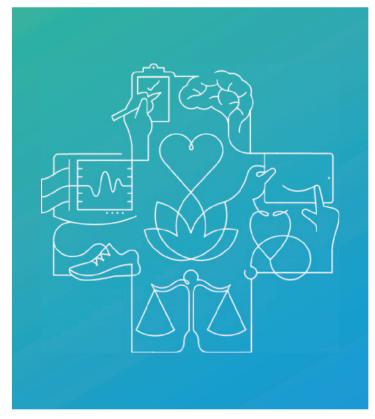
# 2017 BENEFITS SUMMARY

















PayPal supports you in achieving a happy and healthy life and supporting your mental, physical, and emotional balance. This summary provides you with an overview of your PayPal benefits.

### **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 the \$300 medical plan, dental plan option 2, and vision plan option 2.

### **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.



### **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 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



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."

### **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.

### **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. For claims assistance during the year, please refer to the "U.S. Benefits Contact Information" section at the back of this guide.

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

## UnitedHealthcare®

UnitedHealthcare is the health insurance carrier for PayPal's \$300 Deductible and Consumer Directed Health plans. With UnitedHealthcare, you'll have access to a national, extensive network of physicians and healthcare facilities. You may receive care from any provider, but you'll pay less when you visit innetwork providers. Pharmacy coverage is provided by CVS/caremark. You will receive a medical plan ID card from UnitedHealthcare and a prescription ID card from CVS/caremark.

- \$300 Deductible: In-network preventative care is covered at 100%. Once you reach your annual deductible, the plan pays 90% 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. Out-of-network coverage is available. See the medical plan comparison chart for benefit coverage and limits.
- Consumer Directed Health Plan (CDHP) with Health Savings Account (HSA): 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 a future medical expense. PayPal also makes an annual contribution to the HSA (\$450 for individuals or \$900 for family).



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

	Employee Only	Employee with Covered Dependents
Employer Contribution	\$ 450	\$ 900
2017 Contribution Maximum*	\$3,400	\$6,650

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

\*including PayPal's employer contribution

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



### **Health Maintenance Organization (HMO)**

- Health Net HMO (AZ)
- Kaiser Permanente HMO (CA)
- SelectHealth HMO (UT)

HMO medical plans are available for employees residing in Arizona, California, and Utah. Care must be received within the HMO plan's network of providers and facilities, except in the event of an emergency, when out-of-network coverage may be available. You'll select a Primary Care Physician (PCP) who will provide routine services and can refer you to other providers in the network when you need to see a specialist or be hospitalized.

# Medical Options

# Important information regarding the \$300 Deductible and CDHP Health Plans:

**Deductible:** Amount that must be paid each year by you before coinsurance benefits are paid.

**\$300 Deductible:** 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): 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.

### Prescription Drug Coverage Chronic Condition Medications:

Medications prescribed for the treatment of diabetes, high blood pressure, and high cholesterol are provided at no cost to UnitedHealthcare plan participants when filled by innetwork pharmacies.

### **Prescription Quantity**

Information: Retail—You may purchase up to a 30-day supply. You may purchase up to a 90-day supply of maintenance drugs via mail order or at a CVS or Target pharmacy for a reduced co-pay. (Does not apply to CDHP.)

### **Medical Coverage**



The following table summarizes the medical plan options. Refer to the plan's "Summary Plan Description"	UnitedHealthcare \$300 Deductible		UnitedHealthcare CDHP with HSA	
for specific details about each plan.	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
Provider Choice	Network	Providers outside the Network	Network	Providers outside the Network
Annual Deductible				
Individual	\$ 300	\$ 500	\$1,300	\$ 2,100
Family	\$ 900	\$1,500	\$2,600	\$ 4,200
Out-of-Pocket Maximum				
Individual	\$2,300	\$3,500	\$3,000	\$ 5,000
Family	\$4,900	\$7,500	\$6,000	\$10,000
Coinsurance (plan pays)	90%	70%	90%	70%
Hospital (inpatient)	\$250 copay, then 90% cover	70% covered <sup>2</sup> ed	90% covered <sup>2</sup>	70% covered <sup>2</sup>
Emergency Room* (copay waived if admitted)	\$100 copay, then 90% covered <sup>2</sup> (for both in- and out-of-network coverage)		90% covered <sup>2</sup> (for both in- and coverage)	d out-of-network
<b>Doctor Office Visits</b>	\$20 copay	70% covered <sup>2</sup>	90% covered <sup>2</sup>	70% covered <sup>2</sup>
Specialist Office Visits	\$35 copay	70% covered <sup>2</sup>	90% covered <sup>2</sup>	70% covered <sup>2</sup>
Annual Physical Exams	100% covered	70% covered <sup>2</sup>	100% covered	70% covered <sup>2</sup>
Diagnostic X-Ray/Lab	90% covered <sup>2</sup>	70% covered <sup>2</sup>	90% covered <sup>2</sup>	70% covered <sup>2</sup>

### **Prescription Drug Coverage**

**PRESCRIPTION COPAY** – Prescription coverage provided by CVS/caremark for UnitedHealthcare plan participants.

	\$300 Deductible		CDHP with HS	SA
	In-Network	Out-of-Network	In-Network	Out-of-Network
Generic	\$10³	\$10 + 50%	90% covered <sup>2</sup>	70% covered <sup>2</sup>
Brand Formulary	\$25 <sup>3</sup>	\$25 + 50%	90% covered <sup>2</sup>	70% covered <sup>2</sup>
Brand Non-Formulary	\$40³	\$35 + 50%	90% covered <sup>2</sup>	70% covered <sup>2</sup>
Out-of-Pocket Maximum	Combined with medical out-of-pocket maximum (OOPM)			1)
Individual	\$3,000	No limit	\$3,000	No limit
Family	\$6,000	No limit	\$6,000	No limit

### **Employee Costs per Pay Period**

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

	-	
	\$300 Deductible	CDHP with HSA
Employee Only	\$ 45	\$ 40
Employee + Spouse/Partner*	\$154	\$128
Employee + Child(ren)	\$130	\$120
Employee + Family	\$219	\$166

<sup>\*</sup>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, which is referred to as "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.

# Medical Options

Medical Coverage	KAISER PERMANENTE	Health Net®	selecthealth.
The following table summarizes the medical plan options. Refer to the plan's "Summary Plan Description"	Kaiser HMO (CA)	Health Net HMO (AZ)	SelectHealth HMO (UT)
for specific details about each plan.			
Provider Choice	Kaiser facilities	Health Net	SelectHealth
	and physicians	providers only	providers only
Annual Deductible Individual Family	None None	None None	\$ 150 \$ 300
Out-of-Pocket Maximum Individual Family	\$1,500 <sup>4</sup> \$3,000 <sup>4</sup>	\$2,000 \$4,000	\$1,500 <sup>4</sup> \$3,000 <sup>4</sup>
Coinsurance (plan pays)	N/A	N/A	N/A
Hospital	\$250 copay, then 100% covered	\$250 copay, then 100% covered	\$250 copay, then 100% covered <sup>2</sup>
Emergency Room* (copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay
Doctor Office Visits	\$20 copay	\$20 copay	\$20 copay
Specialist Office Visits	\$35 copay	\$35 copay	\$35 copay
Annual Physical Exams	100% covered	100% covered	100% covered
Diagnostic X-Ray/Lab	100% covered	100% covered	100% covered

### **Prescription Drug Coverage**

PRESCRIPTION COPAY (In-Network Only)

	Kaiser	Health Net	SelectHealth
Generic	\$10	\$105	\$10
Brand Formulary	\$25	\$25⁵	\$25
Brand Non-Formulary	\$25 <sup>†</sup>	\$405	\$45

### **Employee Costs per Pay Period**

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

	Kaiser	Health Net	SelectHealth
Employee Only	\$ 36	\$ 45	\$ 40
Employee + Spouse/Partner*	\$120	\$159	\$128
Employee + Child(ren)	\$ 98	\$134	\$106
Employee + Family	\$169	\$226	\$181

<sup>\*</sup>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, which is referred to as "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.

# 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 (OOPM) 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**

### **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 innetwork 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 2× the retail copay amount (does not apply to SelectHealth HMO).

<sup>†</sup>Requires pre-authorization by PCP.

# Dental Plan Vision Plan

When enrolling for dental and vision coverage, you have the choice of two plan options, allowing you to select the coverage that best meets the needs of you and your family. View the dental and vision plan charts below to compare your plan options.

### **Dental - Provided by Delta Dental**

Dental Plans	Option 1 Coverage		Option 2 Coverage	1
Individual Deductible	In-network: \$50	Out-of-network: \$75	In-network: \$0	Out-of-network: \$50
Family Deductible	In-network: \$150	Out-of-network: \$225	In-network: \$0	Out-of-network: \$150
Annual Maximum Benefit (excludes orthodontia)	\$1,500 per person		\$2,500 per person	
Preventive and	100% and		100% and	
Diagnostic Care	2 cleanings per year		2 cleanings per year	
Basic Care	80%		80%	
Major Care	50%		50%	
Orthodontia	Not covered		50%; Lifetime maximu	ım: \$2,500
ID Cards	ID cards are issued for dental plan options.			

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

Vision Plans	Option 1 Coverage		Option 2 Coverage	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Coverage	Exam: \$0 copay Materials: \$20 copay	Exam: \$20 copay Materials: up to \$50	Exam: \$0 copay Materials: \$20 copay	Exam: \$20 copay Materials: up to \$50
Eye Exam	Once every 12	2 months	Once every	/ 12 months
Lens Benefit (per year)	\$20 copay	Maximum benefit Single: \$50; Bifocal: \$75 Trifocal: \$100 Lenticular: \$125	\$20 copay	Maximum benefit Single: \$50; Bifocal: \$75 Trifocal: \$100 Lenticular: \$125
Frames	\$20 copay; up to \$300 (2 frames every 12 months)	\$20 copay; up to \$150 (2 frames every 12 months)	\$20 copay; up to \$150 (every 12 months)	\$20 copay; up to \$75 (every 12 months)
Contact Lenses (per year)	Up to \$60 copay; \$300 elective	Up to \$60 copay; \$150 elective; \$300 necessary	Up to \$60 copay; \$150 elective	Up to \$60 copay; \$105 elective; \$210 necessary
LASIK	\$1,000 allowance	\$900 allowance	Not covered	Not covered
ID Cards	No ID cards are necessary. Simply provide your employee ID number to our participating VSP provider.			

### **Employee Costs per Pay Period**

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

	Dental		Vision	
	Option 1	Option 2	Option 1	Option 2
Employee Only	\$ 3	\$ 7	\$2	\$1
Employee + Spouse/Partner*	\$ 6	\$14	\$5	\$2
Employee + Child(ren)	\$ 8	\$17	\$5	\$2
Employee + Family	\$11	\$23	\$8	\$3

<sup>\*</sup>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, which is referred to as "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 and Disability Insurance Benefit Plan Resources

### **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.



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,
PayPal 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% of your base salary 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 opinion) 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
- 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'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'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-

treatment plans.



CORPORATE PARTNERS

STANFORD MEDICINE

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**

- The 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 2017. If you are age 50 or older, you can also make catch-up contributions of up to \$6,000 for 2017. 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 to learn more.
- The Employee Stock Purchase Plan (ESPP) is a voluntary program that provides eligible employees the opportunity to buy shares of PayPal Holdings, Inc. common stock (Common Stock) at a discount. Employees are eligible to contribute between 2% to 10% of their after-tax eligible payroll earnings to purchase shares in this program. The purchase price is equal to 85% of the closing price of Common Stock on either the first day of the employee's applicable offering period or the actual purchase date, whichever is the lower. When the purchase period ends, shares are purchased for you using contributions deducted from your paycheck and are deposited into your E\*TRADE Employee Stock Plan Account. You may hold them as a long-term investment or immediately sell them for cash.

Offering periods generally begin each May 1 and November 1 with purchase dates generally occurring on April 30 and October 31.

■ 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 pre-tax dollars from your paycheck to pay for eligible health care and dependent care expenses. You pay neither federal nor state income taxes on contributions you direct to an FSA. When you have an eligible expense, you request a reimbursement to pay yourself back. There are two types of FSA accounts:

Health Care Spending Account can be used for eligible outof-pocket health care expenses (medical, dental, or vision care). Plan participants are issued a FSA debit card (for annual elections greater than \$100) and are eligible for up to a \$500 balance carryover annually.

**Dependent Care Spending Account** covers eligible dependent care expenses so that you (and your spouse, if married) can work or attend school. Estimate your dependent care expenses carefully when setting your annual election. Any remaining balance in your account as of the claim filing deadline will be forfeited.

Plan	Maximum Election	Eligible Expenses
Health Care Spending Account	\$2,550	Medical, prescription, dental, vision
Dependent Care Spending Account	\$5,000	Child care or elder care expenses



# Time-Off Programs

### **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.

■ **Sabbatical Program.** PayPal's Sabbatical program provides four weeks of paid time off after five years of service. Take a break from the pace of your work and recharge with family, travel, pursue hobbies, personal development and have fun!



- 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 (GTO).** Through our charitable giving initiative 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 one day, or 8 hours per year to volunteer at a qualifying community-based organization (time must be planned in advance with your manager). Give Time is available after one year of employment.
- Paid Sick Leave (PSL). U.S.—based exempt 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.

- Enhanced Maternity Benefit. All U.S.-based employees are eligible for an Enhanced Maternity Benefit for expectant mothers payable at 100% of base pay for the first eight weeks of time away from work while on pregnancy disability. The Enhanced 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.
- **Holidays:** PayPal observes 10 holidays. In 2017, PayPal will observe the following holidays:

Monday	January 2	New Year's Day (observed)
Monday	January 16	Martin Luther King Day
Monday	February 20	President's Day
Monday	May 29	Memorial Day
Tuesday	July 4	Independence Day
Monday	September 4	Labor Day
Thursday	November 23	Thanksgiving Day
Friday	November 24	Day after Thanksgiving Day
Monday	December 25	Christmas Day
Friday	December 29	Company-Designated Holiday

# Your Benefits Toolkit

### **Your Benefits Toolkit to Support Your Everyday Living**

- 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.
- Bright Horizons provides back-up care where and when you need it most through the industry's largest network of high-quality child care centers and in-home care agencies. Whether your regular caregiver is out sick, your child has a school holiday, or your elder relative is recovering from surgery.
  - Back-up Care Advantage® provides peace of mind so that you can go to work knowing your child or relative is in good hands. You'll have up to 10 back-up care uses per calendar year (each dependent counts as one use). For in-home care, you pay \$6 per hour for both child and adult/elder care (four-hour minimum). For center-based care, you pay \$15 per day for one child (\$25 for two or more).
  - CareDirect®. Looking for long-term care solutions or have ongoing needs? Through Bright Horizon's CareDirect® program, you have access to discounts and preferred enrollment access for regular center-based child care.
- 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. The EAP offers six counseling sessions on topics such as:
  - Stress and anxiety
  - Personal and family relationship challenges
  - Emotional wellness

No enrollment required. EAP services are provided at no cost to you.

- Group Legal Benefits 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 lawsuits

Employees may enroll in this plan during the initial new-hire enrollment period or during Annual Enrollment.

- Identity Theft Protection helps because if your identity has been stolen, time isn't on your side. The faster you take action, the faster you can correct issues before they affect your credit for good. Optum® Core ID Theft Protection connects you to a specialist right away who can help you dispute fraudulent charges, restore your identity, and take steps to avoid future losses. This program is provided at no cost to you.
- **Pet Insurance** is available to you on a voluntary basis to provide veterinary care for your household pets, such as dogs, cats, and birds. Employees receive a discount of 5% under the PayPal group plan.
- Provides parents raising children with learning and behavior challenges with valuable support and research-based resources. Parents have access to live tele-consultation with behavioral health experts to answer questions and provide guidance, hundreds of easy-to-follow videos, printable materials, and training to best support their children in reaching their top potential. Rethink services are provided at no cost to you.

Provider	Website	Phone Number	Description
Aon Your Benefits Resources™ (YBR) Customer Service	www.ybr.com/benefits/paypal	844-474-6641	For all benefit plan and enrollment inquiries
MyHR	MyHR Online	855-489-0343	MyHR
Medical Plans			Policy #
UnitedHealthcare \$300 Deductible UnitedHealthcare CDHP with HSA	http://welcometouhc.com/paypal	844-298-2737	909006
<b>CVS/caremark</b> (Prescription provider for UnitedHealthcare participants)	www.caremark.com	844-287-1297	1166
Health Net HMO (AZ)	www.healthnet.com	800-289-2818	AJ889
Kaiser HMO (CA)	www.kp.org	800-464-4000	604762 Northern CA 232527 Southern CA
SelectHealth HMO (UT)	www.selecthealth.org	800-538-5038	G1017120
Vision Plan			Policy #
Vision Service Plan (VSP)	www.vsp.com	800-877-7195	30057214
Dental Plan			Policy #
Delta Dental	www.deltadentalins.com	800-765-6003	17690
Life and Accident Insurance/Disabilit	ty		Policy #
<b>MetLife Life Insurance</b> Basic and Optional Policies	www.metlife.com	800-638-6420	160195
<b>AC Newman</b> (AD&D) Basic and Optional Policies	www.acnewman.com	877-226-8711	ADD-123708 (Basic) PAI-123707 (Optional)
<b>Sedgwick</b> Leaves, Disability and Workers' Compensation	MyHR Online	855-233-7599	Not Required
Financial Security			Policy #
Charles Schwab 401(k) Savings Plan	www.schwab.com/workplace	800-724-7526	PayPal
Your Spending Account™ (YSA) Flexible Spending Accounts	www.ybr.com/benefits/paypal	844-474-6641	Not Required
E*Trade	etrade.com	800-838-0908	Not Required
<b>HealthEquity</b> Health Savings Account (HSA) For participants enrolled in the Consumer Directed Health Plan (CDHP)	www.healthequity.com/ed/paypal	866-346-5800	Not Required
Business Travel Policies	MyHR Online	800-336-0627 (U.S.) 302-476-6194 (Outside U.S.)	Visit MyHR Online
Health Plan Resources			Policy #
<b>Advance Medical</b> (Expert Medical Opinion)	www.advance-medical.com/paypal	888-416-7514 (U.S.) 650-284-0984 (Outside U.S.)	Not Required
Advocacy Services (Claims Assistance)	www.aonhewittadvocacy.com	888-622-1200	Not Required
Stanford Health Navigator	www.shc.is/paypal	844-463-7366 (U.S.) 650-736-2741 (Outside U.S.)	Not Required
Your Benefits Toolkit			Policy #
Bright Horizons	careadvantage.com/paypal	877-BH-CARES	UN: PayPal PW: backup4u
Optum EAP	www.liveandworkwell.com	866-248-4096	PayPalUS
Arbor EAP (Nebraska)	www.arborfamilycounseling.com	800-922-7379	PayPal
Rethink	http://paypal.rethinkbenefits.com	877-988-8871	PayPal
Optum ID Core Theft Program	www.liveandworkwell.com	866-248-4096	PayPalUS
Hyatt Legal	www.legalplans.com	800-821-6400	PW: 6091045
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888-899-4874

www.petinsurance.com

**Veterinary Pet Insurance** 

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