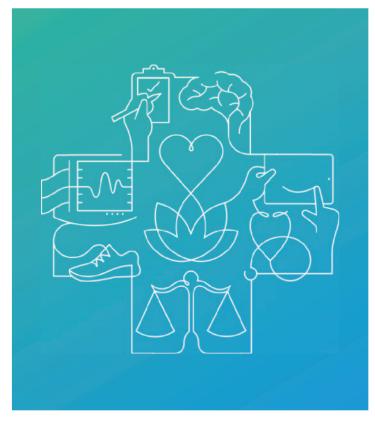
2017 BENEFITS SUMMARY

















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.

Medical Options

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 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 ¹ | In-Network | Out-of-Network ¹ |
| 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 ² ed | 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) | | 90% covered ² (for both in- and coverage) | d out-of-network |
| Doctor Office Visits | \$20 copay | 70% covered ² | 90% covered ² | 70% covered ² |
| Specialist Office Visits | \$35 copay | 70% covered ² | 90% covered ² | 70% covered ² |
| Annual Physical Exams | 100% covered | 70% covered ² | 100% covered | 70% covered ² |
| Diagnostic X-Ray/Lab | 90% covered ² | 70% covered ² | 90% covered ² | 70% covered ² |

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 ² | 70% covered ² |
| Brand Formulary | \$25 ³ | \$25 + 50% | 90% covered ² | 70% covered ² |
| Brand Non-Formulary | \$40³ | \$35 + 50% | 90% covered ² | 70% covered ² |
| 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 |

^{*}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 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 | \$3,0004 | \$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 |

Prescription Drug Coverage

PRESCRIPTION COPAY (In-Network Only)

| | Kaiser | Health Net | SelectHealth |
|---------------------|-------------------|-------------------|--------------|
| Generic | \$10 | \$10 ⁵ | \$10 |
| Brand Formulary | \$25 | \$255 | \$25 |
| Brand Non-Formulary | \$25 [†] | \$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 |

^{*}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).

[†]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 | |
|---|--|-----------------------|--------------------------------|-----------------------|
| 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 maximum: \$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 | y 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 |

^{*}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.

Non-exempt employees enrolling in a dependent care FSA are eligible for a company contribution of 15%, up to \$652. Your annual contribution limit includes your contribution and PayPal's 15%. For example, if you sign up for \$1,000, PayPal will contribute \$150, which means you'll have \$1,150 to pay for eligible daycare expenses.

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



- Paid Time Off (PTO). Non-exempt employees may use PTO for vacation, 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 prorated based on scheduled hours.
- **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). Non-exempt employees are eligible for five paid sick leave days per year, after the first 180 days of employment. You can use these days for your own personal illness or to take care of a sick family member. PSL accrues at 1.54 hours per pay period, providing 10 hours sick time per quarter. PSL does not carry over to the next year. At the beginning of the following year, unused accrued sick time from the previous year will be paid out at a rate of 75% of unused hours to active employees as of the payout date.

PayPal's Enhanced Leave Programs (Enhanced Maternity, Paid Bonding, and Paid Family Care Leave) are available after the first full year of employment for non-exempt employees hired on or after January 1, 2017. A 90-day intent to take leave notice is required. This allows us to continue to offer flexible working benefits and maintain appropriate service levels for our customers.

- 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 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 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 |
| CVS/caremark (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/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 |
| E*Trade | etrade.com | 800-838-0908 | Not Required |
| HealthEquity 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 # |
| 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 | 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 |

www.legalplans.com

www.petinsurance.com

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