

2015 U.S. BENEFITS SUMMARY



Your Benefits Connection

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.



PayPal offers a variety of comprehensive and competitive benefit programs to meet your needs, whether you're single, in a growing family, or nearing retirement.

Benefits are an important part of your total compensation for the work you do every day. We strive to offer programs that help support you both in mind and body, including quality health care insurance and wellness programs, plans to help ensure your financial security today and in the years ahead, and time off programs so you can recharge!

This summary provides an overview of your PayPal Benefits. We want you to make an informed choice about which benefits are right for you, so please read this information thoroughly.

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 750 medical, dental and vision).

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 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

 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."

Watch the Benefits Overview Video

to learn more about

your PayPal Benefits!

Visit MyHR online (Benefits).

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.

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

Medical Options 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 use a network of providers

who have agreed to accept the Blue Shield of CA payment schedule as payment for covered services. Under the PPO medical plans, you can choose to use in- or out-of-network providers each time you access care. Your coverage is greater when you use an in-network provider. Under these plans, some care and services, such as lab, hospital and x-ray, are subject to the deductible, as well as applicable copayments. These plans are available in all states. All medical copays, deductibles and coinsurance will apply towards out-of-pocket maximums.

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 (pro-rated each pay period) to the HSA (\$450 for individuals or \$900 for family; pro-rated for new hires). More information on the Health Savings Account can be found under the "Financial Security" section.

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

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

Prescription Drug Coverage CVS/caremark is our national prescription provider for all Blue Shield of CA health plans.

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

Footnotes: 2. Deductible applies. 3. Copays will apply toward a separate prescription out-of-pocket maximum (OOPM).

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 specific states; please see the table below.



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

	Kaiser HMO (CA)	Health Net HMO (AZ)	SelectHealth HMO (UT)
Provider Choice	Kaiser facilities and physicians	Health Net providers only	SelectHealth providers only
Annual Deductible			
Individual	None	None	\$ 150
Family	None	None	\$ 300
Out-of-Pocket Maximum			
Individual	\$1,500 ⁴	\$2,000	\$1,500 ⁴
Family	\$3,000 ⁴	\$4,000	\$3,000 ⁴
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 ²
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

Footnotes: 4. Includes office visit and pharmacy copayments.

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

Prescription Drug Coverage

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	Kaiser	Health Net	SelectHealth
Generic	\$10	\$10 ⁵	\$10
Brand Formulary	\$25	\$25 ⁵	\$25
Brand Non-Formulary	\$25*	\$40 ⁵	\$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.

Footnotes: 3. Copays will apply toward a separate prescription out-of-pocket maximum (OOPM). 5. Copays apply towards separate prescription out-of-pocket maximum (OOPM) of \$1,000 individual and \$2,000 family.

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 and coinsurance.

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

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
Blue Shield of CA PPO 300	\$ 39	\$134	\$113	\$190
Blue Shield of CA PPO 750	\$ 34	\$108	\$101	\$140
Blue Shield of CA CDHP	\$ 35	\$111	\$104	\$144
Kaiser HMO (CA)	\$ 36	\$120	\$ 98	\$169
Health Net HMO (AZ)	\$ 40	\$141	\$119	\$201
SelectHealth (UT)	\$ 36	\$116	\$ 96	\$164
Delta Dental	\$ 6	\$ 12	\$ 14	\$ 20
VSP Vision	\$ 1	\$ 2	\$ 2	\$ 3

*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. If you are covering your same-sex domestic partner, we will reimburse you for the tax you pay on the imputed income if you live in a state that does not recognize same-sex marriage.

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).

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 \$2,000 lifetime maximum per person).
- Annual maximum is \$2,000 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.

Life and Disability Insurance

Life Insurance

Basic Life: Company-provided benefits of twice your annual earnings to a maximum of \$2 million when combined with Optional Life. As a PayPal employee covered by MetLife for your Basic Life Insurance, you have complimentary access to www.willscenter.com to create a will. Log on, register as a new user, and follow the instructions to create your document.

Optional Life: One to six times annual earnings to a maximum of \$2 million when combined with Basic Life. Medical evidence of insurability (EOI) is required for policies greater than \$500,000 (combined basic and optional). 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 (EOI) 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 when combined with Optional AD&D.

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

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.

Long-Term Disability coverage provides 66⅔% of your base salary up to \$25,000 per month.

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 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 pre-tax dollars from your paycheck to pay for eligible health care and dependent care FSA expenses. 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. Up to \$500 of your 2015 year-end Health Care FSA balance will automatically be added to your 2016 plan year balance. All claims incurred on or before December 31, 2015, need to be submitted by April 30, 2016.
- **Health Savings Account (HSA)** is available to employees enrolled in the Blue Shield of CA CDHP medical plan. Participants will have a HSA, administered by Health Equity, which can help pay for qualified medical expenses. The HSA can also help you save for future medical and retiree health care expenses on a tax-free basis.

PayPal provides an annual contribution towards your HSA of \$450 for employee-only coverage and \$900 for employees with covered dependents. (This amount will be pro-rated for new hires). The 2015 contribution maximum, including the company's employer contribution, is \$3,350 for employee-only and \$6,650 for employee-plus-dependent coverage. An additional \$1,000 can be contributed if the account holder is 55 years old or older.

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.

Health Plan Resources (available to all employees at no cost)

- **Advance Medical (Expert 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 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.

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.

Time Off

- **Paid Time Off (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.
- **Holidays:** PayPal observes 10 holidays and one floating holiday each calendar year. The floating holiday is to be used according to floating holiday guidelines. In 2015, PayPal will observe the following holidays:

Thursday	January 1	New Year's Day
Monday	January 19	Martin Luther King Day
Monday	February 16	President's Day
Monday	May 25	Memorial Day
Friday	July 3	Independence Day
Monday	September 7	Labor Day
Thursday	November 26	Thanksgiving Day
Friday	November 27	Day after Thanksgiving Day
Thursday	December 24	Company-Designated Holiday
Friday	December 25	Christmas Day
Floating Holiday TBD by employee*		

*Employees who begin employment in the fourth quarter do not receive a floating holiday in their year of hire.



- 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

- **Adoption Assistance Plan** provides up to \$5,000 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.
- **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
Aon Hewitt 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 #
Blue Shield of CA PPO 300 Blue Shield of CA PPO 750 Blue Shield of CA CDHP with HSA	www.blueshieldca.com/paypal	844-462-9518	PPO 300: 976211 PPO 750: 976212 CDHP: 976213
CVS/caremark (Prescription provider for Blue Shield participants)	www.caremark.com	844-287-1297	1166
Teladoc (Blue Shield participants)	www.teladoc.com	800-Teladoc (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 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/Disability			Policy #
MetLife Life Insurance Basic and Optional Policies	www.metlife.com	800-638-6420	160195
AC Newman (AD&D) Basic and Optional Policies	www.acnewman.com	877-226-8711	ADD-123708 (Basic) PAI-123707 (Optional)
Sedgwick 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
Health Equity Health Savings Account (HSA) For participants enrolled in the Consumer Directed Health Plan (CDHP)	www.healthequity.com/ed/paypal	844-462-9518	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 #
Advance Medical (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 Services	www.stanfordhealthcare.org/partners/paypal	844-463-7366 (U.S.) 650-736-2741 (Outside U.S.)	Not Required
Additional Benefits			Policy #
Care.com	www.paypal.care.com	855-781-1303	Not Required
Magellan (National plan): EAP	www.magellanhealth.com/member	800-327-2914	Not Required
Arbor (NE only): EAP	www.arborfamilycounseling.com	800-922-7379	PayPal
Hyatt Legal	www.legalplans.com	800-821-6400	6091045 (Password)
Veterinary Pet Insurance	www.petinsurance.com	888-899-4874	PayPal