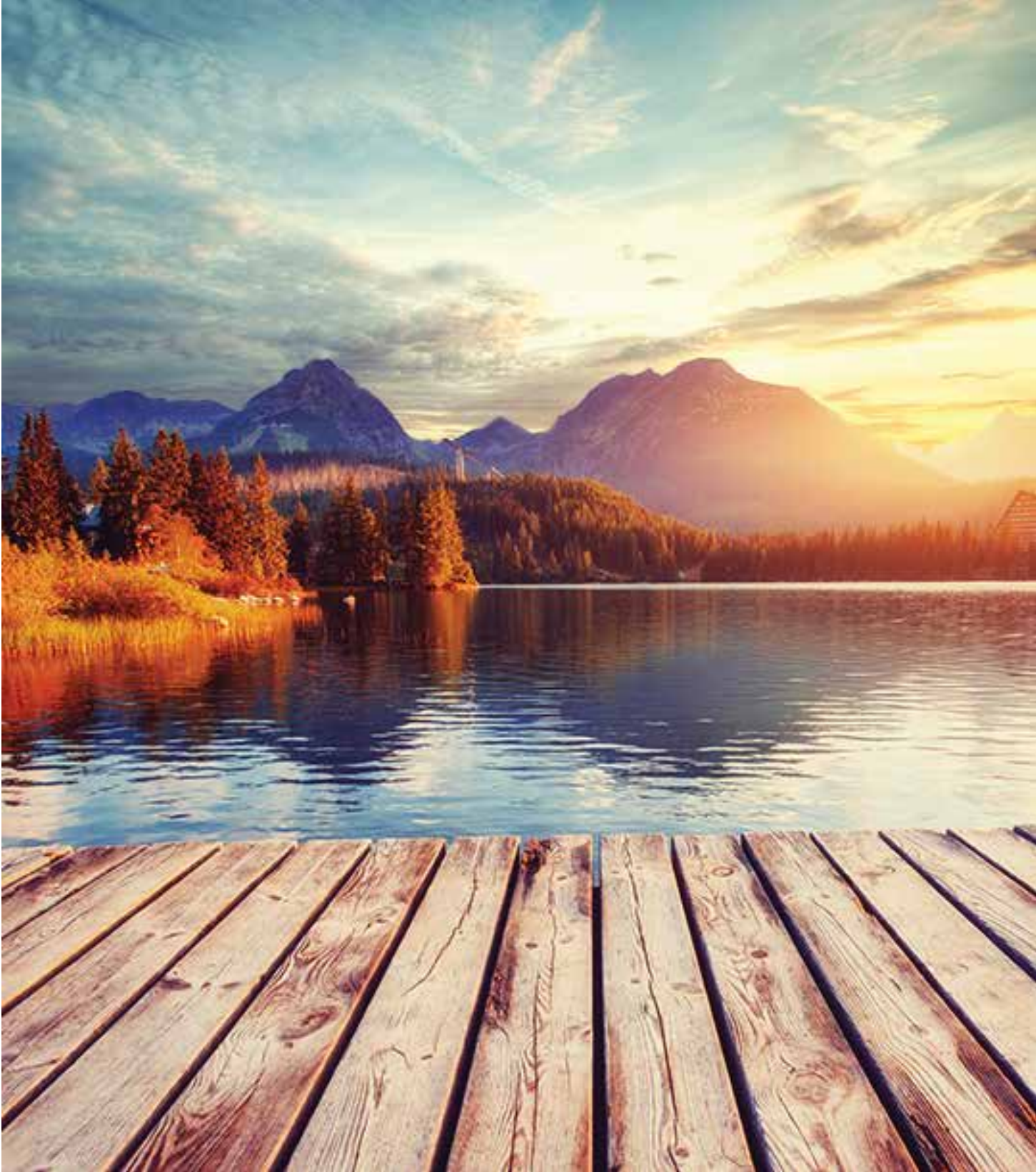




# Benefits Guide for U.S. Employees

January 1, 2018 - December 31, 2018



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## EMPLOYEE BENEFITS



### WHAT'S INSIDE...?

This information guide offers you the resources you'll need to make informed enrollment decisions and includes information on how to use your benefits.

### January 1, 2018 – December 31, 2018

Riverbed strives to provide its employees with a comprehensive health benefits program designed to best meet the needs of our diverse population. Please take the time to review the information in this guide. Depending on your desired level of benefits, as well as your preference regarding physician choice and access, you may choose the plan option that best suits the needs of you and your family members.

As the cost of health care increases, even a relatively minor illness or injury can cause an employee to sustain a substantial hit to their finances. And a more serious medical issue can be financially devastating without the right coverage.

To find out more information about your 2018 benefits package, please visit the [Employee Benefits Resource Center](#). If you have any questions, we are ready to assist!

**If you have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. [Please see page 28.](#)**

## SUMMARY OF BENEFITS

### 2018 Benefit Changes

**Please note:** There are some benefit changes for 2018 that you should be aware of, including changes to the monthly employee contributions for medical, dental and vision. Riverbed will continue to pay an average of 89% of the total benefit premium expenses for our employees and their families.

#### Active Open Enrollment

All employees must enroll during the 2018 Open Enrollment period. If you do not enroll, you will be defaulted into the Cigna Saver HSA Medical, Dental HMO and Core Vision plans with your current dependents.

#### Plan Design

There are slight plan design changes to the medical and dental plans:

- Slight changes to Kaiser and Cigna medical plan coinsurance and deductibles ([see page 9](#))
- Riverbed has increased the HSA contribution from \$1,000 to \$1,500 for employees with dependents (this only applies to the CIGNA Saver plan)
- The dental lifetime orthodontia maximum has increased to \$2,000 from \$1,500
- CIGNA medical plan deductibles, copays and coinsurance will now be applied towards the out-of-pocket maximum
- Special Voluntary Life and AD&D insurance option to enroll and elect up to \$350,000 maximum guarantee issue for you and \$50,000 maximum for your spouse without providing evidence of insurability.

#### 2018 Contributions

Monthly employee contributions for 2018 have increased or decreased depending upon the plan ([see page 3](#)).

#### Health Savings Account (HSA)

- Individual annual contribution limit will remain at **\$3,450**
- Family annual contribution limit (two or more participants) will remain at **\$6,900**
- Riverbed will provide an annual employer contribution amount of \$750 for employee-only coverage and \$1,500 for employee plus dependent coverage to help offset the out of pocket costs on the Cigna Saver plan option. You will receive 1/24 of the annual Riverbed contribution each pay period and can only use your available account balance. Otherwise, you will need to file for reimbursement.

#### Flexible Spending Account (FSA)

The contribution limit for 2018 is \$2,650.

#### Eligibility

If you are a regular, full-time employee who is scheduled to work 30 or more hours per week on an ongoing basis, you are eligible to enroll in Riverbed's medical, dental and vision plans on your date of hire<sup>1</sup>. You will automatically be enrolled in Riverbed's life and disability plans, and will have the option of enrolling in supplemental voluntary life and California disability insurance programs.

- You may also enroll your eligible dependents in the health plans, including your legal spouse or domestic partner<sup>2</sup> and your children up to the age of 26. You are responsible for determining the tax dependent status of your dependents when you add them to your health insurance coverage. Consult IRS Publication 501 and IRS Notice 2010-38 for guidelines or speak with a tax advisor.

Your children include:

- Natural and adopted children
- Stepchildren or the children of your domestic partner who you support and who live with you in a parent-child relationship; or
- Any other children for whom you are required to provide coverage as the result of a qualified medical child support order.

<sup>1</sup> SF-based part-time employees are eligible to enroll in health care benefits, per the SFHSCO mandated ordinance.

<sup>2</sup> Additional documentation is required for domestic partner enrollment.

#### Termination of Coverage

Should your employment with Riverbed end, your health insurance coverage will continue until the last day of the month in which you terminate. This is also true if you continue to be employed by Riverbed, but no longer work the required number of hours to be benefits-eligible. At your cost, you may continue benefits for a limited period of time under your federal COBRA rights. Disability plan coverage ends on the last day of your employment. Coverage in the Life and AD&D insurances ends on the last day of the month in which you terminate, although you will be given an opportunity to convert your coverage to individual policies.



## Employee Contributions

The chart below lists the monthly amount that will be deducted on a pre-tax basis from your paycheck. There are employee monthly contribution changes for 2018.

### MONTHLY EMPLOYEE AND RIVERBED CONTRIBUTIONS January 1, 2018 - December 31, 2018

Medical								
Type of Coverage	KAISER		CIGNA VALUE OAP-IN		CIGNA OAP FREEDOM		CIGNA SAVER HSA	
	Employee	Riverbed	Employee	Riverbed	Employee	Riverbed	Employee	Riverbed
Employee Only	\$80	\$484	\$90	\$684	\$100	\$566	\$30	\$543
Employee and Spouse	\$140	\$1,102	\$165	\$1,346	\$175	\$1,226	\$60	\$1,198
Employee and Children	\$130	\$886	\$130	\$1,105	\$140	\$1,060	\$50	\$980
Employee and Family	\$200	\$1,549	\$200	\$1,931	\$220	\$1,849	\$90	\$1,681

Dental				
Type of Coverage	CIGNA DENTAL PPO		CIGNA DENTAL HMO	
	Employee	Riverbed	Employee	Riverbed
Employee Only	\$10	\$46	\$5	\$23
Employee and Spouse	\$20	\$92	\$10	\$41
Employee and Children	\$20	\$103	\$10	\$51
Employee and Family	\$25	\$159	\$15	\$75

Vision				
Type of Coverage	VSP CORE		VSP BUY-UP	
	Employee	Riverbed	Employee	Riverbed
Employee Only	\$3	\$5	\$7	\$7
Employee + 1	\$6	\$7	\$15	\$6
Employee + 2 or more	\$6	\$14	\$20	\$13

## WHEN YOU CAN MAKE CHANGES

- **New Employee** – You have 31 days from the day you become eligible to participate in the benefit plans to elect or waive coverage. During your new hire orientation, you will learn how to sign up for your benefits.
- **Annual Open Enrollment** offers you the opportunity to make changes in your plan participation or to participate in a benefit plan for which you have not previously enrolled. You can only make changes during Open Enrollment or if you have had a family status change event (described below). Make sure to review and choose the coverage that works for you and your family.
- **Family Status Change Event** – Other than the above situations, you cannot make enrollment changes unless you have an IRS-approved change of family status, also known as a qualifying life event (QLE) during the year. This may include:
  - The addition of a dependent through birth, adoption or marriage
  - The loss of a dependent through divorce or death, or if your child reaches the maximum age limit for coverage
  - A change in your or your spouse's employment status from full-time to part-time, or vice versa
  - A substantial change in your or your spouse's benefits coverage

In the event of a family status change, **you may add or remove benefits or dependents** consistent with your type of family status change within 31 days of the event. It is your responsibility to make the changes and provide the appropriate documentation within 31 days of the event. Any changes you make as a result of a family status event will remain in effect for the remainder of the plan year or the next annual Open Enrollment period.

**To enroll in benefits and/or make changes, please visit [BenefitSolver](#) via Single Sign-on (SSO).**

### Waiving Coverage

If you have coverage through another plan, you may choose to waive coverage for benefits that require an employee premium contribution. To waive coverage, please go to [BenefitSolver](#) and decline coverage for you and your dependents within 31 days of your hire date. A rebate of \$200 per month is given to employees waiving all medical, dental and vision benefits.

**It is important to note that if you waive medical, dental and vision coverage, you may not be able to enroll during the year unless you have a qualifying life event. Consult with your Benefits Team at [benefits@riverbed.com](mailto:benefits@riverbed.com) if you have questions.**



## ADVICE FOR CHOOSING A HEALTH PLAN



### What Type of Health Plan is Best for You?

To determine how well a health plan suits you and your dependent(s) needs, it is important to understand the coverage of each plan. What type of services are covered by the plan? When do you need prior approval to ensure coverage for care (e.g., hospitalization for scheduled surgery)? How are benefits paid? Do you have to submit a claim for reimbursement?

#### Items you may wish to include in your comparison of health plans:

- Your payroll deductions
- Coverage/benefits
- Access to doctors, hospitals, and other providers
- Out-of-pocket costs such as deductibles, co-insurance, out-of-pocket maximums and copays
- Anticipated plan utilization

### Estimating Costs

After you have a general understanding of your options, make a list of the health services you and your family normally use. For each plan, note the amount of coverage for each of those services. What is the maximum you will have to pay out-of-pocket each year if you enroll in an in-network only plan (i.e., Kaiser HMO or CIGNA OAP-In) vs. a more flexible option (i.e., CIGNA OAP Freedom or CIGNA Saver Value plans)?

If you don't use many medical services, your primary cost for coverage will be your payroll deductions. If you do use a lot of services, to determine your actual costs including payroll deductions, you must factor in the deductible, copayments, and any excess charges or uncovered services.

Riverbed is committed to providing you with the education and tools in order for you to make informed decisions about your benefits and to choose the plans that best meet your needs.

**If you would like to discuss the plan options in more detail, please contact [benefits@riverbed.com](mailto:benefits@riverbed.com).**

## EXAMPLE 1

## Which Plan Is Right For You?

## Meet Karen:

- Single and in her 30s
- Has diabetes; controlling health through medication
- Looking to save money for future health expenses

## Managing Karen's Type 2 Diabetes in 2018 with the Cigna Saver Plan

## In this example, Karen would pay:

The plan's overall deductible*	\$1,500
Specialist copayment*	\$40
Hospital coinsurance*	10%
Other coinsurance*	10%

Deductible	\$1,500
Copayments	\$40
Coinsurance	\$200
Total Karen would pay	\$1,740
Karen uses her HSA balance to pay for her care in 2018	(\$1,740)

## Riverbed's 2018 contribution to Karen's HSA: \$750

Karen puts \$100 per month into her HSA in 2018  
\$100 x 12 months = \$1,200

Annual HSA Balance  
\$1,950

Karen's Remaining HSA Balance

Total Example Cost

\$7,400

Karen's Total Responsibility

\$1,740

\$210

## Managing Karen's Type 2 Diabetes in 2018 with the Cigna Freedom Plan

## In this example, Karen would pay:

The plan's overall deductible*	\$350
Specialist copayment*	\$40
Hospital coinsurance*	10%
Other coinsurance*	10%

Deductible	\$350
Copayments	\$900
Coinsurance	\$705
Total Karen would pay	\$1,955

Total Example Cost

\$7,400

Karen's Total Responsibility

\$1,955

## Managing Karen's Type 2 Diabetes in 2018 Comparing Cigna Saver &amp; Freedom Plans

## Cigna Saver HSA Plan

Riverbed's 2018 contribution to Karen's HSA	\$750
Karen puts \$100 per month into her HSA in 2018 (\$100 x 12 months)	\$1,200
Annual HSA Balance	\$1,950
Karen's cost of care for 2018 treatment	\$1,740
Remaining HSA Balance	\$210
Karen's share of Cigna Saver Premium (\$30 per month x 12 months)	\$360

Karen's Total Outlay for Insurance and Care:

\$2,100

## Cigna Freedom Plan

Karen's cost of care for 2018 treatment	\$1,955
Karen's share of Cigna Freedom Premium (\$100 per month for 12 months)	\$1,200

Karen's Total Outlay for Insurance and Care

\$3,155



\*Includes OTC drugs and similar spend not covered by plan 2018 IRS limits: \$3,450 for Single and \$6,900 for Family (Employee +1 or more) coverage



## EXAMPLE 2

### Meet The Coopers:

- Active family of four
- Expecting a baby in 2018
- Looking to save money for future health expenses

### The Coopers Are Having A Baby in 2018 under the Cigna Saver Plan

In this example, the Coopers would pay:

The plan's overall Family deductible*	<b>\$3,000</b>
Specialist copayment*	<b>\$120</b>
Hospital coinsurance*	<b>10%</b>
Other coinsurance*	<b>10%</b>

Deductible	\$3,000
Copayments	\$120
Coinsurance	\$780
Total the Coopers would pay	\$3,900
The Coopers use HSA balance to pay for care in 2018	(\$3,900)

**Riverbed's 2018 contribution to the Cooper's HSA: \$1,500**

The Coopers put \$200 per month into their HSA in 2018 \$200 x 12 months = \$2,400
<b>Annual HSA Balance \$3,900</b>

**The Cooper's Remaining HSA Balance**

**Total Example Cost** \$10,800

**The Cooper's Total Responsibility** \$3,900

**The Cooper's Remaining HSA Balance** \$0

### The Coopers Are Having A Baby in 2018 under the Cigna Freedom Plan

In this example, the Coopers would pay:

The plan's overall Family deductible*	<b>\$700</b>
Specialist copayment*	<b>\$120</b>
Hospital coinsurance*	<b>10%</b>
Other coinsurance*	<b>10%</b>

Deductible	\$700
Copayments	\$120
Coinsurance	\$1,045
Total the Coopers would pay	\$1,865

**Total Example Cost** \$10,800

**The Cooper's Total Responsibility** \$1,865

### The Coopers Are Having A Baby in 2018 Comparing Cigna Saver & Freedom Plans

#### Cigna Saver HSA Plan

Riverbed's 2018 contribution to the Cooper's HSA	\$1,500
The Coopers put \$200 per month into their HSA in 2018 (\$200 x 12 months)	\$2,400
<b>Annual HSA Balance</b>	<b>\$3,900</b>
<b>The Cooper's cost of care for 2018 treatment</b>	<b>\$3,900</b>
<b>Remaining HSA Balance</b>	<b>\$0</b>
The Cooper's share of Cigna Saver Premium (\$90 per month x 12 months)	\$1,080

**The Cooper's Total Outlay for Insurance and Care:** \$4,980

#### Cigna Freedom Plan

<b>The Cooper's cost of care for 2018 treatment</b>	<b>\$1,865</b>
The Cooper's share of Cigna Freedom Premium (\$220 per month for 12 months)	\$2,640

**The Cooper's Total Outlay for Insurance and Care** \$4,505



\*Includes OTC drugs and similar spend not covered by plan 2018 IRS limits: \$3,450 for Single and \$6,900 for Family (Employee +1 or more) coverage

## RIVERBED HEALTH PLANS

Taking an active role in your health care choices will help you make the most of your health care dollars. Choosing a healthy lifestyle and seeing your physician on a regular basis for check-ups and screenings can help you avoid any serious illnesses in the future. Riverbed has several health plan options to choose from. Reviewing what works best for you and your family now can save you time and money in the future.

### **Kaiser (Health Maintenance Organization-HMO)** (for CA and Mid-Atlantic employees only)

The Kaiser HMO does not require that you meet a deductible each year and requires only a copayment for most services. However, members are required to select a primary care physician (PCP) after enrolling or one will be selected for you. However you can change your PCP upon request through Kaiser.

A primary care physician (PCP) is a doctor who practices one of these areas of medicine:

- Adult or internal medicine (specializing in adult care)
- Family or general medicine (health care for you and your whole family)
- Pediatric medicine (care for patients from birth through age 16 to 18, depending on the facility)

As a new member, you will be able to choose from primary care physicians who are currently accepting new patients. In some areas, you may have even more options for selecting a primary care physician, such as a nurse practitioner or physician's assistant.

### **CIGNA Value Plan (OAP)** (Open Access Plan – In Network)

In general, this plan operates similar to a classic HMO model, in that participants are required to go to a health care provider within their network for services to be covered (unless it's an emergency). There are no deductibles and most services only require a copayment. You have the option to select a primary care physician to assist in coordinating your care, but unlike an HMO, you are not required to choose a primary care physician and you are not required to get approval from a primary care physician before seeing an in-network specialist.

### **CIGNA Freedom Plan (Open Access Plus)**

An Open Access Plus plan is similar to a PPO plan which covers a wide range of health services. You may see any provider you like (including specialists) without a referral and without the need to stay in any open access plus network, but your costs will be lower and the amount covered by the plan will be greater if the physician you choose is a CIGNA network provider. Most network providers will file your claims for you; however, when using non-network provider, you may have to pay for your health care services up front and submit a claim form to the insurance carrier for reimbursement.

### **CIGNA Saver Plan (High Deductible Health Plan with a Health Savings Account option)**

This plan combines a High Deductible Health Plan (HDHP) with a tax-favored savings account known as a Health Savings Account (HSA). THE HDHP provides comprehensive medical coverage for you and your family and the HSA gives you a savings vehicle to help pay for eligible current and future out-of-pocket health care costs. Because of the freedom of choice an HDHP plan offers, it provides the motivation you and your family need to live a healthy life and become involved in how you spend your health care dollars. In the end, your involvement can lead to lower health care costs and unused money in your HSA that grows over time.

Any amounts left over in your HSA account roll over to the next year and can be taken with you if you leave the company. Riverbed provides an annual HSA employer contribution of **\$750 for employee only coverage and \$1,500 for employee + dependents** to help offset the high deductibles.

#### **HSA Bank**

When you enroll in the CIGNA Saver Plan with HSA, your Health Savings Account with HSA Bank is automatically set up. You will receive a welcome kit in the mail with your HSA Bank card. The card will activate simply by swiping it on first purchase. You can go to [mycigna.com](http://mycigna.com) to access your HSA banking and investment options or call 800.Cigna24 (800.244.6224) to speak with a One Guide service representative who can answer any questions. Riverbed pays the monthly administration fees for your account. If you choose not to participate in the HSA, you can simply contact HSA Bank to close the account. Participants may use another HSA vendor, however it is not recommended. Medical expenses will not be tracked and you would be responsible for the monthly administration fees.

## MEDICAL PLAN HIGHLIGHTS

	KAISER CA & MID-ATLANTIC	CIGNA VALUE OAP In-Network	CIGNA FREEDOM Open Access Plus*		CIGNA SAVER HSA**	
	In-network	In-network	In-network	Non-network	In-network	Non-network
Plan Availability to CA or Non-CA Employees	CA, MD, D.C. and parts of VA Residents Only	CA and non-CA Residents	CA and non-CA Residents		CA and non-CA Residents	
Annual Deductible (Ind/Fam)	None	None	\$350/\$700	\$500/\$1,000	\$1,500/\$3,000***	\$2,000/\$4,000***
Coinsurance	100%	100%	90% after ded.	70% after ded.	90% after ded.	70% after ded.
Out-of-Pocket Max (Ind/Fam)	\$1,500/\$3,000	\$2,500/\$5,000	\$3,000/\$6,000	\$4,500/\$9,000	\$3,000/\$6,000	\$6,000/\$12,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited		Unlimited	
<b>Medical Benefits</b>						
PCP Office Visit	\$15 copay	\$20 copay	\$25 copay	70% after ded.	90% after ded.	70% after ded.
Specialist Office Visit	\$15 copay	\$35 copay	\$40 copay	70% after ded.	90% after ded.	70% after ded.
Routine Preventive Care	No charge	No charge	No charge	70% after ded.	No charge	70% after ded.
Routine Preventive Tests (mammograms, PAP, PSA)	No charge	No charge	No charge	70% after ded.	No charge	70% after ded.
Hospital Inpatient (per admit)	\$100	\$500	90% after ded.	70% after ded.	90% after ded.	70% after ded.
Outpatient Surgery (per visit)	\$15 copay	\$75 copay	90% after ded.	70% after ded.	90% after ded.	70% after ded.
Emergency Room (waived if adm)	\$150 copay	\$150 copay	\$150 copay and deductible		90% after ded.	
Urgent Care (waived if adm)	\$15 copay	\$35 copay	\$40 copay and deductible		90% after ded.	
Laboratory and X-ray Outpatient	No charge	No charge	90% after ded.	70% after ded.	90% after ded.	70% after ded.
Laboratory and X-ray Physicians Office	No charge	No charge	\$20 copay	70% after ded.	90% after ded.	70% after ded.
Advance Radiology	No charge	\$75 copay	\$100 copay	\$100 copay	90% after ded.	70% after ded.
Therapy (including Chiro/PT/OT/ST)	\$15 copay (CA - Chiro is not included)	\$35 copay (as medically necessary, may require approval)	\$40 copay (as medically necessary, may require approval)	70% after ded. (as medically necessary, may require approval)	90% after ded. (as medically necessary, may require approval)	70% after ded. (as medically necessary, may require approval)
Acupuncture	\$15 copay Mid Atl - 20 visits max/yr	\$35 copay (20 visits max/yr)	\$35 copay (20 visits max/yr)	70% after ded. (20 visits max/yr)	90% after ded. (20 visits max/yr)	70% after ded. (20 visits max/yr)
<b>Mental Health &amp; Substance Abuse Benefits</b>						
Inpatient (per admittance)	\$100	\$500	90% after ded.	70% after ded.	90% after ded.	70% after ded.
Outpatient (per visit)	\$15 copay	\$35 copay	\$40 copay for office visit/90% for all other services	70% after ded.	90% after ded.	70% after ded.
<b>Pharmacy Benefits (Generic/Brand/Non-Formulary)</b>						
30-day Supply (retail) Generic/Brand/Non-formulary)	CA: \$10/\$20/\$20 MA: \$10/\$30/\$30	\$10/\$30/\$50 Specialty: You pay 20% up to a maximum of \$100	\$10/\$30/\$50 Specialty: You pay 20% up to a maximum of \$100	60% after ded.	\$10/\$30/\$50 after ded. Specialty: You pay 20% up to a maximum of \$100	Not covered
90-day Supply (mail order)	CA: \$20/\$40 MA: \$20/\$60	\$20/\$60/\$100	\$20/\$60/\$100	Not covered	\$20/\$60/\$100 after ded.	Not covered

\*Plan deductibles and copays count towards annual out-of-pocket maximums.

\*\*Plan deductibles contribute towards the out-of-pocket maximum; in-network expenses count toward the in-network deductible/OOP max and out-of-network expenses count towards both in-and out-of-network deductibles/OOP max.

\*\*\*Riverbed provides an annual employer contribution amount of \$750/employee and \$1,500/employee +dependents to help offset the high deductibles. This information summarizes the plans and is not intended to present complete details. Actual terms are governed by the master policies.

## DENTAL PLAN HIGHLIGHTS



Riverbed offers employees a choice between a Dental PPO or Dental HMO administered by Cigna. The Dental PPO plan allows the freedom to use providers in and out of the network while benefits under the HMO are only available when using a participating Cigna provider. To locate a participating provider, visit [www.mycigna.com](http://www.mycigna.com).

When making an appointment simply identify yourself as a Cigna member and the provider will ask for the necessary information to verify your coverage before your appointment.

	CIGNA DENTAL PPO		CIGNA DENTAL HMO
General Plan Information	In-Network	Out-of-Network	In-Network
Annual Deductible - Individual/Family	\$50/\$150		None
Annual Maximum	\$2,000		None
Reimbursement Level	Per fee schedule	MRC*	Plan pays 100% of contract allowance minus any patient liability outlined by procedure in the schedule
Type A - Cleanings, Oral Examinations	100%	100% of R&C**	Copay charges apply*
Cleaning Frequency	3 per year		2 per year
Type B - Fillings	90% after deductible	80% of R&C** after deductible	Copay charges apply*
Type C - Bridges, Dentures and Implants	60% after deductible	50% of R&C** after deductible	Copay charges apply*
Orthodontia - Adult and Child	50% after deductible	50% of R&C** after deductible	Copay charges apply*
Orthodontia Lifetime Max	\$2,000		Up to 24 months of treatment*

*This information summarizes the plans and is not intended to present complete details. Actual terms are governed by the master policies.*

\*Maximum Reasonable Charge \*\*Reasonable and Customary

\*For complete list of copay charges, please visit the [Employee Benefits Resource Center](#).

## VISION PLAN HIGHLIGHTS

VSP offers one of the largest national networks of private practice optometrists and ophthalmologists. You have the freedom to see providers in and out of the VSP network. However, if you use a VSP provider, your benefits are significantly enhanced. To find a network provider visit [www.vsp.com](http://www.vsp.com).

**VSP does not issue member ID cards.** When making an appointment simply identify yourself as a VSP member and the provider will ask for the necessary information to verify your coverage before your appointment.



General Plan Information	VSP SIGNATURE PLAN – CORE		VSP SIGNATURE PLAN – BUY-UP	
	VSP Providers	Non-VSP Providers	VSP Providers	Non-VSP Providers
Copay – exam/materials	\$25		\$25	
Examination	\$25 copay	\$45 allowance	\$25 copay	\$45 allowance
Single vision lenses	100%	\$45 allowance	100%	\$45 allowance
Bifocal lenses	100%	\$65 allowance	100%	\$65 allowance
Trifocal lenses	100%	\$85 allowance	100%	\$85 allowance
Contact lens – elective (instead of glasses)	\$130 allowance (copay does not apply)	\$105 allowance	\$200 allowance (copay does not apply)	\$105 allowance
Frames	\$160 allowance + 20% off amount over allowance	\$47 allowance	\$200 allowance + 20% off amount over allowance	\$47 allowance
Corrective vision services (e.g., laser surgery)	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	Not available	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	Not available
Suncare enhancement (Instead of prescription glasses or contact lenses)	\$25 copay + \$160 allowance for ready-made non-prescription sunglasses	Not available	\$25 copay + \$200 allowance for ready-made non-prescription sunglasses	Not available
Truhearing – hearing aid discount program. Go to <a href="https://truhearing.com/">https://truhearing.com/</a>	Members, their dependents and extended family can get up to a 60% discount on hearing aids (each member is limited to four guest members)		Members, their dependents and extended family can get up to a 60% discount on hearing aids (each member is limited to four guest members)	
<b>Benefit frequency</b>				
Examinations	Every 12 months		Every calendar year	
Lenses or contact lenses	Every 12 months		Every calendar year	
Frames	Every 24 months		Every calendar year	

*This information summarizes the plans and is not intended to present complete details. Actual terms are governed by the master policies.*

## LIFE & DISABILITY PLAN HIGHLIGHTS

Prudential administers the Life/AD&D and Disability plans. Riverbed pays for 100% of your Basic Life/AD&D and Short Term/Long Term Disability benefit costs (except CA VDI and CA SDI). If you wish to buy additional coverage, all employees can purchase additional Voluntary Life and AD&D insurance. California employees have the option of purchasing Voluntary Disability Insurance, which is 100% employee paid.

### Short Term Disability (STD) – Non-California Employees

If you are unable to perform job responsibilities because of a personal impairment caused by injury or illness that is non-occupational, provided that such inability is certified in writing by a licensed physician or other recognized medical practitioner and that is accepted as valid by Prudential, a short-term disability commences.

Five states have state-mandated STD programs: Hawaii, New York, New Jersey, Rhode Island and California.

Except for the five states named above, Riverbed's STD policy administered by Prudential begins after seven days out from sickness or injury. Short-term disability compensation is provided in the form of salary continuance at 60% of your covered earnings, not including bonus, commission or other compensation, up to a weekly maximum benefit of \$3,462. Short-term disability ends on the earlier of 12 weeks from when the benefits began or until you are no longer disabled, as certified by the attending medical practitioner.

Riverbed follows the mandated STD benefit levels and periods in Hawaii, New York, New Jersey and Rhode Island. Maximum benefit levels as well as maximum benefit periods vary by state. In states where the benefit is less, Riverbed's STD plan will integrate up to 60%.

### Voluntary Disability Insurance (VDI) – California Employees

CA residents must either pay a tax deduction into the state disability insurance plan (SDI) or they have the option to pay a contribution to Riverbed's Voluntary Disability Insurance (VDI) plan. There is no option to opt out of disability insurance coverage altogether.

The Voluntary Disability Plan for California employees has richer benefits than the California State Disability Plan. Employees are automatically enrolled in the VDI plan

unless they specifically opt out in writing. Additionally, VDI participant contributions will be 0.75% of earnings in 2018. SDI participants will contribute 0.9% of earnings up to \$110,902 SDI wage limit per employee, per year as of the calendar year 2017. The amount for 2018 has not been published at the time of this publication.

### Some advantages of electing the Riverbed California voluntary disability plan:

- Employees receive a higher benefit of 60% of weekly earnings, up to a benefit maximum of \$3,462 for up to 52 weeks.
- CA SDI benefit is 60% of earnings up to \$1,173 for 2018. Limits for 2018 have not yet been determined.
- Definition of earnings for disability and Paid Family Leave (PFL) is current earnings (CA SDI can use earnings as far back as 18 months).

*Please note:* If you elect to participate in the voluntary plan, you will not receive benefits from the CA SDI plan.

For full plan details, limitations and exclusions please refer to your Prudential summary of coverage.

### Long Term Disability (LTD)

This policy provides income replacement in the event that you become disabled and are unable to work for a prolonged period of time. Benefits begin after you have been disabled (as defined in the policy) for 90 days if you are enrolled in SDI or 365 days if you are enrolled in the VDI, and continue to be paid as long as you remain disabled, until age 65 or longer, depending upon your age at the onset of the disability. The benefit equals 60% of your covered earnings, up to a maximum monthly benefit of \$15,000.

You are automatically enrolled and Riverbed provides this coverage at no cost to you. For full plan details, limitations and exclusions please refer to your Prudential summary of coverage.



## Basic Life and Accidental Death & Dismemberment (AD&D)

The group Life and AD&D policy with Prudential is a 100% employer-paid benefit and becomes effective on your date of hire. Basic life insurance protects your family or other beneficiary from a loss of income and savings in the event of your death. AD&D insurance provides additional protection for your beneficiaries in the event of your accidental death or loss of limb or eyesight. You are eligible for a benefit of 1x annual salary up to \$600,000 maximum.

## Voluntary Life/AD&D Insurance

Riverbed offers employees the opportunity to purchase Voluntary Term Life and AD&D Insurance through Prudential for themselves, their spouse and their children.

### **Your Coverage**

You may purchase additional Voluntary Life/AD&D insurance for yourself in increments of \$10,000 up to \$1,000,000 maximum. **If you enroll in the benefit within the first 30 days of your employment, you can elect up to the guarantee issue maximum of \$350,000 without providing evidence of insurability.** Coverage of more than \$350,000 requires evidence of insurability and is subject to Prudential's approval. Once your coverage is approved, premiums will be deducted from your paycheck on an after-tax basis. This benefit is portable, meaning that

it can be taken with you if you leave the company. Your coverage will be converted to an individual policy upon your departure and you will be responsible for the premiums.

### **Coverage for Spouses**

You may purchase Voluntary Life/AD&D insurance for your spouse in increments of \$5,000. The amount of insurance cannot exceed 50% of the amount for which the employee is insured under the Basic and Optional Employee Term Life Coverage. The maximum coverage amount is \$250,000 and coverage for more than \$50,000 is subject to carrier approval if you enroll within the first 30 days of hire. **If you enroll in the benefit within the first 30 days of your employment, you can elect up to \$50,000 of spousal coverage without providing evidence of insurability.** You must enroll in voluntary life to be able to elect spousal coverage.

### **Coverage for Children**

You may purchase voluntary child life insurance in the amount of \$10,000. You must enroll in voluntary life coverage to be able to elect coverage for your children.

**Remember: Evidence of Insurability is required for all elections/increases to voluntary life coverage above the guarantee issue maximum.**

## TRANSPORTATION BENEFITS AND FLEXIBLE SPENDING ACCOUNTS



Discovery Benefits is the Transportation and Flexible Spending Account (FSA) Benefits administrator. Riverbed offers the tax advantage of an IRS Section 125 Plan to provide pre-tax treatment of health care, dependent care and transportation expenses. To enroll, go to the [BenefitSolver](#).

### Transportation Benefits

For 2018, you can set aside a maximum of \$260 per month (pre-tax) for transit expenses and \$260 per month (pre-tax) for parking expenses. If monthly transit or parking costs exceed pre-tax limit, employees can enroll in a post-tax deduction so that their debit card is fully loaded with the required amount each pay period.

Enrollment and/or changes to transit/parking accounts can be done online at [BenefitSolver](#). Any changes made to the transit/parking accounts in one month are effective on the first of the next month.

### Transportation/FSA Debit Card Use and Online Reimbursement

After signing up for either the transportation and/or the FSA benefit plans, you will receive a debit card that is linked to your reimbursement accounts. When you incur eligible transportation or health care expenses, you can simply pay the bill with your Discovery Benefits debit card (at participating facilities) and maintain the receipts, or you can file an online or paper reimbursement claim.

For transportation companies without debit card acceptance capabilities, you can also pay for the expense out-of-pocket and then be refunded by requesting a reimbursement online directly from Discovery Benefits.

### Health Care Flexible Spending Account (FSA)

As of 2018, you can contribute up to \$2,650 per plan year into your health care FSA account, based on your estimated out-of-pocket medical, dental, and vision expenses. Money is deducted from your paycheck pre-tax and deposited into your FSA account. If you don't use the money in your account each year, you lose the unused balance. However, for the Health Care FSA only, there is a 2.5 month grace period up to March 15, 2018 to use any remaining 2017 funds. **Once you choose an amount to contribute to the account, you cannot change your election during the year unless you have a qualified life event change.**

*Reminder: IRS rules do not allow the use of a Health FSA or Dependent Care FSA for domestic partner or domestic partner's children's expenses.*

**You must submit proof for any unsubstantiated claims where you have not provided proper documentation by October 31 of the following year, or the amounts become taxable!**



### Health Care FSA Grace Period

Participants who have not spent all the funds in their Health Care Flexible Spending Account by the end of the Plan Year (December 31, 2017), may continue to incur claims for expenses during the grace period. The grace period extends 2.5 months after the end of the Plan Year (through March 15, 2018), during which time you can continue to incur claims and use all amounts remaining in the Health Care FSA. This grace period to incur expenses only extends to the Health Care FSA.

### FSA Run-Out Period

For both the Health Care and Dependent Care Flexible Spending Account, participants must submit claims for reimbursement no later than 90 days after the end of the Plan Year (March 30, 2018). Any monies remaining in the account from 2017 after March 30th are subject to forfeiture.

Examples of Eligible Health Care Expenses	
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Ambulance</li> <li>• Childbirth classes (limited to expenses incurred by mother-to-be)</li> <li>• Contact lenses, cleaning solutions, etc.</li> <li>• Contraceptive prescriptions</li> <li>• Copayments</li> <li>• Dentist fees</li> <li>• Eye exams</li> <li>• Health insurance deductibles</li> <li>• Hearing aid/batteries</li> <li>• Hospital services</li> <li>• Immunizations/vaccinations</li> <li>• Lasik eye surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Medical records charges</li> <li>• Mileage (for travel to/from eligible health care)</li> <li>• Nursing services</li> <li>• Orthodontia</li> <li>• Orthopedic shoes (above cost of ordinary shoes, with letter or prescription from doctor)</li> <li>• Physical exams</li> <li>• Physical therapy</li> <li>• Prescription drugs</li> <li>• Psychiatrist's and psychologist's fees</li> <li>• Radial keratotomy</li> <li>• Speech therapy</li> <li>• Surgery (for non-cosmetic purposes)</li> <li>• Wheelchair and repairs</li> </ul>
Examples of Ineligible Health Care Expenses - for a complete list, download IRS publication 502 from the IRS website	
<ul style="list-style-type: none"> <li>• Cosmetic surgery or procedures of any kind</li> <li>• Dental bleaching or whitening</li> <li>• Diapers and diaper service</li> <li>• Lens replacement insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Over the counter drugs without a prescription, except insulin</li> <li>• Physical therapy treatments for general well being</li> <li>• Solutions for the care and maintenance of eye glasses</li> <li>• Vitamins and weight loss foods</li> </ul>

## Dependent Care Flexible Spending Account (FSA)

Families often need help with child care/dependent adult care. A Dependent Care Flexible Spending Account (FSA) lets you save on dependent care expenses using pre-tax dollars. Qualified dependent care expenses are eligible for reimbursement up to \$5,000 per plan year per household, provided you and your spouse work at least part-time. If your spouse does not work, you will not be eligible for the benefit.

For purposes of the child and dependent care credit, a qualifying individual is:

- Your dependent qualifying child who is under age 13 when the care is provided,
- Your spouse who is physically or mentally incapable of self-care and who has the same principal place of abode as you for more than half of the year, or

- A dependent who is physically or mentally incapable of self-care, and who has the same principal place of abode as you for more than half of the year (an individual is physically or mentally incapable of self-care if, as a result of a physical or mental defect, the individual is incapable of caring for his or her hygiene or nutritional needs, or requires the full-time attention of another person for the individual's own safety or the safety of others). For more detailed information please go to: <http://www.irs.gov/taxtopics/tc602.html>.

After you pay for eligible day care expenses during the year, you can submit claims and be reimbursed from your account. As a result, your day care expenses are funded with tax-free dollars. **You cannot change the amount you elect to put into this account during the year unless you have a qualifying life event change.**

You can spend your dependent care savings account funds on a wide range of care for eligible members of your family. Some examples are listed below:

### Examples of Eligible Dependent Care Expenses

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Au pair</li> <li>• Babysitting (work related, in your home or someone else's)</li> <li>• Before or after school programs</li> <li>• Child care</li> <li>• Dependent care (while you work, to enable you to work, or look for work)</li> <li>• Extended care (supervised program before or after regular school hours)</li> </ul> | <ul style="list-style-type: none"> <li>• Housekeeper who cares for child (only portion of payment attributable to work-related child care)</li> <li>• Nanny</li> <li>• Nursery school</li> <li>• Pre-school</li> <li>• Registration fees (required for eligible care, after actual services are received)</li> <li>• Sick child care</li> <li>• Summer day camp</li> <li>• Transportation to and from eligible care (provided by your care provider)</li> </ul> |
|---|---|

### Examples of Ineligible Dependent Care Expenses

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Activity fees</li> <li>• Babysitting (not work related)</li> <li>• Dance lessons</li> <li>• Educational, learning or study skills services</li> <li>• Field trips</li> <li>• Sleep-away camp</li> <li>• Transportation to and from eligible care (not provided by your care provider)</li> </ul> | <ul style="list-style-type: none"> <li>• Household services (housekeeper, maid, cook, etc)</li> <li>• Kindergarten tuition</li> <li>• Language classes</li> <li>• Late payment fees</li> <li>• Registration fees (required for eligible care, prior to actual services received)</li> <li>• Tutoring</li> </ul> |
|---|---|

## PAID TIME OFF AND HOLIDAYS



### Paid Time Off

Riverbed recognizes the need for all eligible employees to have time away from work for a variety of reasons. Therefore, Riverbed has multiple time off allowances, both paid and unpaid. Paid time off includes the following\*:

- Vacation
- Sick leave
- Holidays
- Voting
- Jury duty
- Military service
- Parental leave
- Bereavement leave

Regular employees scheduled to work at least 30 hours or more per week are eligible for paid time off.

All regular time off must be approved by your manager in advance through Oracle Self-Service Human Resources (SSHR) whenever possible. If you are absent unexpectedly (for example, in case of illness), you are strongly encouraged to call your manager as early as possible to explain the situation and the probable length of absence.

### Vacation

All regular full-time employees scheduled to work at least 30 or more hours per week will accrue vacation. Vacation accrual begins the first full pay period after date of hire. Employees may view their balance in Oracle Self Service Human Resources (SSHR). Vacation payment is calculated using the base salary for salaried staff (exempt)

and hourly rate for hourly paid staff (non-exempt). Regular full-time employees accrue vacation as set forth below. You will not accrue vacation during an unpaid leave of absence.

Full-time employees with three years or less of service accrue vacation at the rate of five hours per pay period, up to 120 hours in a 12-month period. Full-time employees beginning their 4th year of employment (which begins in the first full pay period after your 3rd year anniversary) will accrue vacation at the rate of 6.67 hours per pay period, up to 160 hours in a 12-month period. You may accrue up to a maximum of 160 hours of vacation. CA employees should review their [employee handbook](#) for vacation maximums.

In either situation, once the cap is reached, no further vacation will accrue until some vacation is used. You may not receive pay instead of vacation except when you leave the company (as described below). You will not receive a retroactive grant of vacation compensation for the period of time your vacation accruals stopped because your accrued vacation compensation was at the cap.

Vacations generally can be taken up to the accrued amount as work schedules permit. We request that you give your manager at least 30-days advance notice before you take your vacation. The scheduling of your vacation is based on the company's operational needs and the requests for vacation and leave of absence of other employees. Vacation requests must be approved in advance by your manager using the Oracle Self-Services Human Resources tool (SSHR). An employee whose employment terminates will be paid for all accrued, unused vacation days.

## Sick Leave

You may use sick leave for illness, injury, disability, medical and dentist appointments and as otherwise permitted per company policy. Sick leave is for your personal use only; it may not be transferred to any other employee. However, you may use sick leave to care for your child, parent, spouse, or domestic partner who is sick. You must meet all conditions set by this policy when you request a leave for family care.

Please refer to the [employee handbook](#) for information on sick plans in your area.

If you abuse this sick leave policy, you will be subject to discipline or termination.

You must submit a time off request via the Oracle Self-Services Human Resources (SSHR) tool (the link to can be found on Riverbed's intranet site) and must provide your supervisor with as much advance notice as possible that you will be taking sick leave. Whenever sick leave is requested for non-emergencies (for example, most doctor's appointments), you may be required to schedule the leave for a time that will minimize disruption to your department.

If your illness or injury prevents you from coming to work for four (or more) consecutive work-days, you may be required, where permitted by law, to submit a health care provider's note to [Benefits@Riverbed.com](mailto:Benefits@Riverbed.com) that states the sick time was necessary (an employee's health care provider is not required and does not have to explain the nature of the employee's illness) or reasonable documentation (such as a police report, court order – including protective orders and injunctions, or signed statement from a victim and witness advocate, attorney, member of the clergy, or a domestic violence counselor) that the sick leave was used for an authorized purpose on the day you return to work. Failure to provide the requested documentation within seven days of returning to work may, where allowed by law, result in discipline up to and including termination of employment.

If you are hospitalized or out sick for more than seven calendar days for an injury or illness that is not work-related, you should apply for Short Term Disability benefits. You may apply sick leave (and vacation) hours to supplement your Short Term Disability benefits, but in no event will you receive more than 100% of your base pay.

If you are or anticipate being hospitalized or out sick for more than seven calendar days for an injury or illness that is not work-related, you should speak with Human Resources, as you may be eligible for FMLA or another applicable state leave of absence.

## 2018 Holiday Schedule

National Holiday	Date Observed	Day of the Week
New Year's Day	January 1, 2018	Monday
President's Day	February 19, 2018	Monday
Memorial Day	May 28, 2018	Monday
Independence Day	July 4, 2018	Wednesday
Independence Day 2	July 5, 2018	Thursday
Labor Day	September 3, 2018	Monday
Thanksgiving Day 1	November 22, 2018	Thursday
Thanksgiving Day 2	November 23, 2018	Friday
Christmas Day 1	December 24, 2018	Monday
Christmas Day 2	December 25, 2018	Tuesday

## ADDITIONAL BENEFITS

### The Riverbed 401(k) Plan - Charles Schwab

The Riverbed 401(k) Plan allows employees to set aside a portion of their earnings to save for their retirement. In the 2018 calendar year, you may contribute up to a maximum of \$18,500. If you will be age 50 or older during the year, you may make a \$6,000 catch-up contribution, for a total contribution of up to \$24,500.

Riverbed will match 50% up to your first 4% of contributions up to a maximum of \$700 per quarter (\$2,800 per year). Examples:

- An employee earning \$100,000 a year contributes 6% to the Riverbed 401k Plan
  - Total annual employee contribution = \$6000 (6% of salary)
  - Total annual Riverbed contribution = \$2000 (2% of salary)
- An employee earning \$100,000 a year contributes 2% to the Riverbed 401k Plan
  - Total annual employee contribution = \$2000 (2% of salary)
  - Total annual Riverbed contribution = \$1000 (1% of salary)

Employee contributions are matched on a per pay period basis with no quarterly or annual catch-up/true-up. Employees should contribute to the plan every pay period in order to maximize the company matching program. Employees with fluctuations in income per payroll period will see a match of 2% of gross wages up to a maximum of \$700 per quarter if the deferral exceeds 4% of their eligible wages. Please see the [Employee Benefits Resource Center](#) for more information.

You are 100% vested in Riverbed's contributions and the earnings from those contributions. To enroll or for more information, log in to [www.schwab.com/workplace](http://www.schwab.com/workplace), group # RBT or call Schwab Participant Services at 800.724.7526.

### Restricted Stock Purchase Plan (RSP)

For more information on Riverbed's Restricted Stock Program (RSP) please contact Riverbed's Legal Department.

### Employee Assistance Program (EAP)

The Employee Assistance Program is administered by ComPsych. You are automatically enrolled in this benefit, which is available to you and members of your family at no cost. The EAP can help you deal with issues such as stress, work/life concerns, alcohol and drug problems, financial issues, legal matters, grief, depression, elder care, etc. The program features easy and confidential access to both telephonic and Web-based services so you can quickly find the resources you need. In addition, you may receive up to three face-to-face counseling sessions with a licensed therapist. You can access the program confidentially, 24 hours a day, seven days a week by calling 800.311.4327 or visiting [www.guidanceresources.com](http://www.guidanceresources.com) and enter Web ID: GEN311.





## Credit Unions

Riverbed has engaged three credit unions to provide banking benefits to you and your family. This is a voluntary benefit. Review what is available and contact the credit union of your choice. The details are below:

### **Patelco Credit Union**

Riverbed has teamed up with Patelco, one of the Bay Area's largest not-for-profit credit unions, to offer you a great banking alternative. Your membership means better rates, fewer fees, and dedicated service from a local financial partner.

By joining Patelco, you'll have access to these great benefits and many more:

- Auto Loans –10% off your rate
- Home Loans – \$500 off closing costs
- Certificates of Deposit (CDs) – as high as 5.00% APY
- Free or Interest Checking – \$100 opening bonus with eStatements and direct deposit
- Free ATMs – 30,000+ nationwide
- Complimentary financial advice – from a CFS financial advisor at any branch or on-site
- Free auto buying service (California only)

Taking advantage of all your Patelco membership has to offer could save you \$823 or more. Visit <http://www.patelco.org> to learn more and see the full list of available discounts and offers.

### **First Tech Credit Union**

It is First Tech's core belief that they can help people make their lives better. Through a full service atmosphere, complete range of products, and an Investment Services Division, they are set apart as a Credit Union that can help solve members' real life problems and direct them towards achieving financial freedom – at any stage of life.

Here's a sample of the services offered:

- FREE dividend-earning checking
- High dividend savings
- Competitive auto loans
- Mortgage loans
- Platinum Rewards and Cash Back Visa® card

### **Contact**

**Domenic Deluca** [Domenic.Deluca@firsttechfed.com](mailto:Domenic.Deluca@firsttechfed.com) or 650.422.4131

### **Alliant Credit Union**

Riverbed Technology is proud to offer Alliant Credit Union as a new nationwide employee benefit.

Alliant is one of America's largest and strongest credit unions, serving more than 270,000 members worldwide. As a member-owned, not-for-profit financial cooperative, Alliant's mission is to serve its members' financial needs with above market savings rates, below market loan rates, and incredibly convenient access to your money.

Alliant is ready to serve you.

For more information on Alliant and their services visit:

<http://www.alliantadvantage.com/>.

## EMPLOYEE DISCOUNT PROGRAMS

### Employee Purchase Program

Employees can buy technology products with special corporate discount pricing. Log on to [www.zones.com/epp](http://www.zones.com/epp) and place personal orders with your credit card. Use your business email address and personal credit card.

**Jennifer Tagorda**  
**Corporate Account Executive**  
[Jennifer.tagord@zones.com](mailto:Jennifer.tagord@zones.com)  
**253.205.3438/800.258.0882 x53438**

### Verizon

- Share Everything Plans
- 8% discount on your monthly access fees
- Two-year line term on eligible calling plan \$34.99 is required
- Go to [verizonwireless.com/getdiscount](http://verizonwireless.com/getdiscount) to learn more

### AT&T

As a part of Riverbed Technology, you'll enjoy the AT&T Sponsorship Program discount and all the other benefits of AT&T:

- 15% discount on qualified wireless plans
- Existing AT&T Users: Visit [att.com/wireless/riverbed](http://att.com/wireless/riverbed)
- Click "Enroll now" to register
- Enter Company email address and personal mobile number
- You will need your account's billing zip code and the last four digits of the main account-holder's SSN to verify
- Switching from another provider? No problem: Visit an AT&T Store
- You will need the FAN # for Riverbed (02459478) and a paystub or ID badge to prove your employment

Visit [att.com/wireless/riverbed](http://att.com/wireless/riverbed) to sign up today. Or, to find the AT&T store closest to you visit [att.com/find-a-store](http://att.com/find-a-store). Please have proof of eligibility (employee badge, pay stub or student ID). Mention FAN: 02459478

### Kaiser – ChooseHealthy Affinity Program

If you are a Kaiser member, ChooseHealthy offers you reduced rates on:

- Acupuncture
- Massage therapy
- Chiropractic care
- Membership at fitness facilities
- You can get free access to online wellness programs, trackers, and other tools, and an online health and wellness library

Visit [www.kp.org/choosehealthy](http://www.kp.org/choosehealthy) for more information.





### CRUNCH Fitness

Riverbed Technology employees can enjoy discount memberships at CRUNCH:

Memberships	Employee Rate
All CRUNCH Freedom	\$99.99/mo.
One CRUNCH New York Freedom	\$94.99/mo.
City CRUNCH California Freedom	\$79.99/mo.
One CRUNCH SF California Freedom	\$69.99/mo.
One CRUNCH Burbank and Sunset California Freedom	\$65.99/mo.
Peninsula-City CRUNCH California Freedom	\$44.99/mo.
Peninsula-One CRUNCH California Freedom	\$41.99/mo.

Pay one-time \$59.99 enrollment fee and \$29.99 processing fee. Annual fee of \$44.99.

### 24 Hour Fitness

Riverbed Technology employees can also enjoy discount memberships at 24 Hour Fitness:

	Employee Rate	Add A Family Member
All Club Sport	\$29.99/mo.	\$29.99/mo.
All Club Super-Sport	\$39.99/mo.	\$39.99/mo.
All Club Ultra-Sport	\$74.99/mo.	\$74.99/mo.

Pay \$39.99 Annual Fee once during first year and annually thereafter.

#### Join 24 Hour Fitness Today!

- **In-Club:** Call **800.224.0240** or check online to find a club near you. Bring an employee ID, business card or current paystub as proof of employment.
- **Online:** Go to **24hourfitness.com/corporate** and enter your corporate ID: **102416CORP**



## FREQUENTLY ASKED QUESTIONS

### Q: What are plan deductibles and annual maximums?

A: A deductible is the dollar amount of covered expenses you must pay during the year before benefits are paid by the insurance carrier. An annual maximum is the most your insurer will pay in benefits during the year. Both are generally based on the **calendar year** and apply per covered person.

### Q: What does usual, customary and reasonable mean?

A: Carriers determine usual, customary and reasonable (UCR) limits by considering what the majority of providers in the same geographic area charge for a particular service. If your provider's fees are lower than the UCR, the plan will pay benefits based on the actual charges. If the fees are higher, the plan will pay benefits based on the UCR charge and you will be responsible for 100% of the excess.

### Q: What is co-insurance?

A: For some service categories, you may share in the cost of your expenses. This is represented as a percentage of the UCR limits, if a non-network provider is used or a percentage of the negotiated fee if a network provider is used. The percentage of co-insurance depends on the type of service received, and network services are typically reimbursed at a higher co-insurance percentage.



## GLOSSARY OF TERMS

### **AD&D – Accidental Death & Dismemberment**

Coverage that pays benefits in the event an individual dies or is dismembered as a result of an accident.

### **COB – Coordination of Benefits**

Process whereby insurance carrier must determine claim liability when an individual has coverage under more than one plan.

### **COBRA – Consolidated Omnibus Budget Reconciliation Act**

Legislation enacted in 1986 designed to extend coverage to terminated employees and their families, as well as for dependents losing coverage due to death of employee, divorce, etc. Employees will have the option to elect coverage at 102% of the current premium cost.

### **Copayment**

A fixed amount that the member or covered insured must pay out-of-pocket.

### **Deductible**

The annual amount of medical expense that must be incurred before benefits are payable.

### **EOB – Explanation of Benefits**

Worksheet given to employees to explain how a claim was paid and to whom.

### **Formulary**

A panel of drugs chosen by a Managed Care Organization to treat patients. Drugs outside the formulary are rarely used unless medically necessary.

### **HMO – Health Maintenance Organization**

Network of physicians/hospitals that provide services on a prepaid basis. Patient usually pays a small co-payment for office visits and nothing for hospitalization. All services, treatment and referrals must be coordinated through the primary care physician or there are no benefits.

### **Member**

Any individual or dependent that is enrolled in, and covered by, a managed health care plan.

### **OAP – In Network**

Network of physicians and/or hospitals that provide services at reduced rates to employees. Employees must use a network provider on this plan, however members may see specialists without PCP referrals.

### **Open Enrollment**

The annual period during which employees are allowed to:

- Enroll in coverage
- Waive coverage
- Change plans
- Add/remove dependents from plan

### **Out-of-Pocket Maximum**

You must pay coinsurance amounts until you reach your out-of-pocket maximum. Once you reach it, the health insurance company will pay your covered health care costs in full for the balance of the year. If your out-of-pocket maximum is \$2,500, you are not obligated to pay more than that amount.

### **Open Access Plus - PPO Network**

Network of physicians and/or hospitals that provide services at reduced rates to employees. Employee has option whether or not to utilize network provider at time of claim.

### **SNF – Skilled Nursing Facility**

A facility that provides inpatient services for persons requiring skilled nursing care.

### **SPD – Summary Plan Description**

Booklet or certificate that explains benefits and employee rights.

### **UCR – Usual, Customary and Reasonable**

The level whereby a claim charge is based upon historical fee patterns deemed to be in line with normal charges for the same procedure performed in the same area.

## YOUR RIGHTS AND NOTICES

### Patient Protection Disclosure

Cigna and Kaiser HMO's plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Cigna or Kaiser HMO or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, or if you have not designated a primary care provider (Kaiser HMO plan designates one for you). For more information on how to select a primary care provider and for a list of the participating primary care providers, contact:

Kaiser CA Member Services 800.464.4000  
Cigna Member Services 800.244.6224

### Women's Health and Cancer Rights Act (WHCRA) Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, please contact Human Resources.

## HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days, or any longer period that applies under the plan after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days, or any longer period that applies under the plan after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days, or any longer period that applies under the plan after that coverage ends; or
- If you or your dependents become eligible for state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days, or any longer period that applies under the plan after the determination of eligibility for such assistance.

*Note:* The 60-day, or any longer period that applies under the plan period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30-day, or any longer period that applies under the plan period applies to most special enrollments.

As stated earlier in this notice, a special enrollment opportunity may be available in the future if you or your dependents lose other coverage. This special enrollment opportunity will not be available when other coverage ends, however, unless you provide a written statement explaining

the reason that you are declining coverage for yourself or your dependent(s). Failing to accurately complete and return this form for each person for whom you are declining coverage may eliminate this special enrollment opportunity for the person(s) for whom a statement is not completed, even if other coverage is currently in effect and is later lost. In addition, unless you indicate in the statement that you are declining coverage because other coverage is in effect, you may not have this special enrollment opportunity for the person(s) covered by the statement (see the paragraphs above, however, regarding enrollment in the event of marriage, birth, adoption, placement for adoption, loss of eligibility for Medicaid or a state CHIP, and gaining eligibility for a state premium assistance subsidy through Medicaid or a state CHIP).

To request special enrollment or obtain more information, contact Sheril Perez, Manager Benefits, Americas, 415.527.4730.

## General Notice of COBRA Continuation Coverage Rights

### ***Continuation Coverage Rights Under COBRA Introduction***

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA Continuation Coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA Continuation Coverage.

The right to COBRA Continuation Coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA Continuation Coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.**

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

**What is COBRA Continuation of Coverage?**

COBRA Continuation Coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA Continuation Coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA Continuation Coverage must pay for COBRA Continuation Coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies
- Your spouse's hours of employment are reduced
- Your spouse's employment ends for any reason other than his or her gross misconduct
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both)
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the

following qualifying events:

- The parent-employee dies
- The parent-employee's hours of employment are reduced
- The parent-employee's employment ends for any reason other than his or her gross misconduct
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both)
- The parents become divorced or legally separated
- The child stops being eligible for coverage under the Plan as a "dependent child"

**When is COBRA Continuation Coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment
- Death of the employee
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both)

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days or enter longer period permitted under the terms of the Plan after the qualifying event occurs. You must provide this notice to Human Resources.

**How is COBRA Continuation Coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA Continuation Coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA Continuation Coverage. Covered employees may elect COBRA Continuation Coverage on behalf of their spouses, and parents may elect COBRA Continuation Coverage on behalf of their children.

COBRA Continuation Coverage is a temporary continua-

tion of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA Continuation Coverage can be extended:

### ***Disability extension of 18-month period of COBRA Continuation Coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA Continuation Coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA Continuation Coverage and must last at least until the end of the 18-month period of COBRA Continuation Coverage.

### ***Second qualifying event extension of 18-month period of Continuation Coverage***

If your family experiences another qualifying event during the 18 months of COBRA Continuation Coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA Continuation Coverage, for a maximum of 36 months, if the Plan Administrator is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA Continuation Coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### ***Are there other coverage options besides COBRA Continuation Coverage?***

Yes. Instead of enrolling in COBRA Continuation Coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.HealthCare.gov](http://www.HealthCare.gov).

### ***If you have questions***

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### ***Keep your Plan informed of address changes***

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### **Plan contact information**

Plan Administrator Name:	Sheril Perez
Position/Title:	Manager, Benefits, America
Address:	680 Folsom Street, 7th Floor San Francisco, CA 94107
Phone:	415.527.4730

### **CMS Part D Creditable Prescription Coverage Notification**

If you have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see below and the next page for more information.

### **Important Notice from Riverbed Technology about Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Riverbed Technology and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Riverbed Technology has determined that the prescription drug coverage offered by the plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### ***When can you join a Medicare drug plan?***

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two month Special Enrollment Period (SEP) to join a Medicare drug plan.

### ***What happens to your current coverage if you decide to join a Medicare drug plan?***

If you decide to join a Medicare drug plan and drop your current Riverbed Technology coverage, be aware that you and your dependents may not be able to get this coverage back. Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/Creditable-Coverage>, which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your Riverbed Technology coverage, be aware that you and your dependents will not be able to get this coverage back.

### ***When will you pay a higher premium (penalty) to join a Medicare drug plan?***

You should also know that if you drop or lose your current coverage with Riverbed Technology and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### ***For more information about this notice or your current prescription drug coverage...***

Contact Human Resources for further information.

*Note:* You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Riverbed Technology changes. You also may request a copy of this notice at any time.

### ***For more information about your options under Medicare prescription drug coverage...***

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

- Call 800.MEDICARE (800.633.4227). TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 800.772.1213 (TTY 800.325.0778).

<b>Date:</b>	1/01/2018 – 12/31/2018
<b>Name of Entity/Sender:</b>	Riverbed Technology
<b>Contact/Position/Office:</b>	Sheril Perez
<b>Address:</b>	680 Folsom Street 7th Floor San Francisco, CA 94107
<b>Phone Number:</b>	415.527.4730

## Health Contingent Wellness Program Model Notices

### **MODEL NOTICE #1**

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

### **GINA Warning for Wellness Program Materials Requesting Medical Information**

In answering these questions, do not include any genetic information. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you do not provide any genetic information when responding to this request. “Genetic information” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member

sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Please do not include any family medical history or any information related to genetic testing, genetic services, genetic counseling or genetic diseases for which an individual may be at risk

### **ADA Notice for Employer-Sponsored Wellness Programs**

Riverbed Technology’s Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Wellness program you will be asked to complete a voluntary health risk assessment or “assessment” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the Wellness program will receive an incentive of a \$100 gift card. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the \$100 gift card.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the Wellness program. You also are encouraged to share your results or concerns with your own doctor.



## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Riverbed Technology may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) Human Resources in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources.

## **NOTICE OF AVAILABILITY OF THE RIVERBED TECHNOLOGY, INC. PLAN NOTICE OF PRIVACY PRACTICES**

### **THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.**

The Riverbed Technology, Inc. Plan (the "Plan") provides health benefits to eligible employees of Riverbed Technology (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health

information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. To receive a copy of the Plan's Notice of Privacy Practices you should contact Human Resources, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights. You can reach this contact person at: Riverbed Technology Human Resources, 680 Folsom Street, 7th Floor, San Francisco, CA 94107 or by phone: 855.393.3930.

Effective January 1, 2018

Riverbed Technology  
Sheril Perez  
Manager, Benefits, Americas  
680 Folsom Street, San Francisco, CA 94107  
415.527.4730

**CONTACT INFORMATION**

<b>Cigna FREEDOM (OAP)/VALUE (OAPIN)/SAVER (HSA)/HSA BANK</b> 800.244.6224	<a href="https://my.cigna.com">https://my.cigna.com</a> Group #3328814
<b>Kaiser HMO</b> CA: 800.464.4000 or 800.777.7902 (TTY/TDD) Kaiser Mid-atl Member Services: 800.810.4766	<a href="https://healthy.kaiserpermanente.org">https://healthy.kaiserpermanente.org</a> Group #633416 Group #22593
<b>Cigna Dental</b> 800.244.6224	<a href="https://my.cigna.com">https://my.cigna.com</a> Group #3328814
<b>VSP Vision</b> 800.877.7195	<a href="https://www.vsp.com/">https://www.vsp.com/</a> Group #12252927
<b>Prudential Life &amp; Disability</b> 888.598.5671 (general questions) 877.367.7781 (submit absence/disability claims)	<a href="https://www.prudential.com/mybenefits">https://www.prudential.com/mybenefits</a> Group #51652
<b>Discovery Benefits - FSA and Transportation</b> 866.451.3399	<a href="https://www.discoverybenefits.com">https://www.discoverybenefits.com</a> Group #20154
<b>ComPsych Employee Assistance Program (EAP)</b> 800.311.4327	<a href="https://www.guidanceresources.com/">https://www.guidanceresources.com/</a> Web ID: GEN311
<b>Charles Schwab 401(k)</b> 800.724.7526	<a href="https://workplace.schwab.com">https://workplace.schwab.com</a> Group #RBT
<b>Riverbed HR Helpdesk (internal)</b> 855.393.3930 (US & Canada)	<a href="mailto:hrhelp@riverbed.com">hrhelp@riverbed.com</a>

For more information on your benefits, visit the Employee Benefits Resource Center at [Employee Benefits Resource Center](#).

To enroll and/or make changes to your benefits, visit [www.riverbedbenefits.com](http://www.riverbedbenefits.com) or [BenefitSolver](#) via Single Sign-on (SSO).

**For benefit-related questions:**

- Type "HRhelp" on network connected browser
- By phone (x2200)
- By e-mail: [benefits@riverbed.com](mailto:benefits@riverbed.com)

**riverbed**

2018