2022 Benefit Guide

Rambus

Revised 12/28/2021

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Benefits effective
January 1 - December 31, 2022

This is not a legal document. Please refer to the Summary Plan Descriptions for detailed information. This document is not intended to cover every option in detail. Complete details are in the legal documents, contracts, and administrative policies that govern benefit operation and administration.

NEW in 2022

NEW!

Rambus is excited to offer several new plans, effective January 1, 2022!

No Change to Contributions

- Employee per paycheck costs will remain the same

Kaiser HMO - Oregon

- New medical option for Oregon employees

Hearing Aids

- Covered by Blue Shield and Kaiser Plans

Maven Family Forming Benefits*

- Specialized coverage for infertility, adoption and surrogacy

BenefitHub

- New Employee Discount/Perk Program

** Maven Family Forming benefits will replace the Blue Shield infertility benefits.*

Benefit Eligibility

Who Is Eligible?

In general, full-time employees working 20 or more hours per week are eligible for the benefits outlined in this overview.

You can enroll the following family members in our medical, dental, vision and/or voluntary plans:

- Your spouse (the person you are legally married to under state law, including a same-sex spouse) or qualified domestic partner (same or opposite sex with whom you share the same residence, financial responsibility and a committed relationship). In order to cover your domestic partner, you must complete a Domestic Partner Affidavit. Please contact the Rambus Benefit Department for additional information.
- Your children (including your domestic partner's children):
  - Under age 26 are eligible to enroll in coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
  - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
  - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefit eligibility is determined.

Who Is Not Eligible?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings
- Any individual who is covered as an employee
- Employees who work fewer than 20 hours per week, temporary employees, contract employees, or employees residing outside the United States

Enrollment

When Do I Enroll?

Coverage for new full-time employees begins on the date of hire. New employees who do **NOT** make an election within 31 days of becoming eligible will be considered to have waived benefits for the plan year. You will be enrolled for the automatic company-paid benefits only, including Basic Life and AD&D Insurance, Short-Term and Long-Term Disability Insurance, Business Travel Accident benefits, Maven Family Forming Benefits, and Employee Assistance Program coverage.

After that, Open Enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Life events include, but are not limited to:

- Birth or adoption
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage, divorce or death.

Notify sblackstone@rambus.com within 31 days of a qualifying life event to add or drop dependents outside of Open Enrollment.

How Do I Enroll?

Log on to ADP Workforce Now using your unique username and password to enroll. You can visit the Benefits Center for more instructions on how to enroll.

Getting Care When You Need It

When to Use the ER

The emergency room should not be your first choice unless there is a true emergency - a serious or life-threatening condition that requires immediate attention or treatment that is only available at a hospital. Non-emergency treatment in the emergency room may not be covered at the emergency room benefit level of your plan.

When to Use Urgent Care

Urgent care is for serious symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or ER. Urgent care conditions include, but are not limited to, earache, sore throat, rashes, sprains, flu, and fever.

When You Need Care Now

What do you do when you need care right away, but it's not an emergency?

Blue Shield Medical Plan Participants

- Call Blue Shield's 24/7 NurseLine at 877-304-0504
- Find an urgent care center by visiting blueshieldca.com (CA) or bcbs.com (outside CA)

Kaiser Permanente Plan Participants

- Call Kaiser's 24/7 NurseLine at 866-454-8855
- Find an urgent care center by visiting kp.org

Preventive or Diagnostic?

Preventive care is intended to prevent or detect illness before you notice any symptoms. Diagnostic care treats or diagnoses a problem after you have had symptoms.

Be sure to ask your doctor why a test or service is ordered. Many preventive services are covered at no out-of-pocket cost to you. The same test or service can be considered preventive, diagnostic, or routine care for a chronic health condition. Depending on the reason for the test or service, your share of the cost may change. There may be diagnostic bills resulting from a preventive appointment.

Whatever the reason, it's important to keep up with recommended health screenings to avoid more serious and costly health problems down the road.

Go to the Benefits Center on ADP for more information.

Blue Shield Medical

	Blue Shield CDHP		Blue Shield PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible *Combined with Out-of-Network	Individual: $1,500* Family: $2,800 per individual, up to $3,000 per family*	Individual: $1,500* Family: $2,800 per individual, up to $3,000 per family*	Individual: $500 Family: $1,000	Individual: $1,000 Family: $2,000
Annual Out-of- Pocket Max	$3,000 per individual, up to $6,000 per family	$6,000 per individual, up to $12,000 per family	$2,000 per individual, up to $4,000 per family*	$4,000 per individual, up to $8,000 per family
Office Visit Primary Provider Specialist	You pay 10% after deductible You pay 10% after deductible	You pay 30% after deductible You pay 30% after deductible	$20 copay $40 copay	You pay 30% after deductible You pay 30% after deductible
Preventive Services	No charge (deductible waived)	Not covered	No charge (deductible waived)	Not covered
Chiropractic Care	You pay 10% after deductible (limited to 20 visits per calendar year*)	You pay 50% after deductible (limited to 20 visits per calendar year*)	$25 per visit (coverage limited to 20 visits per calendar year*)	You pay 30% after deductible (coverage limited to 20 visits per calendar year*)
Lab & X-Ray Copays and limits may apply based on setting of care	You pay 10% after deductible	You pay 30% after deductible	$10 copay	You pay 30% after deductible
Inpatient Hospitalization	$100 per admission + You pay 10% after deductible	You pay 30% after deductible (coverage limited to $600 per day)	You pay 10% after deductible	You pay 30% after deductible (coverage limited to $600 per day)
Hearing Aids	$2,000 maximum per member in a 24-month period	$2,000 maximum per member in a 24-month period	$2,000 maximum per member in a 24-month period	$2,000 maximum per member in a 24-month period
Emergency Room	$100 per admission + You pay 10% after deductible	$100 per admission + You pay 10% after deductible	$100 per visit (copay waived if admitted; deductible waived)	$100 per visit (copay waived if admitted; deductible waived)
Retail Pharmacy				
Tier 1	$10 copay after deductible	$10 copay + you pay 25% after deductible	$10 copay	$10 copay + you pay 25%
Tier 2	$30 copay after deductible	$30 copay + you pay 25% after deductible	$30 copay	$30 copay + you pay 25%
Tier 3	$50 copay after deductible	$50 copay + you pay25% after deductible	$50 copay	$50 copay + you pay 25%
Tier 4 (excluding specialty)	30% up to $250/Rx after deductible	25% of purchase price + 30% up to $200/Rx after deductible	30% up to $250/Rx	25% of purchase price + 30% up to $200/Rx
Supply Limit	30 days	30 days	30 days	30 days
Mail Order				
Tier 1	$20 copay after deductible	Not covered	$20 copay	Not covered
Tier 2	$60 copay after deductible	Not covered	$60 copay	Not covered
Tier 3	$100 copay after deductible	Not covered	$100 copay	Not covered
Tier 4 (excluding specialty)	30% up to $500/Rx after deductible	Not covered	30% up to $500/Rx	Not covered
Specialty	30% up to $250/Rx after deductible	Not covered	30% up to $250/Rx	Not covered

Blue Shield Updates

2022 Plan Changes

NEW!

Benefit	Plan Change
Pharmacy	You may now purchase a 90-day supply of maintenance medications from retail pharmacies. You will pay copayments but are no longer limited to a 30-day supply at retail.
Prescriptions	The amount members actually pay for prescriptions will be applied towards the deductible and out-of-pocket maximum when using a drug discount card, or receiving copayment assistance from a drug manufacturer or other third party, at a Network Specialty Pharmacy. The portion of the member's copayment or coinsurance, paid for by the manufacturer's assistance or other drug discount, will not be applied toward the member's deductible or out-of-pocket maximum.
Preventive Drugs (CDHP only)	The CDHP Preventive Drug benefits have been expanded to include glucose monitors and peak flow meters. Glucose monitors and peak flow meters obtained from a Participating Provider are not subject to the deductible and are covered at the applicable Durable Medical Equipment (DME) cost share.

Kaiser Medical

KAISER PERMANENTE®

NEW! HMO coverage in Oregon

	Kaiser CDHP- California Only*	Kaiser HMO- California and Oregon
	In-Network	In-Network
Annual Deductible	$1,500 / $3,000	None
Annual Out-of-Pocket Maximum	$3,000 / $6,000	$1,500 per individual, up to $3,000 per family
Lifetime Maximum	Unlimited	Unlimited
Office Visit Primary Provider/ Specialist	10% coinsurance after deductible	$25 copay
Preventive Services	No charge	No charge
Chiropractic Care	$15 per visit (up to 20 visits per calendar year combined with acupuncture) after plan deductible	$15 per visit (up to 20 visits per calendar year combined with acupuncture)
Lab & X-Ray	10% coinsurance after deductible	No charge
Inpatient Hospitalization	10% coinsurance after deductible	$250 copay, waived if admitted
Outpatient Surgery	10% coinsurance after deductible	$25 per procedure
Emergency Room	10% coinsurance after deductible	$100 per visit, waived if admitted
Hearing Aid	$2,000 benefit every 36 months	$2,000 benefit every 36 months
Retail Pharmacy		
Generic	$10 copay after deductible	$10 copay
Preferred Brand	$30 copay after deductible	$30 copay
Specialty	20% coinsurance (not to exceed $200) after deductible	20% coinsurance, not to exceed $200/Rx
Supply Limit	30 days	30 days
Mail Order Pharmacy		
Generic	$20 copay after plan deductible	$20 copay
Preferred Brand	$60 copay after plan deductible	$60 copay
Supply Limit	100 days	100 days

*** HSA Eligible and Rambus provides one year of hospital indemnity coverage for first time enrollees only.**

Kaiser Medical

Traveling? You're Covered! Anytime, Anywhere

Kaiser Permanente Has You Covered.

Domestic travel within a Kaiser service area/region

- Nearest Kaiser urgent care
- Nearest Kaiser Hospital if emergency care is needed

Domestic travel in a state without Kaiser

- Nearest MinuteClinic
- Nearest urgent care facility
- Nearest hospital if emergency care is needed

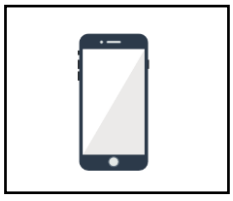
International travel

- Nearest urgent care facility
- Nearest hospital
- See page 37 for additional Business Travel Accident coverage details.

CONNECT 24/7
With a licensed care provider for medical advice

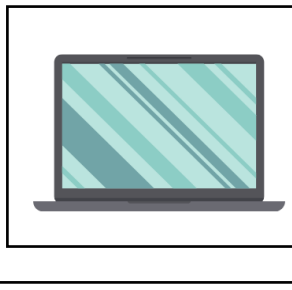
VISIT
kp.org/travel

CALL
Our Away From Home Travel Line @ 951-268-3900



TALK
With your primary care physician via phone or video

EMAIL
Your doctor with nonurgent questions



Virtual Health

When employees or their family members are sick, they often miss work. If you are unable to see your own doctor, you might visit an urgent care or emergency department, which can be costly and time-consuming. With virtual visits, you and your covered family members can see and speak to a doctor 24/7 using a mobile device or computer. If needed, a prescription can be sent to your chosen local pharmacy.

For Blue Shield Members

As a Blue Shield member, you have access to Teladoc's national network of U.S. board-certified physicians. Whenever you need care, Teladoc medical doctors are available 24/7/365 by phone or video.

You can also speak to licensed therapists, psychiatrists, and mental health professionals who can help you manage addiction, depression, stress or anxiety, domestic abuse, grief, and more. Mental health appointments are available from 7 a.m. to 9 p.m. local time, seven days a week.

How to request an appointment

General medical visits can be scheduled on demand 24/7/365. For mental health visits, you will need to schedule an appointment.

Appointments are available seven days a week from 7 a.m. to 9 p.m. local time. Teladoc confirms mental health appointments within 72 hours.

Medical consultations

Visit blueshieldca.com/teladoc to register or log in. You can request a consultation any time you need care. Download the Blue Shield of California mobile app to access care from anywhere.

Mental health consultations

Visit blueshieldca.com/teladoc to register or log in and answer a few questions about your needs. Then, request an appointment. Download the Blue Shield of California mobile app to access care from anywhere. Please note that mental health appointments must be scheduled in advance.

For Kaiser Members

When scheduling an appointment in person or through the Appointment and Advice line @ 866-454-8855, ask if a video visit is right for your symptoms. When scheduling online through the Appointment Center on www.kp.org, you may be offered a video visit depending on the type of appointment you need.

Connecting to your video visit appointment:

From a Smartphone or tablet computer (preferred method):

1. From your phone or tablet, go to http://kp.org/mydoctor/videovisits
2. Choose "Get the App" to download KP Preventive Care App.
3. Open and log in to the KP Preventive Care App using your KP.org username and password.
4. Go to "Appointments" and tap "Join" to start your video visit.

From a Computer or Laptop:

A confirmation email with the date and time of your appointment and a link to the video visit website will be sent to you.

1. Click the link in your confirmation email or go to http://kp.org/mydoctor/videovisits.
2. Click "Get Prepared" to download and install the Video Web plug-in.
3. Click "Join Your Visit" to start your visit.
4. Sign in using your kp.org username and password, or for temporary access: Enter your Last Name, Medical Record Number, and Date of Birth to join.

Health Savings Account (HSA)

Do you want to save money on taxes? A Health Savings Account is a tax-advantaged, portable (you own it!) savings account that is automatically offered if you enroll in our Blue Shield or Kaiser CDHP plan.

You and Rambus contribute pre-tax money to your account to save for out-of-pocket healthcare expenses. Any money that you don't spend grows year after year and can be used in the future, even after you retire. HealthEquity administers this account. The money in this account is yours even if you leave the Company.

	Rambus Contributes	You Can Contribute
Account Contributions		
Employee	Up to $1,000 per calendar year	$3,650 less employer contribution
Employee + Family	Up to $2,000 per calendar year	$7,300 less employer contribution
Catch Up Contributions	N/A	An additional $1,000 per year at age 55+

Please note that Rambus' annual HSA contribution is made in 24 equal installments, deposited once each pay period, and is thus prorated based on date of hire. **In addition, due to ADP system limitations, it is possible for you to overcontribute to your HSA during a given year, so be sure to monitor your contributions carefully to avoid any possible IRS penalties.**

Using Your Money

You can use your account to pay for qualified medical expenses that are not paid for by your Consumer Driven Health Plan (CDHP). In general, your HSA can be used for these expenses:

- Medically necessary expenses not covered by your health plan, including deductibles and coinsurance
- Dental care services
- Vision care services
- Prescription drugs
- Over-the-counter (OTC) medications
- Certain medical equipment

When possible, use your HSA debit card to pay for expenses. Make sure that you keep records of your receipts in case the IRS requests them.

Eligibility

You are not eligible to open or contribute to an HSA account if you are:

- Covered by a non-CDHP plan (a high-deductible health plan)
- Enrolled in a regular health care flexible spending account (at Rambus or through your spouse's plan)
- Eligible for coverage under Medicare, Medicaid, or Tricare
- Someone else's tax dependent.

Non-Qualified Expenses

If you use HSA funds for non-qualified expenses before age 65, you will owe a 20% penalty tax PLUS income tax on the withdrawal. After age 65, if you use HSA funds for non-qualified expenses, you will owe income tax only.

Visit irs.gov/ publications/p502 for details.

Flexible Spending Accounts (FSAs)

A Flexible Spending Account lets you set aside money - before it's taxed - through payroll deductions. The money can be used for eligible health care and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income. Reimbursements from your FSA accounts are tax free. The catch is that you have to use the money in your account by the specified deadline. Otherwise, that money is lost, so plan carefully. You must re-enroll in this program each year.

Tax-Free Health Care FSA

Eligible expenses include medical, dental, and vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered health care costs for you and your tax dependents. You may access your entire annual election from the first day of participation, and you can set aside up to $2,850 per year. If you are enrolled in the Blue Shield or Kaiser CDHP, you can participate in our Limited Purpose Health Care FSA which covers out-of-pocket vision and dental expenses ONLY.

Tax-Free Dependent Care FSA

Eligible expenses may include daycare centers, in-home childcare, and before or after school care for your dependent children14 and under. Other individuals may qualify if they are your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your Dependent Care FSA account.

All caregivers must have a Tax ID or Social Security number. This information must be included on your federal tax return. If you use the Dependent Care reimbursement account, the IRS will not allow you to claim a dependent care credit. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to $5,000 per year per tax return ($2,500 for married couples filing separately) for eligible dependent care expenses for the year.

Visit the WageWorks/HealthEquity website for a list of eligible and ineligible expenses for all three FSA types.

Important Considerations

- There is no "crossover" spending allowed between the Health Care and Dependent Care accounts.
- Health care expenses must be incurred between 01/01/2022 and 12/31/2022 and submitted no later than 03/31/2023. Dependent care expenses must be incurred between 01/01/2022 and 3/15/2023 and submitted no later than 3/31/2023.
- Due to new legislation, FSA elections may now be changed without experiencing a qualified change in family status (this rule applies to plan year 2022).
- FSA funds can be used for eligible expenses incurred by you, your spouse, and your tax dependents only. Your spouse or tax dependent children do not have to be covered on the Rambus health plan.
- To submit a claim for reimbursement, log in to www.wageworks.com and choose "Pay My Provider" or "Pay Me Back".
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents. Questions about the tax status of your dependents should be addressed with your tax advisor.
- Keep your receipts as proof that your expenses were eligible for IRS purposes.

Dental Benefits

Regular visits to your dentist can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body, and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

	Platinum Dental PPO		Gold Dental PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	$25 per individual, up to $75 per family (combined with Out-of-Network)	$25 per individual, up to $75 per family (combined with In-Network)	$50 per individual, up to $150 per family (combined with Out-of-Network)	$50 per individual, up to $150 per family (combined with In-Network)
Annual Plan Maximum	$2,500 (combined with out-of-network)	$2,500 (combined with in-network)	$1,750 (combined with out-of-network)	$1,750 (combined with in-network)
Diagnostic and Preventive	No charge	No charge	No charge	No charge
Basic Services **Fillings** **Root Canals** **Periodontiis Treatment**	You pay 10% after deductible	You pay 10% after deductible	You pay 20% after deductible	You pay 20% after deductible
Major Services	You pay 40% after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 50% after deductible
Orthodontic Services **Cost Share** **Lifetime Maximum** **Who's Covered**	You pay 50%; deductible waived $2,500 (combined with Out-of-Network) Dependent children and adults	You pay 50%; deductible waived $2,500 (combined with Out-of-Network) Dependent children and adults	Not covered	Not covered

Vision Benefits

Routine vision exams cannot only correct vision but also detect more serious health conditions.

VSP Vision		
	In-Network	**Out-of-Network**
Examination **Benefit Frequency**	$10 copay Once every 12 months	Reimbursed up to $50 after $10 copay Once every 12 months
Materials	$20 copay	Reimbursed up to $70 after $20 copay
Eyeglass Lenses		
Single Vision Lens	No charge after materials copay	Reimbursed up to $50 after materials copay
Bifocal Lens	No charge after materials copay	Reimbursed up to $75 after materials copay
Trifocal Lens	No charge after materials copay	Reimbursed up to $100 after materials copay
Frequency	Once every 12 months	Once every 12 months
Frames		
Benefit	$150 allowance $170 allowance for feature frames	Reimbursed up to $70
Frequency	Once every 24 months	Once every 24 months
Contacts (Elective) **Benefit Frequency**	$130 allowance after a $60 copay Once every 12 months in lieu of frames & lenses	Reimbursed up to $105 Once every 12 months in lieu of frames & lenses

Additional Vision Benefits

Vision Wellness

The Primary EyeCare benefit provides coverage for medical and urgent eyecare services from a VSP Preferred Provider. This additional coverage includes diagnosis and testing for vision loss, treatment for conditions such as pink eye, and management of glaucoma disease.

Vision Discount Programs

In addition to receiving increased benefits when you use VSP providers, you may also benefit from VSP's discount programs. You may receive:

- Additional pairs of prescription eyeglasses (lenses and frames purchased separately from VSP's regular benefits) at a 30% discount from the VSP member doctor's usual and customary retail charges if obtained from the same VSP doctor on the same day or within 12 months of your well vision exam.

- A 15% discount on VSP member doctor's usual and customary professional fees for elective contact lens evaluation and fittings. Contact lens materials are provided at the doctor's usual and customary charges.

Laser Vision Correction

VSP has contracted with laser surgery facilities and doctors to offer you access to laser vision correction surgery for much less than what you might pay otherwise. For more information about how to use the benefit, to find a laser vision doctor for a screening and to find a laser vision center, go to www.vsp.com/lasik.

- Receive an average of 15% off the regular price or 5% off the promotion price; discounts only available for contracted facilities

- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

Employee Cost

Rambus pays for the full cost of coverage for Basic Life, AD&D, STD, BTA, Family Forming and EAP coverage. You share in the cost of your Medical, Dental, and Vision coverage. You choose how you want to the pay the premium for your LTD coverage. If you pay the premium pre-tax, you will not be taxed if you receive benefits. If Rambus pays the premium, you will be taxed on any disability benefits you may receive from Prudential.

Per Pay Period Contributions							
Coverage Level	**Blue Shield**	**Blue Shield**	**Kaiser**	**Kaiser**	**Platinum Dental**	**Gold Dental**	**VSP**
	CDHP	**PPO**	**CDHP**	**HMO**	**Dental**	**Dental**	**Vision**
Employee Only	$30	$97	$30	$47	$8	$4	$1
Employee + Spouse/DP	$90	$211	$90	$126	$20	$12	$2
Employee + Children	$82	$191	$82	$113	$20	$12	$2
Employee + Family	$136	$317	$136	$188	$31	$18	$2

Domestic Partner (DP) Imputed Income

Due to IRS regulations, the fair market value of employer-provided health coverage is considered taxable income to the employee if the domestic partner (and the domestic partner's children, if applicable) do not satisfy the IRS definition of "qualifying relative" or "qualifying child." If the domestic partner (and the domestic partner's children, if applicable) are not a "qualifying child" or "qualifying relative," employee contributions made for their health coverage will be made on an after-tax basis. In addition, the value of the company-paid portion of their benefits will be taxable and shown as income on your paycheck and your W-2 statement at the end of the year. In some states, such as California, the amounts may not be subject to state income tax if the domestic partnership meets state criteria.

For more information about the California Registry for Domestic Partners visit http://www.sos.ca.gov/dpregistry/

Life & AD&D Benefits

Prudential

Benefits To Help Protect Your Financial Wellness

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security and pay for large expenses such as housing and education, as well as day-to-day living expenses.

Employer Paid Life and AD&D Insurance

Basic Life Insurance pays your beneficiary a lump sum if you pass away. AD&D Insurance provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by the Company. Coverage is provided by Prudential. To name a beneficiary, you must have the following information:

- Full first and last name
- Complete address
- Phone number
- Relationship to you
- Date of birth

Basic Life Amount	The lesser of 2x annual compensation or $1,000,000
Basic AD&D Amount	The lesser of 2x annual compensation or $1,000,000

* Employees hired prior to January 1, 2021 will retain their current level of Basic Life and AD&D Insurance coverage.

Taxes

A life insurance benefit of $50,000 or more is a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

Beneficiary Reminder

Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver. Log in to ADP to update your beneficiaries.

Voluntary Life Insurance

Prudential

Benefits To Help Protect Your Financial Wellness

In addition to the company-paid life insurance, Rambus offers you the opportunity to purchase additional life insurance for yourself, your spouse/domestic partner and/or your children:

Employee Life	Increments of $10,000 to $500,000 up to 7x annual salary
Spouse/Domestic Partner Life*	Increments of $5,000 to $250,000
Child(ren) Life*	$10,000 per covered child

*To enroll in spouse/domestic partner and/or child(ren) coverage, the employee must be enrolled. Spouse/domestic partner coverage cannot exceed 50% of the employee amount.

Important

Guarantee Issue and Evidence of Insurability (EOI)
The Guarantee Issue amount for new employees is $150,000 for employee and $25,000 for spouse/domestic partner coverage. If you select an amount greater than the Guarantee Issue amount, you will be required to submit Evidence of Insurability (EOI).

If you did not initially elect coverage when the program became available in 2021, you are required to submit EOI for all coverage levels. If you elected coverage in 2021, but it did not exceed the Guarantee Issue amount, you may increase your coverage up to an additional $50,000 (not to exceed $150,000 total) without providing EOI.

If you elect to cover your child(ren), no EOI is required.

Age Reductions

The amount of your employee or spouse life insurance will be reduced by 35% at age 65, and by 50% at age 70.

Monthly Rate per $1,000 of Employee or Spouse Coverage (Based on Insured Age)

	Monthly Rate / $1,000 of Coverage
LT 25	$0.040
25-29	$0.050
30-34	$0.060
35-39	$0.070
40-44	$0.080
45-49	$0.110
50-54	$0.170
55-59	$0.330
60-64	$0.500
65-69	$0.960
70-74	$1.560
75+	$1.560

Monthly Rate For $10,000 Child(ren) Coverage: **$2.00**

Short & Long-Term Disability Insurance

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

Short-Term Disability Insurance

Short-Term Disability (STD) coverage pays you a benefit if you are temporarily unable to work because of an injury, illness, or maternity leave. Benefits may be reduced by income from other sources such as state disability insurance. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition. Coverage is provided by Prudential.

Rambus will supplement wages up to 100% of your base salary for up to 6 weeks, offset by payments you receive from other sources. These supplemental wages will be paid upon confirmation of claim approval by Prudential.

Contact Kathy Reck at kreck@rambus.com for questions regarding your leave of absence.

Weekly Benefit Amount	Plan pays 70%
Maximum Weekly Benefit	$4,000
Benefits Begin After	7 days of disability
Maximum Payment Period *	13 weeks

* Maximum payment period is based on the first day you are disabled, not when benefits begin.

Long-Term Disability Insurance

Long-Term Disability (LTD) coverage pays 66.67% of your base income if you can't work because an injury or illness prevents you from performing any of your job functions following a 90-day Short-Term Disability period.

It is important to know that benefits are reduced by income from other benefits you might receive while disabled, such as state disability benefits, workers' compensation and/or Social Security.

If you qualify, LTD benefits begin after STD benefits end and could continue to age 65. Coverage is provided by Prudential.

Monthly Benefit Amount	Plan pays 66.67%
Maximum Monthly Benefit	$17,000
Benefits Begin After	90 days of disability
Maximum Payment Period *	SSNRA or Maximum Benefit Period (schedule)

* The age at which the disability begins may affect the duration of benefits.

LTD Payment Options

There are two options for payment of your LTD insurance premium.

You can choose to pay 100% of the premium yourself, on a post-tax basis, or you can allow Rambus to pay the premium on your behalf. If you choose to pay the premium yourself, your benefit (should you ever need it) will be tax free. Depending on your tax bracket, this could result in significantly more money to spend on your ongoing living expenses. Rambus will report the amount of your LTD premiums as taxable income on your W-2 form. You can choose your LTD premium payment option at Open Enrollment.

Maven Family Forming Benefits

NEW!

Rambus is excited to announce a new benefit plan that expands coverage for many services for employees on their path to "parenthood".

This benefit covers traditional infertility services as well as a more equitable, diverse and inclusionary options for same-sex couples and single prospective parents. Examples of these services include:

Family Building

- Preconception
- Egg freezing
- UI & IVF support
- Adoption & surrogacy
- Partner track
- Maven Wallet

Expecting Parents

Pregnancy
Postpartum
Return-to-work
Miscarriage & loss
Partner track

Parenting & Pediatrics

Pediatric care
Parent coaching
Special needs support
Childcare navigation

Maven Wallet	Benefit
IVF/ IUI	$20,000
Surrogacy	$10,000
Adoption	$5,000

Maven Family Forming Benefits

NEW!

MAVEN

Supporting All Paths to Parenthood

ADOPTION AND SURROGACY

The adoption and surrogacy processes can be complex and intimidating, which is why we have partnered with Maven to provide personalized, always-on support for employees who are considering these paths to parenthood, and to ensure you have the resources you and your family need to thrive.

HOW MAVEN WORKS

Your designated Care Advocate will connect you with best-in-class providers across a range of services—many experienced in serving the LGBTQIA+ community. All care through Maven is free.

ADOPTION

- Adoption coaches
- Agency, financial and legal navigation
- Mental health support
- Community support

SURROGACY

- Surrogacy and egg donor coaches
- Agency and fertility clinic navigation
- Genetic counselors

EARLY CHILDHOOD

- Infant sleep coaches
- Pediatricians
- Mental health providers
- Return to work support and career coaches

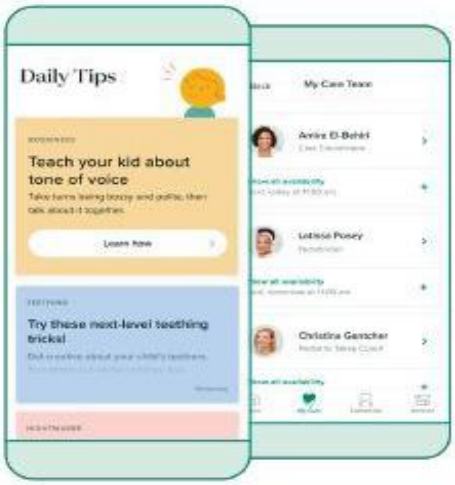
Maven Family Forming Benefits

NEW!

An all-in-one resource for do-it-all parents

As an employee, you have free access to Maven's parenting and pediatrics program, which offers on-demand virtual care for parents of children up to 10 years old. You and your partner get 24/7 access to more than 25 types of doctors, specialists and coaches, plus exclusive childcare discounts — all at no cost.

Sign up for free access:



- **Unlimited video chats** with 25+ types of specialists, including childcare consultants, speech pathologists and more
- **Practical content and a supportive community** to help make parenting (a little) easier
- **Childcare support** including access to trusted partners and exclusive discounts
- **Your own Care Advocate** who can help you find care, navigate your benefits, and understand your health bills

An inclusive partner for your parenting journey

TELEMEDICINE

Your own team of 25+ pediatric & parenting specialists, including:

- ✓ Pediatricians
- ✓ Occupational therapists
- ✓ Special education advocates
- ✓ Developmental psychologists

CONTENT AND COMMUNITY

Judgment-free advice and exercises for all the ways parents learn

- ✓ Daily lessons
- ✓ Doctor-approved articles
- ✓ Virtual group classes

CHILDCARE SUPPORT

Coaching and support in finding the right resources for your family

- ✓ Childcare consultants
- ✓ Childcare referrals
- ✓ Career coaching
- ✓ Emotional Support

With you for every step, stumble and giant leap

Visit mavenclinic.com/join/parenting or download the Maven Clinic app.

Maven is free for employees and their partners who are parents of children up to 10.
For help, contact support@mavenclinic.com.

Time Off

Leaves of Absence (LOA)

You may be eligible for a paid or unpaid leave of absence in certain situations, such as Family and Medical Leave, Pregnancy Leave, Parental Leave or Military Leave. To request a leave of absence from Rambus, contact The Larkin Company at 866-923-3336 at least 30 days in advance, if possible. Larkin will notify your manager and the Benefit Department of your request.

Larkin will provide you with contact information for Prudential and your state disability insurance carrier, if applicable. Larkin will manage the approval of your "leave time" while Prudential approves your "leave benefits."

Delays in providing any necessary documentation to Prudential will impact the approval of your leave benefits. Follow up with your health care provider to ensure the requested paperwork is submitted to Prudential as soon as possible. Keep Larkin, Prudential and your manager apprised of your leave status. If you are returning to work earlier than expected, will not return as planned or require reasonable accommodations in order to return to work, Larkin and Prudential must be notified.

Short Term Disability benefits are available for up to 90 days. These benefits are paid by Prudential (offset by any other payments) with a "top up" to 100% of base salary for the first six weeks of your leave. These top-up benefits will be paid retroactively by Rambus upon approval of your claim by Prudential. Benefits (other than Dependent Care FSA) will continue while you are on an approved leave and paying any necessary insurance premiums. If you remain disabled after 90 days, you may qualify for continued Long Term Disability benefits. Refer to the Leave of Absence Policy for information on eligibility and specific leave benefits. Contact Kathy Reck at kreck@rambus.com with questions.

Time Off

There is no perfect, one-size-fits-all balance between work and home. We provide time off so you can relax, recover from illness, and take care of personal business. Our time off benefits include:

- Flexible Time Off (FTO) - Exempt employees
- Paid Time Off (PTO) - Non-exempt employees

2022 Paid Holidays

Rambus provides paid holidays for all full-time, benefit eligible employees. Optional holidays may be designated at the Company's discretion.

New Year's Day	**January 3**
President's Day	**February 21**
Memorial Day	**May 30**
Juneteenth (Observed)	**June 20**
Independence Day	**July 4**
Labor Day	**September 5**
Thanksgiving Day	**November 24**
Day After Thanksgiving	**November 25**
Holiday Break	**December 26, 27, 28, 29, 30**

401(k) & ESPP Benefits

401(k) Retirement Savings Plan

Employees are eligible to participate in the Rambus 401(k) Retirement Savings Plan immediately upon hire. You may contribute up to 60% of your base salary to the annual IRS plan limit of $20,500. If you are age 50 by December 31 of the plan year, you may contribute an additional catch-up contribution up to the IRS plan limits of $6,500. Rambus will match your contributions at $.50 on each $1.00 contributed on the first 6% of your deferral. A "true up" is processed in early January, resulting in an additional contribution to your account if you did not receive the full company match for the prior year.

The plan offers an array of investment options, including the Self-Directed Brokerage Account, which allows you the flexibility to select from numerous investment options beyond those already offered in the Rambus plan. You may also want to consider participating in the Target Date Funds. Over time, Target Date Funds automatically invest more conservatively as you approach your retirement date and beyond. For example, you may participate in the Fidelity Freedom Index 2040 Plan, if you expect to retire in 2040.

Go to www.401k.com to make your elections. If you already have an active plan with Fidelity, you will log in with the same information. You will see the Rambus Plan in addition to the plan(s) you have currently with Fidelity. Rambus offers both pre-tax and Roth deferral options. If you want to make a catch-up contribution, you can make up to four elections, including regular, Roth and/or catch-up deferral elections. You may also make an in-plan conversion, moving your pre-tax deferrals to your after-tax Roth account. *(Be sure to consider any 401(k) deferrals you may have made to another plan in your year of hire with Rambus.)* Changes can be made at any time throughout the year and will be processed the following pay period.

Contact Fidelity for more information, or to request a rollover or an in-plan conversion (800-835-5097).

Employee Stock Purchase Plan (ESPP)

Rambus provides employees with the option to buy stock directly from the Company at a discount. The ESPP allows employees to set aside up to 15% of their regular salary through automatic payroll deductions to purchase Rambus stock. The funds are converted into shares of RMBS at the end of the 6-month cycle based on the lower of the beginning price or ending price of Rambus shares. The lower price will be discounted 15% and used to convert the payroll withholdings into shares.

Upon the purchase, the shares will be deposited into an E*Trade brokerage account. At that point, employees are free to manage the shares as they wish. The program allows employees to share in the benefits of ownership in Rambus while acquiring shares at a discount.

Voluntary Insurance Benefits

MetLife

Hospital Indemnity Insurance Benefits

With MetLife, you have a choice of two comprehensive plans: a Low Plan and a High Plan which provide lump sum cash payments in addition to any other payments you may receive from your medical plan. Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital.

Company-Paid Coverage

If you enroll in the Blue Shield or Kaiser CDHP Plan for the first time in 2022, you will automatically be enrolled in the Hospital Indemnity High Plan as an employer-paid benefit through December 31, 2022. *(You will not see this automatic enrollment on ADP but will receive confirmation from Rambus and from MetLife.)* Benefits received from this plan will be taxed.

If you are enrolled in the Blue Shield PPO, Kaiser HMO or waive coverage, you may choose to participate in the Hospital Indemnity High or Low Plan as an employee-paid benefit. This premium is paid for with after tax dollars, resulting in tax-free benefits from this plan.

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits at (800) GET-MET8.

Hospital Benefits				
Subcategory	**Benefit Limits (Applies to Sub-Category)**	**Benefit**	**Low Plan**	**High Plan**
Admission Benefit	1 time(s) per calendar year	Admission	$500	$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	$500	$1,000
Confinement Benefit	15 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement	$100	$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	$100	$200
Newborn Confinement Benefit	2 day(s) per confinement	Newborn Confinement	$25	$50

Coverage Options	Low Plan	High Plan
Monthly Cost to You – After Tax		
Employee	$9.85	$19.69
Employee & Spouse	$21.78	$43.57
Employee & Child(ren)	$16.37	$32.74
Employee & Spouse/Child(ren)	$28.31	$56.62

Voluntary Insurance Benefits

MetLife

Critical Illness Insurance Benefits

The Critical Illness Plan from MetLife provides cash benefits that may help cover expenses that are not covered by your medical plan. These benefits are payable even if your claim is paid by insurance.

Eligible Individual	Benefit Amount	Requirements
Coverage Options		
Employee	$10,000, $20,000 or $30,000	Coverage is guaranteed provided you are actively at work.
Spouse/Domestic Partner	50% of the Employee's Initial Benefit	Coverage is guaranteed if you are actively at work and your spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the coverage Certificate.
Dependent Child(ren)	50% of the Employee's Initial Benefit	Coverage is guaranteed provided you are actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the coverage Certificate.

Benefit Payment

Your plan pays a lump-sum initial benefit upon the first verified diagnosis of a covered condition:

Plan Design – Covered Conditions		
Initial Benefit means the benefit that is payable for a covered condition the first time that it occurs while coverage is in effect. The Initial Benefit amount is expressed as a percentage of the elected Benefit Amount.		
Recurrence Benefit means the benefit that is payable for another occurrence of the same covered condition for which MetLife has already paid a benefit. The Recurrence Benefit amount is expressed as a percentage of the Initial Benefit amount.		
Covered Conditions	**Initial Benefit**	**Recurrence Benefit**
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount Not less that $250	None
Cardiovascular Disease Category		
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit
Childhood Disease Category		
Cerebral Palsy	100% of Benefit Amount	None
Cleft Lip or Cleft Palate	100% of Benefit Amount	None

Critical Illness Insurance Benefits (continued)

Plan Design – Covered Conditions	Plan Design – Covered Conditions	Plan Design – Covered Conditions
Cystic Fibrosis	100% of Benefit Amount	None
Diabetes (Type 1)	100% of Benefit Amount	None
Down Syndrome	100% of Benefit Amount	None
Sickle Cell Anemia	100% of Benefit Amount	None
Spina Bifida	100% of Benefit Amount	None
Functional Loss Category		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	None
Paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	100% of Benefit Amount	None
Infectious Disease Category		
For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 5 consecutive days.		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	None
COVID-19	25% of Benefit Amount	None
Diphtheria	25% of Benefit Amount	None
Encephalitis	25% of Benefit Amount	None
Legionnaire's Disease	25% of Benefit Amount	None
Malaria	25% of Benefit Amount	None
Necrotizing Fasciitis	25% of Benefit Amount	None
Osteomyelitis	25% of Benefit Amount	None
Rabies	25% of Benefit Amount	None
Tetanus	25% of Benefit Amount	None
Tuberculosis	25% of Benefit Amount	None
Kidney Failure	100% of Benefit Amount	None
Major Organ Transplant Category		
Major Organ Transplant - *For bone marrow, heart, lung, pancreas, and liver*	100% of Benefit Amount	None
Progressive Disease Category		
ALS	100% of Benefit Amount	None
Alzheimer's Disease	100% of Benefit Amount	None
Multiple Sclerosis	100% of Benefit Amount	None
Muscular Dystrophy	100% of Benefit Amount	None
Parkinson's Disease (Advanced)	100% of Benefit Amount	None
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	None
Severe Burn Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit

Critical Illness Insurance Benefits (continued)

Monthly Premium per $1,000 of Coverage – After Tax*

Attained Age	Employee Only	Employee+ Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	$0.50	$0.81	$0.76	$1.07
25 - 29	$0.56	$0.90	$0.82	$1.16
30 - 34	$0.68	$1.08	$0.94	$1.35
35 - 39	$0.82	$1.30	$1.08	$1.56
40 - 44	$1.08	$1.69	$1.34	$1.96
45 - 49	$1.47	$2.27	$1.73	$2.53
50 - 54	$2.15	$3.22	$2.41	$3.48
55 - 59	$3.05	$4.44	$3.31	$4.71
60 - 64	$4.33	$6.22	$4.59	$6.48
65 - 69	$6.15	$8.73	$6.41	$8.99
70 - 74	$8.13	$11.58	$8.39	$11.84
75+	$10.89	$15.71	$11.15	$15.98

*This premium is paid for with after tax dollars, resulting in tax-free benefits from this plan.

Voluntary Insurance Benefits

MetLife

Accident Insurance Benefits

Accident insurance pays benefits directly to you that may not be covered by your medical plan such as deductibles or coinsurance. With MetLife, you'll have a choice of two plans -- a Low Plan and a High Plan -- that provide payments in addition to any other insurance payments you may receive. Here are just some of the covered events/services:

Benefit Type	Low Plan Benefits	High Plan Benefits
Accidental Injury Benefits		
Fracture	$100 – $8,000	$200 – $10,000
Dislocation	$100 – $8,000	$200 – $10,000
Second- or Third-Degree Burn (depending on degree of burn and percentage of burnt skin)	$75 – $10,000	$100 – $15,000
Concussion	$250	$500
Coma	$7,500	$10,000
Laceration	$50 – $400	$75 – $700
Broken Tooth	Crown: $200 / Filling: $25 / Extraction: $100	Crown: $300 / Filling: $50 / Extraction: $150
Eye Injury	$300	$400
Accident – Medical Services and Treatment		
Ambulance	Ground: $300 / Air: $1,000	Ground: $400 / Air: $1,250
Emergency Care (depending on location of care)	$75 – $150	$100 – $200
Non-Emergency Initial Care	$75	$100
Physician Follow-Up	$75	$100
Therapy Services (including physical therapy)	$35	$50
Medical Testing	$150	$200
Medical Appliances (depending on the appliance)	$75 – $750	$150 – $1,000
Transportation	$300	$400
Pain Management (for epidural anesthesia)	$75	$100
Prosthetic Device	One device: $750 More than one device: $1,500	One device: $1,000 More than one device: $2,000
Modification	$1,000	$1,500

Voluntary Insurance Benefits

MetLife

Accident Insurance Benefits (continued)

Blood/Plasma/Platelets	$400	$500
Surgical Repair	$150-$1,500	$200-$2,000
Exploratory Surgery	$150	$200
Other Outpatient Surgery	$300	$400
Hospital Benefits		
Admission	$1,000 for the day of admission	$1,500 for the day of admission
Intensive Care Unit (ICU)	$1,000 for the day of admission	$1,500 for the day of admission
Regular or ICU Confinement – up to 15 days/accident	$200 per day	$300 per day
Inpatient Rehabilitation – up to 15 days/accident	$150 per day	$200 per day
Accidental Death Benefit		
Accidental Death Benefit	$25,000 $75,000 for accidental death on common carrier	$50,000 $150,000 for accidental death on common carrier
Accidental Dismemberment, Functional Loss & Paralysis Benefits		
Dismemberment/Functional Loss	$1,000 - $20,000	$1,000 - $40,000
Paralysis	$10,000 - $20,000	$20,000 - $40,000
Other Benefits		
Lodging Benefit - for a companion of a covered person who is hospitalized	$100 per day	$200 per day

Accident Insurance	Monthly Cost to You – After Tax*	
Coverage Options	**Low Plan**	**High Plan**
Employee	$9.95	$14.81
Employee & Spouse	$19.64	$29.10
Employee & Child(ren)	$22.16	$32.69
Employee & Spouse/Child(ren)	$27.46	$40.55

*This premium is paid for with after tax dollars, resulting in tax-free benefits from this plan.

MetLife Legal Plan

The voluntary MetLife Legal Plan gives you access to legal advice and services when you need it. If you enroll in this plan, you (and your family members) can contact local plan attorneys to discuss legal matters either over the phone or during an office consultation.

	Covered Services	Not Covered
Adoption (uncontested guardianship/conservatorship)	✓	
Appeals, Class Actions, Patents, Copyright Issues or Business Matters		x
Civil lawsuit defense	✓	
Consumer protection matters	✓	
Debt collection defense	✓	
Divorce		x
Document review or preparation	✓	
Domestic violence (protection)	✓	
Driving under the influence charges		x
Family law (limited scope), including divorce consultation	✓	
Guardianship/Conservatorship (Contested)	✓	
Home equity loans (Second/Vacation Home)	✓	
Identity theft* access to LifeStages Identity Management Services	✓	
Immigration assistance	✓	
Matters or disputes involving benefit issues, Hyatt Legal Plans, MetLife, Plan attorney		x
Matters involving conflict of interest between an employee, spouse and/or dependents		x
Matters or disputes involving your employer or employment		x
Personal bankruptcy	✓	
Personal injury	✓	
Pet liability issues	✓	
Pre-marital agreements	✓	
Real estate matters	✓	
Refinancing of home (Second/Vacation Home)	✓	
Sale/Purchases of home (Second/Vacation Home)	✓	
Small claims	✓	
Tax audits	✓	
Third Party Payments – such as court costs, witness fees, filing fees or fine		x
Will and estate planning	✓	

*LifeStages Identity Management Services include both Proactive Services and Resolution Services to assist you in recovering from account takeover or identity theft with unlimited assistance to fix issues, handle notifications, and provide victims with credit and fraud monitoring. Theft Support, Fraud Support, Recovery and Replacement services are covered by this service.

The cost of the plan is $9.75 per pay period. For additional information about the plan, please contact MetLife:

(800) 821-6400
www.legalplans.com

Additional Benefits

Commuter Benefit Program

Do you have out-of-pocket commuting expenses for public transportation or for worksite parking? If so, you can save on taxes by enrolling in our Commuter Benefit Program (also known as a Section 132 plan).

A Commuter Benefit Program lets you set aside money - before it's taxed - through payroll deductions. You may enroll or stop participating in this program at any time. Monies in this account can be used in future months or plan years. If you leave Rambus, any unused account balance will be lost. WageWorks/HealthEquity is the administrator of this program.

Here are the maximum amounts of money you can set aside:

Parking Expense Account	Up to $270 per month
Transportation Expense Account	Up to $270 per month

These amounts are evaluated annually by the IRS and are subject to change. You may make changes to your commuter elections at any time by visiting www.wageworks.com.

Star One Credit Union

NEW!

Star One Credit Union and Rambus Inc. are now Corporate Partners! Star One is the 17th largest credit union in the nation with assets over $10.8 billion. Star One is a member-owned financial institution and is currently serving more than 115,000 members nationally and worldwide. Membership is available to employees of Rambus, even those living outside of California. Star One currently serves nine counties in the Bay Area, with membership open to individuals living, regularly working, or attending school in these counties, as well as the immediate family members of our existing members.

Star One has created a Corporate Partner page for Rambus employees: (https://www.starone.org/rambus/). This customized page has a variety of resources to support you with establishing your membership, scheduling a phone appointment, accessing current promotions, reviewing interest rates and applying for loans. Take a look!

Wellness Benefits

NEW!

Farm Fresh (California)

In support of healthy living, we have partnered with **Farm Fresh To You,** a subscription-based home delivery service that will bring 100% certified organic produce and hand-crafted farm products to your door (at work or at home). They partner with local farms and artisans. Each delivery comes with recipes, quick tips, and most importantly, the option to customize your box online!

Farm Fresh is offering **12% off of your subscription** when you sign up with the promo code **RAMBUS**.

Sign up by logging into https://www.farmfreshtoyou.com/

Existing customer? You can apply the discount here **Full Circle - Log In**:

Employee Assistance Program

WORKPLACE OPTIONS

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through Workplace Options (WPO) can help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling, and dependent care resources. Help is available 24/7, 365 days a year by telephone at 888-851-7032 or 919-706-4551. Other resources are available online at http://global.resourcesforyourlife.com. The company code is "Rambus".

In-person counseling may also be available, depending on the type of help you need. The program allows you and your family/household members up to 6 face-to-face visits per incident per individual. These visits are free and confidential.

Additional benefits may be available through your medical plan. Review your medical benefit summary for more information.

Wellable

Rambus has chosen Wellable as our health and wellness platform. With Wellable, you will have the opportunity to compete in different challenges, explore new ways to create and maintain an active and healthy lifestyle, and qualify for exciting prizes! To stay informed about upcoming challenges and programs, be on the lookout for email updates and/or check out the Bulletin Board in your Wellable account. For now, a great place to get started is to begin tracking activity and earning Wellable Points in your Wellable account.

SIGN IN HERE

On-demand Fitness Classes

- An on-demand library of hundreds of fitness and meditation classes from top instructors across the globe

Holistic Wellness Challenges

- Fun and interactive wellness challenges that promote healthy behaviors across multiple dimensions of health

Health Content

- Reliable, evidence-based, and seasonal health information that covers a wide breadth of topics

App and Device Integration

- Direct connections to leading fitness apps and wearable devices (Apple Heath, Fitbit, Garmin, etc.)

Benefit Hub

NEW!

Welcome to your Rambus BenefitHub!

Enjoy discounts, Cash Back and perks on thousands of the brands you love in a variety of categories:

- Travel
- Electronics
- Wellness
- Local Deals
- Apparel
- Tickets
- Outdoors
- Restaurants
- Entertainment
- Beauty and Spa

It's easy to sign up and start saving today!

1) Go to:https://rambus.benefithub.com/
2) Enter referral code: 2G47F5
3) Complete Registration

Already Registered? Login Now

Questions? Call 1-866-664-4621 or email customercare@benefithub.com

Business Travel Accident (BTA) Insurance

Business Travel Accident (BTA) Insurance

Rambus employees who travel for company business are covered for Life and AD&D Insurance benefits of 10x annual base salary to a maximum of $500,000.

Travel assistance benefits are available 24/7 while you're traveling outside of your home country. If you need medical or security assistance with emergency medication, payment guarantees, or a lost passport or luggage, for example, contact International SOS (ISOS).

Cigna Medical Benefits Abroad (MBA) provides coverage for accidents and illnesses that occur while on international travel for Rambus. Call International SOS to find a Cigna provider. ISOS will contact the provider to guarantee payment for medically necessary emergency treatment. If you pay for services, you can submit your claims for reimbursement up to $250,000. If necessary, evacuation expenses will be covered by the plan.

Contact Info

ISOS global numbers listed on Internationalsos.com and via the app:

Asia Pacific: +65 6338 7800

Europe: +44 208 762 8008
Latin America: +1 215 942 8226
North America: +215 942 8226

For proof of health insurance coverage while obtaining a travel visa, complete the Certificate of Coverage request at webcoc.richterintl.com/submit/rambus.php. Within 48 hours, you will receive confirmation via e-mail. Contact Richter International Consulting at benefitsadmin@richterintl.com with questions.

Plan Contacts

Plan Type	Provider	Phone Number	Website	Policy/Group #
Benefits	Kathy Reck	510-754-6832	kreck@rambus.com	N/A
	Stephanie Blackstone	831-535-9725	sblackstone@rambus.com	N/A
Medical	Blue Shield	888-256-1915	(CA)blueshieldca.com (Outside CA)bcbs.com	W00025 17
Teledoc	Blue Shield	800-TELADOC	blueshieldca.com/Teladoc	N/A
Medical	Kaiser	800-464-4000	kp.org	603966
Health Savings Account (HSA)	Health Equity	877-857-6810	healthequity.com	61609
Family Forming	Maven		mavenclinic.com/join/parenting	
Member Advocate	ICMS	408-244-8535	memberadvocate@icmsbenefits.com	Rambus
Vision	VSP	800-877-7195	vsp.com	00108058
Dental	Delta Dental	800-765-6003	deltadental.com	00655
Commuter	WageWorks /Health Equity	877-924-3967	www.wageworks.com	N/A
Employee Assistance Program (EAP)	Workplace Options	888-851-7032 919-706-4551	http://global.resourcesforyourlife.com/	Code: Rambus
Flexible Spending Account (FSA)	WageWorks/ Health Equity	877-924-3967	wageworks.com	42701
Basic Life and AD&D	Prudential	Kathy Reck	prudential.com	61760
Short and Long Term Disability	Prudential	Kathy Reck	prudential.com	61760
Voluntary Life	Prudential	Kathy Reck	prudential.com	61760
Voluntary Benefits	MetLife	800-GET-MET8		5973711
MetLaw	MetLife	800-821-6400	legalplans.com	
Travel Assistance	International SOS	215-942-8226	internationalsos.com	11BYCA000059
Business Travel Accident	Cigna	Kathy Reck	cignaenvoy.com	04145B
401(k)	Fidelity	800-835-5097	401k.com	48938
ESPP	stockadmin@rambus.com		etrade.com	E*Trade
Wellable	Wellable		https://app.wellable.co/	
Farm Fresh	Rambus		https://www.farmfreshtoyou.com/	
BenefitHub	BenefitHub	866-664-4621	https://rambus.benefithub.com/	2G47F5

Benefit Advocate

For Assistance

Your Benefit Advocate

Rambus offers you confidential access to a Benefit Advocate who can help you with benefit questions or resolving claim issues:

Benefit Advocates is a service provided ICMS:

memberadvocate@icmsbenefits.com
408-244-8535
8:00 am - 5:00 pm (M-F) PST

You may also contact Kathy Reck kreck@rambus.com or Stephanie Blackstone sblackstone@rambus.com .

Legal Notices

Women's Health and Cancer Rights Act:
Your medical plan, as required by the Women's Health and Cancer Rights Act of 1998 ("WHCRA"), provides benefits for mastectomy-related services. If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the 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 the plan. Therefore, deductibles and coinsurance apply. Contact your Plan Administrator for more information regarding WHCRA benefits.

Release of Medical Information:
The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that, in part, requires health plans to protect the privacy and security of your protected health information.

Your medical, dental, prescription drug, vision, mental health, Employee Assistance Program and health care Flexible Spending Account (FSA) benefits are subject to HIPAA.

Pursuant to HIPAA, the plans (including the plan administration personnel) will not use or disclose your protected health information without your authorization, except for purposes of treatment, payment, healthcare operations (which includes plan administration functions) or as permitted or required by law. A plan's use or disclosure of protected health information is governed by the plan's HIPAA policies and procedures and notice of privacy practices. You have been furnished a HIPAA notice of privacy practices describing the practices the plans will follow with regard to your protected health information. For more information, please consult the applicable HIPAA notice of privacy practices for each plan, which may be obtained by contacting your Plan Administrator.

Social Security Numbers Generally Required for Enrollment:
Under the Medicare, Medicaid and SCHIP Extension Act of 2007, the Centers for Medicare and Medicaid Services (CMS) generally require Social Security numbers for employees and dependents to assist with reporting under the Medicare Secondary Payer requirements. Accordingly, you must provide Social Security numbers at the time of enrollment to assist its health plan enrollment administrators in complying with this requirement. If you need to add a dependent to your coverage who does not have a Social Security number or Taxpayer Identification number, leave the information blank and provide the SSN or TIN to the Benefit Department immediately upon receipt.

Newborns' and Mothers' Health Protection Act Of 1996:
In accordance with this Act, group health plans and health insurance issuers generally may not, under federal law, restrict benefits from any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours if applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Changes to Special Enrollment Period Rules:
Following is a notice regarding your special enrollment rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as modified by the Children's Health Insurance Program Reauthorization Act of 2009 ("CHIP").

Legal Notices

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 and your dependents in the plans outlined in this document if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 after your 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 a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

If you or your dependent loses eligibility for Medicaid or a state child health plan, or are determined to be eligible for group health plan premium assistance under a Medicaid plan or a state child health plan, you may be able to enroll yourself and your dependents in this plan. You must request enrollment within 60 days after the loss of coverage or determination of eligibility.

To request special enrollment or obtain more information, contact the Benefit Department.

Genetic Information Nondiscrimination Act:
Under the Genetic Information Nondiscrimination Act of 2008 (GINA), your health plans may generally not collect genetic information (including family medical history) prior to or in connection with your enrollment in any group health plan. In addition, a group health plan may not request, require, or purchase genetic information for "underwriting purposes," which include the determination of the eligibility for benefits under the group health plan, the computation of premium or contribution amounts, the application of any pre-existing condition exclusion under the plan, and the creation, renewal or replacement of a contract of health insurance or health benefits. GINA also generally prohibits group health plans from requesting or requiring an individual to undergo a genetic test. There is a research exception that permits a plan to request (but not require) that a participant or beneficiary undergo a genetic test. There are other exceptions under GINA. Contact the Benefit Department for more information.

Patient Protection and Affordable Care Act:
This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (PPACA). As permitted by the PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted on March 23, 2010. Being a grandfathered health plan means that the plan may not include certain consumer protections of the PPACA that apply to other plans (i.e., the requirement for the provision of preventive health services without any cost sharing). However, grandfathered health plans must comply with certain other consumer protections in the PPACA (i.e., the elimination of lifetime limits on benefits). Questions regarding which protections apply, and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status, can be directed to the Benefit Department. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866.444.3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Qualified Medical Child Support Orders ("QMCSOS"):
The procedures governing QMCSOs are available from the Plan Administrator upon written request.

Michelle's Law:
Any health care coverage maintained under the plan that requires a certification of student status for any period of dependent coverage shall comply with Michelle's Law.

Eligibility for such coverage for a dependent child who is enrolled in an institution of higher education at the beginning of a medically necessary leave of absence will be extended if the leave normally would cause the dependent child to lose eligibility for coverage under the coverage due to loss of student status. This eligibility extension shall last up to one year beginning on the first day of the leave of absence or the date the coverage would otherwise terminate due to loss of student status, whichever is earlier. If you have any questions regarding your child's right to Michelle's Law's continued coverage, you should contact the Benefit Department.

Legal Notices

Notice of Creditable Coverage Regarding Medicare Part D:
Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Rambus and 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. Please see the end of this notice for information regarding getting help making decisions about your prescription drug coverage.

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

First, 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.

Second, Rambus has determined that the prescription drug coverage offered by the Rambus Comprehensive Welfare Plan is, on average for all plan participants, expected to pay out as much as the 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 decide to later 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 15 through December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) 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, your current Rambus coverage will not be affected.

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/CreditableCoverage/), 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 current Rambus coverage, be aware that you and your dependents may be able to get this coverage back. If you decide to drop your current medical plan coverage and enroll in a Medicare prescription drug coverage, you may be eligible to re-enroll in a Rambus medical plan during the next annual enrollment period, provided you are eligible at that time. Contact the Benefit Department for further information.

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 coverage with Rambus 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 19 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.

NOTE: You will receive this notice annually and at other times in the future, such as before the next period you can join a Medicare drug plan, and if this coverage through Rambus changes. You may request a copy of this notice from Rambus' Benefits Department.

Legal Notices

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
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

You may also contact Stevens & Associates Insurance Agency, Inc. toll-free with any questions: 888-467-4811.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help visit the Social Security Administration (SSA) online at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Premium Assistance Under The Children's Health Insurance Program (CHIP):
If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state that has a Medicaid or CHIP office, contact that office to find out if premium assistance is offered. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

USERRA Rights:
Federal law may afford certain participants and their dependents the right to continue their health care coverage during certain periods of military leaves of absence pursuant to the Uniformed Services Employment and Reemployment Rights Act of 1994 ("USERRA"). This continuation option is similar in many respects to COBRA continuation coverage. Contact the Plan Administrator for additional information.

Legal Notices

General Notice of Cobra Continuation Coverage Rights:

Introduction

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 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); or
- 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; or
- The child stops being eligible for coverage under the plan as a "dependent child."

Legal Notices

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).

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty, and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

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 after the qualifying event occurs. You must provide this notice to the Benefit Department.

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 continuation 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.

(continued on next page)

Legal Notices

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 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 **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**. (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**.

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

Please refer to the Benefit Center or contact the Benefit Department for more information.

Legal Notices

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No part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying and recording, for any purpose without the express written permission of Rambus.

This document is subject to change without notice. Rambus does not warrant that the material contained in this document is error-free. If you find any problems with this document, please report them to the Benefit Department in writing.

Rambus reserves the right to terminate, suspend, withdraw, or modify the benefits described in this document, in whole or in part, at any time for any reason. No statement in this or any other document, and no oral representation, should be construed as a waiver of this right.

This is not a legal document. Please refer to the Summary Plan Descriptions for detailed information. This document is not intended to cover every option in detail. Complete details are in the legal documents, contracts, and administrative policies that govern benefit operation and administration.

If there should ever be any differences between the summaries in this guide and the legal documents, contracts and policies, the legal documents, contracts and policies will be the final authority.

Neither the plan, the Summary Plan Descriptions, nor your coverage under the plan, give you any right to continue your employment with Rambus, nor will they interfere in any way with your right or Rambus' right to terminate your employment at any time for any reason, which right is hereby expressly reserved.

Revised: 12/16/2021