



# 2016 | U.S. Benefits Summary





Your work makes a difference at PayPal, and helps you build a strong financial future for yourself and your loved ones. We offer benefits programs that support your dreams and goals. These programs are chosen because we know that total wellness — physical, mental, emotional, and financial, is the foundation of healthy employees and a healthy company. This summary gives an overview of your PayPal benefits.

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## Eligibility

Regular employees on the U.S. payroll working 20 hours or more per week on a continuous basis are eligible for the following health and welfare benefits:

**Medical**

**Dental**

**Vision**

**Employee Assistance Program (EAP)**

**Flexible Spending Account (FSA)**

**Short- and Long-Term Disability**

**Life Insurance**

**Accidental Death & Dismemberment (AD&D)**

You're eligible for coverage as of your date of hire and the elections you make as a new hire will remain in effect for the calendar year, unless you have a qualifying life event (see "Changing your Elections" below).

New hires have 31 days to make their elections, otherwise default benefits will be applied (i.e., employee-only coverage for PPO 300 medical, dental and vision).

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## Eligible Dependents

Eligible dependents include your spouse or domestic partner and children up to age 26. View dependent eligibility requirements online at [www.ybr.com/benefits/paypal](http://www.ybr.com/benefits/paypal).



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## Enrolling in Your Benefits

You have several options when it comes to accessing the enrollment system. PayPal's benefits enrollment and eligibility administrator is Aon Hewitt Your Benefits Resources (YBR). You can log onto YBR from the MyHR home page or you can access YBR directly.

 MyHR home page—under "Quick Links" or "I Want To"

 Access YBR direct: [www.ybr.com/benefits/paypal](http://www.ybr.com/benefits/paypal)

 Telephone: 844-474-6641

 Select the 'live chat' feature when visiting the website

The Benefits Annual Enrollment period is held in the fall of each year, for benefits effective January 1st of the following year. If you need to change your elections outside of the new hire or Annual Enrollment periods, please see the section below, "Changing Your Elections."

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## Changing Your Elections

The IRS has defined specific qualifying events that can occur during the year, which allow you to make changes to your benefit elections outside of the initial 31-day new hire enrollment period and the Annual Enrollment thereafter. Please visit YBR to determine if a change can be made to your elections. If you experience a qualified family status change (such as an addition of a child, marriage or divorce, or a change in your other coverage), please contact YBR within **31 days** of the event. Notifications that occur more than 31 days after the event date may not be eligible.

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## Got Questions?

We're here to help. If you have questions about your benefits or enrollment, please call YBR Customer Service at 844-474-6641, or access your account online at [www.ybr.com/benefits/paypal](http://www.ybr.com/benefits/paypal). For claims assistance during the year, please refer to the "U.S. Benefits Contact Information" section at the back of this guide.



# Medical Options

Aon Hewitt Your Benefits Resources™ (YBR)  
Customer Service: 844-474-6641  
[www.ybr.com/benefits/paypal](http://www.ybr.com/benefits/paypal)

## Depending on where you live, you have several choices for medical coverage:

- PPO 300
- PPO 750
- CDHP with HSA
- HMO (Regional)



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blue  of california

## Blue Shield of California is our national health plan carrier for the PPO and CDHP health plans.

**PPO:** The PPO 300 and PPO 750 plans cover the same things, but they pay for services differently. Otherwise, there are a lot of similarities between the two options:

- You can use the same networks of doctors, hospitals and other providers.
- You'll pay less when you use in-network providers.
- You don't have to pay anything for covered, in-network preventive care.
- Medical coverage includes generic and formulary brand-name prescription drugs, as well as mental health and substance abuse benefits.
- Once you reach your annual deductible, the plan pays 90% (PPO 300) or 80% (PPO 750) of most in-network eligible expenses and you pay the remainder until you reach your out-of-pocket maximum.
- Once you reach the out-of-pocket maximum for the year, the plan pays 100% of eligible in-network expenses for the rest of the year.

**CDHP with HSA: The Blue Shield of CA Consumer Directed Health Plan (CDHP) with Health Savings Account (HSA)** uses the Blue Shield of CA PPO network. This is a high-deductible health plan, which means that with the exception of preventive exams, all care (including prescriptions) is subject to the annual deductible. Deductibles and coinsurance will apply towards out-of-pocket maximums. You'll have the option to make tax-free contributions to an HSA to pay for qualified medical expenses or save for future medical expenses. PayPal also makes an annual contribution to the HSA (\$450 for individuals or \$900 for family). More information on the Health Savings Account can be found under the "Financial Security" section.

**HMO: In a Health Maintenance Organization (HMO)**, you and each covered dependent must choose a Primary Care Physician (PCP) within the HMO network who will coordinate all of your care with providers within the HMO network. If you go outside the network, you do not have any coverage, except in emergency situations. HMOs are available in Arizona, California and Utah.



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## Teladoc

Blue Shield plan participants have access to U.S. board-certified doctors 24/7/365 via phone or online video consults. Teladoc provides urgent, non-emergency medical assistance, including prescriptions, when you're unable to see your primary care physician. Talk to a doctor anytime for \$10 if you're enrolled in the Blue Shield PPO plans. Blue Shield CDHP members will be responsible for a \$40 consult fee at the time of service that applies to the deductible.

# Medical Options

## Medical Coverage

The following table summarizes the medical plan options. Refer to the plan's "Summary Plan Description" for specific details about each plan.

|   | Blue Shield of CA<br>PPO 300  |                                   | Blue Shield of CA<br>PPO 750               |                                   | Blue Shield of CA<br>CDHP with HSA                                  |                                   |
|---|---|-----------------------------------|--|-----------------------------------|---|-----------------------------------|
|   | In-Network  | Out-of-Network <sup>1</sup>       | In-Network                                 | Out-of-Network <sup>1</sup>       | In-Network  | Out-of-Network <sup>1</sup>       |
| <b>Provider Choice</b>                            | PPO Network   | Providers outside the PPO Network | PPO Network                                | Providers outside the PPO Network | PPO Network   | Providers outside the PPO Network |
| <b>Annual Deductible</b>                          |   |                                   |  |                                   |   |                                   |
| <b>Individual</b>                                 | \$ 300  | \$ 500                            | \$ 750                                     | \$ 1,500                          | \$1,300   | \$ 2,100                          |
| <b>Family</b>                                     | \$ 900  | \$1,500                           | \$2,250                                    | \$ 4,500                          | \$2,600   | \$ 4,200                          |
| <b>Out-of-Pocket Maximum</b>                      |   |                                   |  |                                   |   |                                   |
| <b>Individual</b>                                 | \$2,300   | \$3,500                           | \$3,250                                    | \$ 6,500                          | \$3,000   | \$ 5,000                          |
| <b>Family</b>                                     | \$4,900   | \$7,500                           | \$6,500                                    | \$13,000                          | \$6,000   | \$10,000                          |
| <b>Coinsurance (plan pays)</b>                    | 90%   | 70%                               | 80%  | 60%                               | 90%   | 70%                               |
| <b>Hospital (inpatient)</b>                       | \$250 copay, then 90% covered   | 70% covered <sup>2</sup>          | \$250 copay, then 80% covered              | 60% covered <sup>2</sup>          | 90% covered <sup>2</sup>  | 70% covered <sup>2</sup>          |
| <b>Emergency Room* (copay waived if admitted)</b> | \$100 copay, then 90% covered <sup>2</sup> (for both in- and out-of-network coverage) |                                   | \$100 copay, then 80% covered <sup>2</sup> |                                   | 90% covered <sup>2</sup> (for both in- and out-of-network coverage) |                                   |
| <b>Doctor Office Visits</b>                       | \$20 copay  | 70% covered <sup>2</sup>          | \$20 copay                                 | 60% covered <sup>2</sup>          | 90% covered <sup>2</sup>  | 70% covered <sup>2</sup>          |
| <b>Specialist Office Visits</b>                   | \$35 copay  | 70% covered <sup>2</sup>          | \$35 copay                                 | 60% covered <sup>2</sup>          | 90% covered <sup>2</sup>  | 70% covered <sup>2</sup>          |
| <b>Annual Physical Exams</b>                      | 100% covered  | 70% covered <sup>2</sup>          | 100% covered                               | 60% covered <sup>2</sup>          | 100% covered  | 70% covered <sup>2</sup>          |
| <b>Diagnostic X-Ray/Lab</b>                       | 90% covered <sup>2</sup>  | 70% covered <sup>2</sup>          | 80% covered <sup>2</sup>                   | 60% covered <sup>2</sup>          | 90% covered <sup>2</sup>  | 70% covered <sup>2</sup>          |

## Prescription Drug Coverage

**PRESCRIPTION COPAY** – Prescription coverage is provided by CVS Caremark for all Blue Shield plan participants.

|                              | PPO 300  |                | PPO 750           |                | CDHP with HSA            |                          |
|------------------------------|--|----------------|-------------------|----------------|--------------------------|--------------------------|
|                              | In-Network   | Out-of-Network | In-Network        | Out-of-Network | In-Network               | Out-of-Network           |
| <b>Generic</b>               | \$10 <sup>3</sup>                                  | \$10 + 50%     | \$10 <sup>3</sup> | \$10 + 50%     | 90% covered <sup>2</sup> | 70% covered <sup>2</sup> |
| <b>Brand Formulary</b>       | \$25 <sup>3</sup>                                  | \$25 + 50%     | \$25 <sup>3</sup> | \$25 + 50%     | 90% covered <sup>2</sup> | 70% covered <sup>2</sup> |
| <b>Brand Non-Formulary</b>   | \$40 <sup>3</sup>                                  | \$35 + 50%     | \$40 <sup>3</sup> | \$35 + 50%     | 90% covered <sup>2</sup> | 70% covered <sup>2</sup> |
| <b>Out-of-Pocket Maximum</b> | Combined with medical out-of-pocket maximum (OOPM) |                |                   |                |                          |                          |
| <b>Individual</b>            | \$3,000  | No limit       | \$3,000           | No limit       | \$3,000                  | No limit                 |
| <b>Family</b>                | \$6,000  | No limit       | \$6,000           | No limit       | \$6,000                  | No limit                 |

**Chronic Condition Medications:** Medications prescribed for the treatment of diabetes, high blood pressure and high cholesterol are provided at no cost to Blue Shield plan participants when filled by in-network pharmacies.

**Prescription Quantity Information:** Retail—You may purchase up to a 30-day supply; Mail Order—You may purchase up to a 90-day supply of maintenance drugs for just 2x the retail copay amount (does not apply to the CDHP Plan).

## Important information regarding the PPO and CDHP Health Plans:

**Deductible:** This is the amount that must be paid each year by you before coinsurance benefits are paid.

**PPO:** Each covered individual must meet their individual deductible.

**CDHP:** The entire family must accumulate to the family deductible before any individual reaches coinsurance; the deductible applies to all services except preventive care exams.

**Out-of-Pocket Maximum (OOPM):** This is the maximum you will pay before the plan pays 100% of covered charges. Includes amounts paid toward your annual deductible, copays, coinsurance and prescriptions.

**Prescriptions under the CDHP:** Deductible and coinsurance apply; maximum you'll pay for a 30-day supply is \$150 per script.

# Medical Options

Aon Hewitt Your Benefits Resources™ (YBR)  
Customer Service: 844-474-6641  
[www.ybr.com/benefits/paypal](http://www.ybr.com/benefits/paypal)

## Medical Coverage



The following table summarizes the medical plan options. Refer to the plan's "Summary Plan Description" for specific details about each plan.

|   | <b>Kaiser HMO (CA)</b>           | <b>Health Net HMO (AZ)</b>     | <b>SelectHealth HMO (UT)</b>                |
|---|----------------------------------|--------------------------------|---|
| <b>Provider Choice</b>                            | Kaiser facilities and physicians | Health Net providers only      | SelectHealth providers only                 |
| <b>Annual Deductible</b>                          |                                  |                                |   |
| <b>Individual</b>                                 | None                             | None                           | \$ 150                                      |
| <b>Family</b>                                     | None                             | None                           | \$ 300                                      |
| <b>Out-of-Pocket Maximum</b>                      |                                  |                                |   |
| <b>Individual</b>                                 | \$1,500 <sup>4</sup>             | \$2,000                        | \$1,500 <sup>4</sup>                        |
| <b>Family</b>                                     | \$3,000 <sup>4</sup>             | \$4,000                        | \$3,000 <sup>4</sup>                        |
| <b>Coinsurance (plan pays)</b>                    | N/A                              | N/A                            | N/A   |
| <b>Hospital</b>                                   | \$250 copay, then 100% covered   | \$250 copay, then 100% covered | \$250 copay, then 100% covered <sup>2</sup> |
| <b>Emergency Room* (copay waived if admitted)</b> | \$100 copay                      | \$100 copay                    | \$100 copay                                 |
| <b>Doctor Office Visits</b>                       | \$20 copay                       | \$20 copay                     | \$20 copay                                  |
| <b>Specialist Office Visits</b>                   | \$35 copay                       | \$35 copay                     | \$35 copay                                  |
| <b>Annual Physical Exams</b>                      | 100% covered                     | 100% covered                   | 100% covered                                |
| <b>Diagnostic X-Ray/Lab</b>                       | 100% covered                     | 100% covered                   | 100% covered                                |

## Notes to Medical and Prescription Plans

1. If you use an out-of-network provider, you will be responsible for any billed charges that exceed "customary and reasonable" charges.
2. Deductible applies.
3. Copays will be applied towards a combined medical and prescription out-of-pocket maximum.
4. Includes office visit and pharmacy copayments.
5. Copays apply towards separate prescription out-of-pocket maximum (OPPM) of \$1,000 individual and \$2,000 family.

\*If services are not a true emergency, applicable hospital benefits apply based on the provider's network status.

## Prescription Drug Coverage

### PRESCRIPTION COPAY (In-Network Only)

|                            | <b>Kaiser</b> | <b>Health Net</b> | <b>SelectHealth</b> |
|----------------------------|---------------|-------------------|---------------------|
| <b>Generic</b>             | \$10          | \$10 <sup>5</sup> | \$10                |
| <b>Brand Formulary</b>     | \$25          | \$25 <sup>5</sup> | \$25                |
| <b>Brand Non-Formulary</b> | \$25*         | \$40 <sup>5</sup> | \$45                |

**Chronic Condition Medications:** Medications prescribed for the treatment of diabetes, high blood pressure and high cholesterol are provided at no cost to Health Net and Kaiser HMO (CA) medical plan participants when filled by in-network pharmacies.

**Prescription Quantity Information:** Retail—You may purchase up to a 30-day supply; Mail Order—You may purchase up to a 90-day supply of maintenance drugs for just 2x the retail copay amount (does not apply to SelectHealth HMO). \*Requires pre-authorization by PCP.

# Vision Plan Dental Plan Plan Costs

## Vision – Provided by Vision Service Plan (VSP)

Features include:

- Annual exam provided at no cost; \$20 annual copay for materials.
- Exams, lenses, frames and contacts are covered once per calendar year. Additional coverage is provided under the Diabetic Eyecare Plus Program.
- Frames of your choice are covered up to \$150, plus 20% off any out-of-pocket costs. When you choose contact lenses instead of glasses, the \$150 allowance applies towards the cost of your contact lenses. A separate copay, not to exceed \$60, will apply for the contact lens fitting and evaluation exam (this is in addition to your annual eye exam).
- PayPal provides a \$1,000 annual allowance towards LASIK procedures for all plan participants.

ID cards are not issued for the Vision plan. Simply provide your employee ID number to your participating VSP provider.

## Dental – Provided by Delta Dental (PPO) Plan

Annual Deductible (per calendar year)

**In-Network:** None

**Out-of-Network:** \$50 Individual, \$150 Family

- 100% coverage for preventive care, limited to two oral exams and two cleanings per year, both in- and out-of-network.
- 80% coverage for basic services (fillings, extractions, root canals), both in- and out-of-network.
- 50% coverage for major services (crowns, dentures, bridges), both in- and out-of-network.
- 50% coverage for orthodontia services (subject to a \$2,500 lifetime maximum per person).
- Annual maximum is \$2,500 per person per calendar year.
- Diagnostic and Preventive services, such as exams and cleanings, will not count towards the benefit maximum.

ID cards are issued for the Dental plan.

## Employee Costs per Pay Period

Your benefit costs are based on whether you cover you only, or you and your eligible dependent(s).

| Plan                                   | Employee Only | Employee + Spouse/Partner* | Employee + Child(ren) | Employee + Family |
|--|---------------|----------------------------|-----------------------|-------------------|
| <b>Blue Shield of CA PPO 300</b>       | <b>\$ 45</b>  | <b>\$154</b>               | <b>\$130</b>          | <b>\$219</b>      |
| <b>Blue Shield of CA PPO 750</b>       | <b>\$ 39</b>  | <b>\$124</b>               | <b>\$116</b>          | <b>\$161</b>      |
| <b>Blue Shield of CA CDHP with HSA</b> | <b>\$ 40</b>  | <b>\$128</b>               | <b>\$120</b>          | <b>\$166</b>      |
| <b>Kaiser HMO (CA)</b>                 | <b>\$ 36</b>  | <b>\$120</b>               | <b>\$ 98</b>          | <b>\$169</b>      |
| <b>Health Net HMO (AZ)</b>             | <b>\$ 45</b>  | <b>\$159</b>               | <b>\$134</b>          | <b>\$226</b>      |
| <b>SelectHealth HMO (UT)</b>           | <b>\$ 40</b>  | <b>\$128</b>               | <b>\$106</b>          | <b>\$181</b>      |
| <b>Delta Dental</b>                    | <b>\$ 6</b>   | <b>\$ 12</b>               | <b>\$ 14</b>          | <b>\$ 20</b>      |
| <b>VSP Vision</b>                      | <b>\$ 1</b>   | <b>\$ 3</b>                | <b>\$ 3</b>           | <b>\$ 4</b>       |

\*The IRS states that the fair market value for domestic partner coverage is taxable to the employee. This means the full cost of individual coverage (for your domestic partner) would be added to your taxable income (imputed income). You will see domestic partner imputed income added to your earnings (to incur the tax liability) and then deducted from your gross pay.

# Life Insurance Disability Insurance Benefit Plan Resources

Aon Hewitt Your Benefits Resources™ (YBR)  
Customer Service: 844-474-6641  
[www.ybr.com/benefits/paypal](http://www.ybr.com/benefits/paypal)

## Life and Disability Insurance

### ■ Life Insurance

**Basic Life:** Company-provided benefits of twice your annual earnings to a maximum of \$2 million.

**Optional Life:** One to six times annual earnings to a maximum of \$2 million. Medical evidence of insurability (EOI) is required for policies greater than \$300,000. EOI is also required during Annual Enrollment if you newly elect Optional Life coverage or increase your coverage by more than one level.

**Spouse Optional Life:** Up to the lesser of \$250,000 or 50% of employee coverage. Medical evidence of insurability is required for policies greater than \$50,000.

**Child Optional Life:** Up to \$25,000.



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### ■ Accidental Death and Dismemberment (AD&D) Insurance

**Basic AD&D:** Company-provided benefits of twice your annual earnings to a maximum of \$2 million.

**Optional Employee Only, or Employee and Family AD&D:**  
One to six times annual earnings to a maximum of \$2 million.

### ■ Disability Insurance (Short-Term and Long-Term)

In the event you become disabled due to injury or illness, the company provides short- and long-term disability benefits, at no cost to you:

**Short-Term Disability** coverage provides 80% of your base salary up to a maximum of \$6,500 per week. The Enhanced Maternity Benefit provides up to 100% for the first eight weeks of pregnancy disability leave.

**Long-Term Disability** coverage provides 67% of your base salary up to \$25,000 per month.

## Benefit Plan Resources (available to all employees at no cost)

### ■ Advance Medical

#### (Expert Medical Opinion)

**advance|medical**

provides all employees complimentary access to expert medical opinion services. Medical issues can impact your life, and decisions you make around them are critical. If you or a family member receive a diagnosis, or are considering a certain treatment—simply call Advance Medical (888-416-7514 (U.S.); 650-284-0984 (outside U.S.)). They will assign a personal physician case manager who will work as your advocate. You will receive a comprehensive, written medical review of your case, provided by world-class global specialists who cover a broad spectrum of conditions. Having this support will allow you to make fully informed decisions about care and treatment plans.

■ **Advocacy Services** can help navigate the health care system on your behalf. If you are unable to resolve an issue with your provider, or need more urgent assistance, Aon Hewitt's Advocacy Team is available to assist you. Your advocate will quickly and thoroughly research your inquiry and work directly with your insurance carrier to resolve the issue. Contact Aon Hewitt's Advocacy team at 888-622-1200.

### ■ Stanford Health Navigator Services

is a unique benefit for employees and their families where you can access health resources, either online or through a personal navigator. Your navigator can access the world-renowned Stanford Health Library, which provides scientifically based medical information to help make informed decisions about health care. Navigators are also available by phone to answer any questions and provide additional support and resources at times of important health care need. Navigators can help with scheduling appointments and coordinating specialist visits at Stanford Hospitals and Clinics. Stanford Health Navigator Services are intended to complement the role of your current health care provider and primary care physician. Contact a Navigator at 844-463-7366.





# Financial Security

## Financial Security

■ **401(k) Savings Plan** helps you build savings for an active, healthy and financially stable future. Eligible employees may participate in the PayPal 401(k) Savings Plan at any time. You may contribute up to 50% of your eligible earnings up to the IRS limit of \$18,000 for 2015. If you are age 50 or older, you can also make catch-up contributions of up to \$6,000 for 2015. Under the 401(k) plan, you can designate some or all of your contribution as Roth contributions. PayPal will match 100% of your contribution up to 4% of your compensation. Both employee and PayPal contributions are 100% vested immediately. Visit [www.schwab.com/workplace](http://www.schwab.com/workplace) to learn more.

■ **Business Travel Accident Insurance (BTA)** and emergency travel assistance is available while traveling on behalf of the company. The policy provides life and AD&D insurance of up to five times your salary (\$1M limit); insurance for medical expenses incurred outside your home country, lost baggage and cash or cash equivalents.

■ **Flexible Spending Accounts (FSA)** allow you to set aside pretax dollars from your paycheck to pay for eligible health care and dependent care FSA expenses. PayPal's FSA programs are managed by Your Spending Account (YSA). You pay neither federal nor state income taxes on contributions you direct to an FSA. Typically, if you do not spend the money in your FSA during the year, the amounts will be forfeited. However, up to \$500 of your 2016 year-end Health Care FSA balance will automatically be added to your 2017 plan year balance. Debit cards are issued to Health Care Spending Account participants with an annual election of \$100 or more.

| Plan                                   | Maximum Election | Eligible Expenses                     |
|--|------------------|---------------------------------------|
| <b>Health Care Spending Account</b>    | \$2,550          | Medical, Prescription, Dental, Vision |
| <b>Dependent Care Spending Account</b> | \$5,000          | Child care or elder care expenses     |

■ **Health Savings Accounts (HSA)** are available to employees enrolled in the Blue Shield CDHP medical plan. The HSA, which can help pay for qualified medical expenses, is administered by Health Equity. The HSA can also help you save for future medical and retiree health care expenses on a tax-free basis.

|                                   | Employee Only | Employee with Covered Dependents |
|-----------------------------------|---------------|----------------------------------|
| <b>Employer Contribution</b>      | \$ 450        | \$ 900                           |
| <b>2016 Contribution Maximum*</b> | \$3,350       | \$6,650                          |

An additional \$1,000 can be contributed if the account holder is 55 years or older.

\*including company's employer contribution

If you are also enrolled in the Health Care FSA, reimbursement under the FSA will be limited to reimbursement of dental and vision expenses only because you are already receiving a tax benefit on medical expenses through your HSA.





# Time-Off Programs

Aon Hewitt Your Benefits Resources™ (YBR)  
Customer Service: 844-474-6641  
[www.ybr.com/benefits/paypal](http://www.ybr.com/benefits/paypal)

## Time-Off Programs

PayPal recognizes that as employees pass through various life stages, their time away needs change accordingly and we believe in providing additional support.

- **Enhanced Maternity Benefit.** All U.S.-based employees are eligible for an Enhanced Maternity Benefit for expectant mothers so they will receive 100% of base pay for the first eight weeks of time away from work while on pregnancy disability. The Maternity Benefit will be coordinated with any other benefits that may be payable, such as Short-Term Disability or any statutory programs.
- **Paid Bonding Leave.** All U.S.-based employees are eligible for Paid Bonding Leave, payable at 100% for up to eight weeks within the first year of the birth or placement of a child. This benefit is available to all mothers, fathers, same-sex spouses and domestic partners. The benefit can be taken at one time, or in increments with supervisor approval. It will be coordinated with any other benefits that may be payable, such as state-specific paid leave programs.
- **Paid Family Care Leave.** PayPal's Paid Family Care Leave program allows paid time off for employees to care for a seriously ill family member. All U.S.-based employees are eligible to receive 100% of base pay for up to eight weeks to care for a sick spouse, child or qualifying parent when certified as the primary caregiver. It will be coordinated with any other benefits that may be payable, such as state-specific paid family leave programs.
- **Paid Sick Leave (PSL).** All U.S.-based employees are eligible for five Paid Sick Leave days per year. Employees can use these days for their own personal illness or to take care of a sick family member. PSL days will not carry over to the next year, but will be replenished so that five days are available at the beginning of each year.
- **Paid Time Off (PTO)** is for non-exempt employees. PTO may be used for vacations, personal time or illness. You begin to accrue PTO from your first day of employment. For full-time employees, PTO accrues at 4.92 hours per pay period, with an additional day added for each year of service up to 20 days per year. For part-time employees, your PTO accrual will be pro-rated based on scheduled hours.
- **Tracking-Free Vacation (TFV).** All U.S.-based exempt employees follow our Tracking-Free Vacation policy. Employees with TFV self-manage vacation and should work with their supervisors to schedule time off to rest, relax and recharge.

- **Give Time.** Through our charitable giving initiative — PayPal Gives — we encourage active participation in the local communities in which our teams work and live. In this spirit, eligible employees will be paid 100% of base pay for up to five days per year to volunteer at a qualifying community-based organization (time must be planned in advance with your manager). Give Time is available to employees after one year of employment, and the days are in addition to Paid Sick Leave and Paid Time Off/Tracking-Free Vacation.

**PayPal Gives**



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- **Holidays:** PayPal observes 10 holidays each calendar year. In 2016, PayPal will observe the following holidays:

|          |                    |                            |
|----------|--------------------|----------------------------|
| Friday   | <b>January 1</b>   | New Year's Day             |
| Monday   | <b>January 18</b>  | Martin Luther King Day     |
| Monday   | <b>February 15</b> | President's Day            |
| Monday   | <b>May 30</b>      | Memorial Day               |
| Monday   | <b>July 4</b>      | Independence Day           |
| Monday   | <b>September 5</b> | Labor Day                  |
| Thursday | <b>November 24</b> | Thanksgiving Day           |
| Friday   | <b>November 25</b> | Day after Thanksgiving Day |
| Monday   | <b>December 26</b> | Christmas Day (Observed)   |
| Friday   | <b>December 30</b> | Company-Designated Holiday |

- The **Sabbatical Program** offers time away and provides you with a break from the pace and intensity of your work, allowing you the opportunity to recharge and pursue areas of interest to you — whether it's family, travel, hobbies, personal development or education. Following each five years of service at PayPal, you are eligible for four consecutive weeks of time off with pay.

# Additional Resources

## Additional Resources

- **Adoption Assistance Plan** provides up to \$10,000 per adoption to help reimburse for qualified expenses related to the adoption of a child, including attorney fees, court costs and adoption fees.



- **Care.com** is a service that helps families find ongoing, occasional, and back-up care for the entire family by providing a network of caregivers and access to references, reviews and background checks. Care.com can assist you if you are looking for ongoing or occasional child care, someone to care for your pet while you are on vacation or perhaps a tutor for your child. To activate your complimentary membership, access Care.com at [www.paypal.care.com](http://www.paypal.care.com).

- **Educational Assistance Program** supports continuing education and developmental programs that can be applied to your current role or reasonably likely future role with the company. Courses must be pre-approved by your manager before you can receive reimbursement for tuition, books and lab expenses. You must receive a passing grade of C or better for undergraduate courses, or a B or better for graduate courses. These expenses are covered up to a maximum of \$5,250 per calendar year.

- **Employee Assistance Program (EAP)** provides counseling and consultation services designed to help you and your eligible family members with a wide range of personal, emotional or financial issues. EAP offers completely confidential counseling sessions on topics such as:
  - Stress and anxiety
  - Personal and family relationship challenges
  - Emotional wellnessYou are automatically enrolled and the plan is provided at no cost to you.

- **Hyatt Legal Benefits** plans cover a broad range of legal services, such as:
  - General telephone advice and office consultations
  - Document review
  - Wills and estate planning
  - Real estate matters
  - Debt matters
  - Identity theft defense
  - Consumer matters
  - Traffic defense
  - Juvenile court matters
  - Family law
  - Defense of civil lawsuitsEmployees may enroll in this plan during the initial new-hire enrollment period or during Annual Enrollment. The plan requires a post-tax deduction.
- **Pet Insurance** is available to you on a voluntary basis to provide coverage for veterinary care for your household pets, such as dogs, cats and birds. Employees receive a group discount of 5% under the plan.



## U.S. Benefits Contact Information

| Provider   | Website                        | Phone Number                                       | Description                                   |
|--|--------------------------------|--|---|
| <b>Aon Hewitt Your Benefits Resources™ (YBR)</b><br>Customer Service   | www.ybr.com/benefits/paypal    | 844-474-6641                                       | For all benefit plan and enrollment inquiries |
| <b>MyHR</b>  | MyHR Online                    | 855-489-0343                                       | MyHR  |
| <b>Medical Plans</b>   |                                |  | <b>Policy #</b>                               |
| Blue Shield of CA PPO 300<br>Blue Shield of CA PPO 750<br>Blue Shield of CA CDHP with HSA  | www.blueshieldca.com/paypal    | 844-462-9518                                       | W0052325                                      |
| CVS/caremark<br>(Prescription provider for<br>Blue Shield participants)  | www.caremark.com               | 844-287-1297                                       | 1166  |
| Teladoc<br>(Blue Shield participants)  | www.teladoc.com                | 800-Teladoc<br>(800-835-2362)                      | Not Required                                  |
| Health Net HMO (AZ)  | www.healthnet.com              | 800-289-2818                                       | AJ889   |
| Kaiser HMO (CA)  | www.kp.org                     | 800-464-4000                                       | 604762 Northern CA<br>232527 Southern CA      |
| SelectHealth HMO (UT)  | www.selecthealth.org           | 800-538-5038                                       | G1017120                                      |
| <b>Vision Plan</b>   |                                |  | <b>Policy #</b>                               |
| <b>Vision Service Plan (VSP)</b>   | www.vsp.com                    | 800-877-7195                                       | 30057214                                      |
| <b>Dental Plan</b>   |                                |  | <b>Policy #</b>                               |
| <b>Delta Dental</b>  | www.deltadentalins.com         | 800-765-6003                                       | 17690   |
| <b>Life and Accident Insurance/Disability</b>  |                                |  | <b>Policy #</b>                               |
| <b>MetLife Life Insurance</b><br>Basic and Optional Policies   | www.metlife.com                | 800-638-6420                                       | 160195  |
| <b>AC Newman (AD&amp;D)</b><br>Basic and Optional Policies   | www.acnewman.com               | 877-226-8711                                       | ADD-123708 (Basic)<br>PAI-123707 (Optional)   |
| <b>Sedgwick</b> Leaves, Disability and<br>Workers' Compensation  | MyHR Online                    | 855-233-7599                                       | Not Required                                  |
| <b>Financial Security</b>  |                                |  | <b>Policy #</b>                               |
| <b>Charles Schwab</b><br>401(k) Savings Plan   | www.schwab.com/workplace       | 800-724-7526                                       | PayPal  |
| <b>Your Spending Account™ (YSA)</b><br>Flexible Spending Accounts  | www.ybr.com/benefits/paypal    | 844-474-6641                                       | Not Required                                  |
| <b>Health Equity</b><br>Health Savings Account (HSA)<br>For participants enrolled in the<br>Consumer Directed Health Plan (CDHP) | www.healthequity.com/ed/paypal | 844-462-9518                                       | Not Required                                  |
| <b>Business Travel Policies</b>  | MyHR Online                    | 800-336-0627 (U.S.)<br>302-476-6194 (Outside U.S.) | Visit MyHR Online                             |
| <b>Health Plan Resources</b>   |                                |  | <b>Policy #</b>                               |
| <b>Advance Medical</b><br>(Expert Medical Opinion)   | www.advance-medical.com/paypal | 888-416-7514 (U.S.)<br>650-284-0984 (Outside U.S.) | Not Required                                  |
| <b>Advocacy Services</b><br>(Claims Assistance)  | www.aonhewittadvocacy.com      | 888-622-1200                                       | Not Required                                  |
| <b>Stanford Health Navigator</b>   | www.shc.is/paypal              | 844-463-7366 (U.S.)<br>650-736-2741 (Outside U.S.) | Not Required                                  |
| <b>Additional Benefits</b>   |                                |  | <b>Policy #</b>                               |
| <b>Care.com</b>  | www.paypal.care.com            | 855-781-1303                                       | Not Required                                  |
| <b>Magellan (National plan): EAP</b>   | www.magellanhealth.com/member  | 800-327-2914                                       | Not Required                                  |
| <b>Arbor (NE only): EAP</b>  | www.arborfamilycounseling.com  | 800-922-7379                                       | PayPal  |
| <b>Hyatt Legal</b>   | www.legalplans.com             | 800-821-6400                                       | 6091045 (Password)                            |
| <b>Veterinary Pet Insurance</b>  | www.petinsurance.com           | 888-899-4874                                       | PayPal  |



This guide provides an overview of your U.S. benefit options as an employee of PayPal (or any of its U.S. subsidiaries). It is not intended to be a complete summary of your benefits. Please refer to the actual plan documents available on Aon Hewitt Your Benefits Resources™ (YBR) for the terms and conditions that govern these benefits.

PayPal reserves the right to amend, change or terminate these benefits for any reason at any time.

