

**PayPal Holdings, Inc.**  
**UHC \$300 Deductible Plan**  
**Benefit Summary**

UnitedHealthcare

**Effective: January 1, 2017**

	<b>Participating Providers</b>	<b>Non-Participating Providers</b>
<b>Calendar Year Medical Deductible</b>	\$300 per individual / \$900 per family	\$500 per individual / \$1,500 per family
<b>Calendar Year Out-of-Pocket Maximum</b>	\$2,300 per individual / \$4, 900 per family	\$3,500 per individual / \$7,500 per family
<b>Lifetime Benefit Maximum</b>	None	
<b>Covered Services</b>	<b>Member Copayments</b>	
<b>OUTPATIENT PROFESSIONAL SERVICES</b>	<b>Participating Providers</b>	<b>Non-Participating Providers</b>
<b>Professional (Physician) Benefits</b>		
Physician office visits	\$20 with no deductible	30% after the deductible
Specialist office visits	\$35 with no deductible	30% after the deductible
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	10% after the deductible	30% after the deductible
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	10% after the deductible	30% after the deductible
<b>Allergy Testing and Treatment Benefits</b>		
Allergy testing, treatment and serum injections (separate office visit copayment may apply)	\$20 with no deductible	30% after the deductible
<b>Preventive Health Benefits</b>		
Preventive health services (as required by applicable Federal law)	Plan covers 100% no deductible	30% after the deductible
<b>OUTPATIENT FACILITY SERVICES</b>		
Outpatient surgery performed at a free-standing ambulatory surgery center	10% after the deductible	30% after the deductible
Outpatient surgery performed in a hospital or hospital affiliated ambulatory surgery center	10% after \$150 copay per surgery	30% after the deductible
Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitation Benefits" and "Speech Therapy Benefits")	10% after the deductible	30% after the deductible
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	10% after the deductible	30% after the deductible
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	10% after the deductible	30% after the deductible
Bariatric surgery (prior authorization is required; medically necessary surgery for weight loss, for morbid obesity only)	10% after \$150 copay per surgery	30% after the deductible
<b>HOSPITALIZATION SERVICES</b>		
<b>Hospital Benefits (Facility Services)</b>		
Inpatient physician services	10% after the deductible	30% after the deductible
Inpatient non-emergency facility services (semi-private room and board, and medically necessary services and supplies, including subacute care)	10% after \$250 copay per admission	30% after the deductible
Bariatric surgery (prior authorization is required; medically necessary surgery for weight loss, for morbid obesity only)	10% after \$250 copay per admission	30% after the deductible

<b>Inpatient Skilled Nursing Benefits</b> (Coverage limited to 120 days per member per benefit period, for hospital/free-standing skilled nursing facility services.)		
Free-standing skilled nursing facility	10% after \$250 copay per admission	10% after \$250 copay per admission
Skilled nursing unit of a hospital	10% after \$250 copay per admission	30% after \$250 copay per admission
<b>EMERGENCY HEALTH COVERAGE</b>		
Emergency room services not resulting in admission	\$100 copay, then 10% after the deductible	10% after the deductible
Emergency room services resulting in admission (when the member is admitted directly from the ER)	10% after \$250 copay per admission	10% after the deductible
Emergency room physician services	10% after the deductible	10% after the deductible
<b>AMBULANCE SERVICES</b>		
Emergency or authorized transport (ground or air)	10% after the deductible	10% after the deductible
Urgent Care	10% after the deductible	10% after the deductible
<b>PRESCRIPTION DRUG COVERAGE</b>		
	\$35 with no deductible	30% after the deductible
<b>Outpatient Prescription Drug Benefits</b>		
<b>Carved out to Caremark 1- 844-287-1297</b>		
<b>PROSTHETICS/ORTHOTICS</b>		
Prosthetic equipment and devices	10% after the deductible	30% after the deductible
Orthotic equipment and devices (separate office visit copayment may apply)	10% after the deductible	30% after the deductible
<b>DURABLE MEDICAL EQUIPMENT</b>		
Breast pump	Plan covers 100% no deductible)	30% after the deductible
Other durable medical equipment	10% after the deductible	30% after the deductible
Wigs	10% after the in-network deductible	10% after the in-network deductible
<b>MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES</b>		
Inpatient hospital services	10% after \$250 copay per admission	30% after the deductible
Residential care	10% after \$250 copay per admission	30% after the deductible
Inpatient physician services	10% after the deductible	30% after the deductible
Routine outpatient mental health and substance abuse services (includes professional/physician visits)	\$20 with no deductible	30% after the deductible
Non-routine outpatient mental health and substance abuse services (includes electroconvulsive therapy, intensive outpatient programs, office-based opioid treatment, partial hospitalization program, psychological testing and transcranial magnetic stimulation)	10% after the deductible	30% after the deductible
Non-routine outpatient mental health and substance abuse services (includes behavioral health treatment)	10% after the deductible	30% after the deductible
<b>HOME HEALTH SERVICES</b>		
Home health care agency services (up to 120 visits per Calendar Year)	10% after the deductible	30% after the deductible
Home infusion/home injectable therapy and infusion nursing visits provided by a home infusion agency	10% after the deductible	30% after the deductible
<b>HOSPICE PROGRAM BENEFITS</b>		
Routine home care	10% after the deductible	30% after the deductible
Inpatient respite care	10% after the deductible	30% after the deductible
24-hour continuous home care	10% after the deductible	30% after the deductible
Short-term inpatient care for pain and symptom management	10% after the deductible	30% after the deductible
<b>CHIROPRACTIC BENEFITS</b>		
Chiropractic spinal manipulation (up to 24 visits per Calendar Year. Non-Participating provider plan payment maximum up to \$25 per visit)	\$35 with no deductible	30% after the deductible
<b>ACUPUNCTURE BENEFITS</b>		
Acupuncture services (up to 24 visits per Calendar Year. Non-Participating provider plan payment maximum up to \$25 per visit)	\$35 with no deductible	30% after the deductible
<b>REHABILITATION and HABILITATION BENEFITS (Occupational, Physical, and Speech Therapy)</b>		
Office location (24 visits per calendar year combined with physical therapy and speech therapy, Combined INN and OON. Additional visits may be granted with medical review.)	\$35 with no deductible	30% after the deductible

**PREGNANCY AND MATERNITY CARE BENEFITS**

Prenatal and postnatal physician office visits (when billed as part of global maternity fee including hospital inpatient delivery services)	\$20 with no deductible	30% after the deductible
Abortion services(	10% after the deductible	30% after the deductible

**FAMILY PLANNING BENEFITS**

<b>Counseling and consulting</b> (includes insertion of IUD, as well as injectable and implantable contraceptives for women)	Plan covers 100% no deductible)	30% after the deductible
Tubal ligation	Plan covers 100% no deductible)	30% after the deductible
Infertility services (Limited to a plan payment maximum of \$10,000 per lifetime; Services to diagnose and treat the cause of infertility are covered under this benefit however are not included in the \$10,000 plan payment maximum. Medical and Pharmacy benefits have separate lifetime maximums. Refer to your prescription drug plan for any prescription drug maximums.	10% after the deductible	30% after the deductible
Vasectomy (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center)	10% after the deductible	30% after the deductible

**HEARING AID BENEFITS**

Audiological evaluations	\$35 with no deductible	30% after the deductible
Hearing Aid instrument and ancillary equipment	10% after the deductible	30% after the deductible

**DIABETES CARE BENEFITS**

Devices, equipment, and non-testing supplies (for testing supplies see Outpatient Prescription Drug Benefits)	10% after the deductible	30% after the deductible
Diabetes self-management training	10% after the deductible	30% after the deductible