

2019 Benefits Summary

This summary provides an overview of the PayPal U.S. benefit programs.
Visit paypalbenefits.com to learn more.





PayPal benefits are here to support your mental, physical, and emotional balance so you can achieve a happy and healthy life.

Who Is Eligible for Benefits?

If you're a regular U.S. employee working 20 hours or more per week on a continuous basis, you're eligible for the following benefits:

- Medical
- Dental
- Vision
- Employee Assistance Program (EAP)
- Flexible Spending Account (FSA)
- Short- and Long-Term Disability
- Life Insurance
- Accidental Death and Dismemberment (AD&D)

You're eligible for coverage as of your hire date (or benefits eligibility date), 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").

Newly eligible employees have 30 days to enroll in benefits. If you don't make an enrollment selection, you'll automatically be enrolled in employee-only coverage for the \$300 Deductible Medical plan, Core Dental plan, and Core Vision plan retroactively to your benefits eligibility date.

Changing Your Elections

If you have a qualifying life event—such as getting married or divorced, having a child, or experiencing a change in your eligibility—you can make changes to your benefits. You must contact Your Benefits Resources™ (YBR) within 30 days of the event date to make any updates to your coverage. If you wait beyond the 30-day period, you will not be able to change your benefits.

Can I Enroll My Dependents?

Eligible dependents include your spouse or domestic partner and children up to age 26. View dependent eligibility requirements online at ybr.com/benefits/paypal.

How Do I Enroll?

PayPal's benefits enrollment and eligibility administrator is YBR. You can log in to YBR from paypalbenefits.com, or you can access YBR directly.

- Via paypalbenefits.com: Go to New to PayPal
- Via YBR direct: ybr.com/benefits/paypal
- Telephone: 844-474-6641
- If you have questions while you're logged in to YBR, you can select the "live chat" feature to get answers.

Each year, the Benefits Annual Enrollment period is held in the fall. This is your once-a-year chance to enroll in or make changes to your benefits, unless you have a qualifying life event (see "Changing Your Elections"). The benefits you select during Annual Enrollment will take effect January 1 of the following year.

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 visit 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 for each carrier's contact information.

Medical Options

You have a few choices for medical coverage, depending on where you live.

UnitedHealthcare

With UnitedHealthcare® (UHC), you have access to a national, extensive network of physicians and health care facilities. You can receive care from any provider, but you'll pay less when you visit in-network providers. Prescription drug coverage is provided through CVS/caremark®. You'll receive a medical plan ID card from UnitedHealthcare and a prescription ID card from CVS/caremark. UnitedHealthcare offers two medical plan options:

\$300 Deductible

- In-network preventive care is covered at 100%.
- Once you meet 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 on page 4 for benefit coverage and limits.

Consumer Directed Health Plan (CDHP) with Health Savings Account (HSA)

- A high-deductible health plan.
- With the exception of preventive exams, all care (including prescriptions) is subject to the annual deductible.
- Deductibles and coinsurance apply toward out-of-pocket maximums.
- You can make tax-free contributions to a Health Savings Account (HSA) to pay for qualified medical expenses for you or your taxable dependents or save for a future medical expense.
- PayPal contributes to your HSA.
- The HSA is managed by HealthEquity.
- The money is yours to keep forever!

NOTE: If you have an HSA and are also enrolled in the Health Care Flexible Spending Account (FSA), you can receive reimbursement for **only** dental and vision expenses through your FSA, because you are already receiving a health care tax benefit through your HSA.

HSA Contributions

	Employee Only	Employee with Covered Dependents
PayPal Contribution	\$500	\$1,000
2019 Contribution Maximum (including PayPal's contribution)	\$3,500	\$7,000

You can contribute an additional \$1,000 if you're age 55 or older.

Health Maintenance Organization (HMO)

You can also choose an HMO medical plan if you live in California or Utah.

- Kaiser Permanente HMO (CA)
- SelectHealth HMO (UT)

You must receive care 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.

You're **eligible for coverage as of your hire date** (or benefits eligibility date), and the elections you make as a new hire will remain in effect for the calendar year, unless you have a qualifying life event and update your selections within 30 days of the event date.

Medical Options

Important Information About the \$300 Deductible and CDHP Health Plans

Deductible: Amount you must pay each year before coinsurance benefits are paid.

\$300 Deductible: Each covered individual must meet the individual deductible.

CDHP: The entire family must meet the family deductible before coinsurance kicks in for any individual; the deductible applies to all services except preventive care exams.

Out-of-Pocket Maximum (OOPM): The maximum you will pay before the plan pays 100% of covered charges. Includes amounts paid toward your annual deductible, copays, coinsurance, and prescriptions. Just like the family deductible, if you cover one or more dependents, you must meet the full family out-of-pocket maximum amount before the plan begins to pay the remainder of eligible medical benefits for the rest of the year. This applies even if only one member of your family is using the plan's benefits.

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 they are filled by in-network pharmacies.

Prescription Quantity Information:

You may purchase up to a 30-day supply at a retail location. 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 copay. (Does not apply to CDHP.)

Medical Plan Comparison Chart

The following table summarizes the medical plan options and what you pay for care. Refer to the plan's Summary Plan Description for specific details about each plan. The UnitedHealthcare plans allow you to see providers in-network and out-of-network. Remember, both medical and prescription drug costs count toward the annual deductible and the out-of-pocket maximum.

	UnitedHealthcare \$300 Deductible		UnitedHealthcare CDHP with HSA	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Annual Deductible	\$300 Individual \$900 Family	\$500 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family	\$2,500 Individual \$5,000 Family
Out-of-Pocket Maximum	\$2,300 Individual \$4,900 Family	\$3,500 Individual \$7,500 Family	\$3,500 Individual \$7,000 Family	\$6,000 Individual \$12,000 Family
Coinsurance	You pay 10%	You pay 30% ²	You pay 10% ²	You pay 30% ²
Hospital (inpatient)	\$250 copay, then you pay 10%	You pay 30% ²	You pay 10% ²	You pay 30% ²
Emergency Room ³ (copay waived if admitted)	\$100 copay, then you pay 10% ² (for both in- and out-of-network)		You pay 10% ² (for both in- and out-of-network)	
Doctor Office Visits	\$20 copay	You pay 30% ²	You pay 10% ²	You pay 30% ²
Specialist Office Visits	\$35 copay	You pay 30% ²	You pay 10% ²	You pay 30% ²
Annual Physical Exams	You pay nothing (100% covered)	You pay 30% ²	You pay nothing (100% covered)	You pay 30% ²
Diagnostic X-ray/Lab	You pay 10% ²	You pay 30% ²	You pay 10% ²	You pay 30% ²

Prescription Drug Coverage

Prescription coverage provided by CVS/caremark for UnitedHealthcare plan participants.

	\$300 Deductible		CDHP with HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Generic	\$10 ⁴	\$10 + 50%	You pay 10% ²	You pay 10% ²
Brand Formulary	\$25 ⁴	\$25 + 50%	You pay 10% ²	You pay 10% ²
Brand Non-Formulary	\$40 ⁴	\$35 + 50%	You pay 10% ²	You pay 10% ²

Employee Costs Per Pay Period

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

	\$300 Deductible	CDHP with HSA
Employee Only	\$51	\$39
Employee + Spouse/Partner ⁵	\$172	\$123
Employee + Child(ren)	\$146	\$115
Employee + Family	\$244	\$159

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 If services are not a true emergency, you'll pay more for the cost of the visit.

⁴ Copays will be applied toward a combined medical and prescription out-of-pocket maximum.

⁵ 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. This 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 Plan Comparison Chart

The following table summarizes the HMO medical plan option and what you pay for care. Refer to the plan's Summary Plan Description for specific details about each plan.

	Kaiser HMO (CA)	SelectHealth HMO (UT)
Provider Choice	Kaiser facilities and physicians	SelectHealth providers only
Annual Deductible	None	\$150 Individual \$300 Family
Out-of-Pocket Maximum	\$1,500 Individual ⁶ \$3,000 Family ⁶	\$1,500 Individual ⁶ \$3,000 Family ⁶
Coinsurance	N/A	N/A
Hospital	\$250 copay	\$250 copay ⁶
Emergency Room ⁷ (copay waived if admitted)	\$100 copay	\$100 copay
Doctor Office Visits	\$20 copay	\$20 copay
Specialist Office Visits	\$35 copay	\$35 copay
Annual Physical Exams	You pay nothing (100% covered)	You pay nothing (100% covered)
Diagnostic X-ray/Lab	You pay nothing (100% covered)	You pay nothing (100% covered)

Prescription Drug Coverage

Prescription copay (In-Network Only)

	Kaiser	SelectHealth
Generic	\$10	\$10
Brand Formulary	\$25	\$25
Brand Non-Formulary	\$25 ⁸	\$45

Employee Costs Per Pay Period

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

	Kaiser	SelectHealth
Employee Only	\$39	\$39
Employee + Spouse/Partner ⁹	\$131	\$123
Employee + Child(ren)	\$107	\$115
Employee + Family	\$184	\$159

⁶Includes office visit and pharmacy copays.

⁷If services are not a true emergency, you'll pay more for the cost of the visit.

⁸Requires pre-authorization by your Primary Care Physician (PCP).

⁹The 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. This 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.

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 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).

Dental and Vision

When enrolling in dental and vision coverage, you have the choice of two plan options, so you can select the coverage that best meets your and your family's needs. View the dental and vision plan charts below to compare your plan options and what you pay for care.

Dental—Provided by Delta Dental

	Core Plan		Enhanced Plan	
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 Diagnostic Care	You pay nothing (100% covered); 2 cleanings per year ¹⁰		You pay nothing (100% covered); 2 cleanings per year ¹⁰	
Basic Care	You pay 20% after deductible		In-Network: You pay 20%	Out-of-Network: You pay 20% after deductible
Major Care	You pay 50% after deductible		In-Network: You pay 50%	Out-of-Network: You pay 50% after deductible
Orthodontia	Not covered		You pay 50%; Lifetime maximum: \$2,500	
ID Cards	ID cards are issued for dental plan options			

Vision—Provided by Vision Service Plan (VSP)

	Core Plan		Enhanced Plan ¹¹	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Coverage	Exam: You pay nothing (100% covered) Materials: \$20 copay	Exam: You pay nothing (100% covered) Materials: \$20 copay	Exam: You pay nothing (100% covered) Materials: \$20 copay	Exam: You pay nothing (100% covered) Materials: \$20 copay
Eye Exam	You pay nothing (one every calendar year) ¹²	Up to \$50 allowance (every calendar year)	You pay nothing (one every calendar year) ¹²	Up to \$50 allowance (every calendar year)
Lens Benefit (per year)	No copay for standard progressive lenses \$20 copay for premium progressive lenses	Maximum benefit Single: up to \$50 Bifocal: up to \$75 Trifocal: up to \$100 Lenticular: up to \$125	No copay for standard progressive lenses \$20 copay for premium progressive lenses \$40 copay for blue-light -blocking/anti-reflective coating on lenses	Maximum benefit Single: up to \$50 Bifocal: up to \$75 Trifocal: up to \$100 Lenticular: up to \$125
Frames	\$20 copay; up to \$150 (every calendar year)	\$20 copay; up to \$75 (every calendar year)	\$20 copay; \$150 1st pair, \$150 2nd pair (every calendar year)	\$20 copay; \$75 1st pair, \$75 2nd pair (every calendar year)
Contact Lenses (per year; in place of frames)	Up to \$60 copay; \$150 elective Necessary covered 100%	\$105 elective; \$210 necessary	Up to \$60 copay; \$150 1st pair, \$150 2nd pair Necessary covered 100%	\$150 elective; \$300 necessary
LASIK	Not covered	Not covered	\$1,000 allowance	Not covered
ID Cards	No ID cards are necessary. Simply provide your employee ID number to your participating VSP provider.			

¹⁰If you have been diagnosed with diabetes, heart disease, HIV/AIDS, rheumatoid arthritis, or stroke, you can get 100% coverage for 4 of the following (any combination) every plan year: teeth cleaning, periodontal maintenance, and scaling in presence of gingival inflammation.

¹¹Enhanced Plan: First and second pair allowance can be split between frames or lenses. Frame allowance can also be used toward ready-to-wear, non-prescription sunglasses when purchased using in-network providers. Additional eye exam will be covered with no copay for members with diabetes.

¹²Additional eye exam will be covered with no copay for members with diabetes.

Employee Costs Per Pay Period

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

	Dental		Vision	
	Core	Enhanced	Core	Enhanced
Employee Only	\$3	\$7	\$1	\$2
Employee + Spouse/Partner ¹³	\$6	\$15	\$2	\$5
Employee + Child(ren)	\$8	\$18	\$2	\$5
Employee + Family	\$11	\$24	\$3	\$8

¹³ 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. This 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.



Financial Security

PayPal 401(k) Savings Plan

The PayPal 401(k) Savings Plan helps you build savings for an active, healthy, and financially stable future. Plan highlights include:


- You can contribute up to 50% of your eligible earnings through pre-tax and Roth contributions, up to the IRS limit of \$19,000 for 2019.
- You can make after-tax contributions up to the IRS limit (\$56,000 in 2019; includes the combined total of pre-tax, Roth, and employer matching contributions). Certain restrictions apply.
- If you're age 50 or older, you can also make catch-up contributions of up to \$6,000 for 2019.
- You can designate some or all of your contributions as Roth contributions.
- PayPal matches 100% of your pre-tax and Roth contributions, up to 4% of your eligible earnings.
- Both employee and PayPal contributions are 100% vested immediately.

Visit schwab.com/workplace to learn more.

Employee Stock Purchase Plan (ESPP)

The ESPP gives you the opportunity to buy shares of PayPal's common stock at a discount. Plan highlights include:

- You can contribute 2%–10% of your after-tax eligible payroll earnings to purchase shares.
- The purchase price is equal to 85% of the closing price of common stock on either the first day of your applicable offering period or the actual purchase date, whichever is lower.
- When the purchase period ends, shares are purchased for you using contributions deducted from your paycheck. Your shares are then deposited into your E*TRADE account.
- You can hold your shares as a long-term investment or immediately sell them for cash.
- Offering periods generally begin May 1 and November 1, with purchase dates generally occurring on April 30 and October 31.



The PayPal 401(k) Savings Plan helps you build savings for an **active, healthy, and financially stable** future.

Flexible Spending Accounts (FSA)

FSAs allow you to set aside pre-tax dollars from your paycheck to pay for eligible health care and dependent care expenses. You don't pay federal or state income taxes on your FSA contributions. When you have an eligible expense, you request a reimbursement to pay yourself back. There are two types of FSA accounts:

- **Health Care FSA.** Can be used for eligible out-of-pocket health care expenses (medical, dental, or vision care). You're issued an FSA debit card (for annual elections greater than \$100). You can carry over up to \$500 every year.
- **Dependent Care FSA.** Covers eligible dependent care expenses so that you (and your spouse) can work or attend school. Carefully consider your annual election. Any remaining balance in your account after the claim filing deadline will be forfeited.

If you're a non-exempt employee enrolled in the Dependent Care FSA, you're eligible for a company contribution of 15%, up to \$652 annually. Your annual contribution includes your contribution and PayPal's 15%. For example, if you elect a yearly contribution of \$1,000, PayPal will contribute \$150 (15% of \$1,000), which means you'll have \$1,150 to pay for eligible daycare expenses.

FSAs at a Glance

Plan	Maximum Election	Eligible Expenses
Health Care FSA	\$2,650	Medical, prescription, dental, vision
Dependent Care FSA	\$5,000	Child care or elder care expenses

Group Legal Benefits

Group legal benefits cover a broad range of legal services, including:

- General telephone advice and office consultations
- Document review
- Wills and estate planning
- Real estate matters
- Debt matters

You may enroll in this plan during your initial enrollment period or during Annual Enrollment.

Identity Theft Protection

If your identity has been stolen, Optum® Core ID Theft Protection immediately connects you to a specialist who can help you dispute fraudulent charges, help restore your identity, and take steps to avoid future losses. This program is provided at no cost to you.

Life Insurance

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

Optional Life: One to six times your annual earnings, up to a maximum of \$2 million. Medical evidence of insurability (EOI) is required for policies greater than \$500,000 or three times your salary (whichever is less). 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 \$75,000.

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, up to a maximum of \$2 million.

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

Disability Insurance (Short-Term and Long-Term)

In the event you become disabled as a result of injury or illness, PayPal provides short- and long-term disability benefits at no cost to you:

Short-Term Disability (STD): 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 (LTD): Provides 67% of your base salary, up to \$25,000 per month.

Business Travel Accident (BTA) Insurance

You can use BTA and emergency travel assistance when you're traveling on behalf of the company. The policy provides life and AD&D insurance of up to five times your salary (\$1 million limit), insurance for medical expenses incurred outside your home country, lost baggage, and cash or cash equivalents.



Time Off

PayPal offers a variety of time off programs to meet your needs. Whether you're planning the annual family camping trip or taking time to recharge, our time off programs are here to support you.

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, work on your personal development—most important, have fun!

Time Off

- Non-exempt employees can use Paid Time Off (PTO) for vacation, personal time, or illness. You begin to accrue PTO from your first day of employment. If you're a full-time employee, your 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. If you're a part-time employee, your PTO accrual will be pro-rated, based on your scheduled hours.
- Exempt employees use Tracking-Free Vacation (TFV) for time off related to vacation, personal time, or short-term illness. TFV means you work with your manager to take time off. It is not accrued, and there is no annual limit.

Holidays

PayPal observes 10 holidays each year. In 2019, PayPal will observe the following holidays:

- **New Year's Day**, Tuesday, January 1
- **Martin Luther King Jr. Day**, Monday, January 21
- **Presidents' Day**, Monday, February 18
- **Memorial Day**, Monday, May 27
- **Independence Day**, Thursday, July 4
- **Company-Designated Holiday**, Friday, July 5
- **Labor Day**, Monday, September 2
- **Thanksgiving Day**, Thursday, November 28
- **Day after Thanksgiving Day**, Friday, November 29
- **Christmas Day**, Wednesday, December 25

Give Time Off (GTO)

Through our charitable giving initiative, PayPal GIVES, employees have the opportunity to be paid 100% of their base pay for eight hours per year while volunteering at a qualifying charitable organization. GTO is available after your first year of employment.

Paid Sick Leave (PSL)

Paid Sick Leave (PSL) is provided for time off if you are ill, have a medical appointment, or need to take care of a sick family member.

If you're a non-exempt employee, you're eligible for five paid sick leave days (40 hours) per year, which accrue per pay period until the maximum of 40 hours is reached. You can use PSL after 90 days of employment.

Exempt employees receive five paid sick leave days per year at the beginning of the year, which can be used after 90 days of employment.

Enhanced Leaves

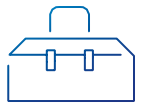
There are three types of enhanced leave:

- **Enhanced Maternity Benefit.** Pays you 100% of your base pay for the first eight weeks of time away from work while you're on pregnancy disability. This benefit is coordinated with other benefits that may be payable, such as Short-Term Disability or any statutory programs.
- **Paid Bonding Leave.** Pays you 100% of your base pay, 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.** Allows you to take paid time off to care for a seriously ill family member. You receive 100% of your base pay for up to eight weeks to care for a sick spouse, child, or qualifying parent if you're certified as the primary caregiver. This leave will be coordinated with any other benefits that may be payable, such as state-specific paid family leave programs.

Non-Exempt Employees

You can take advantage of PayPal's Enhanced Leave Programs after your first full year of employment. You must give at least 90 days' notice of your intent to take leave. This allows us to continue to offer flexible working benefits and maintain appropriate service levels for our customers.





Everyday Support

Family

Adoption and Surrogacy Assistance Benefits

If you adopt a child or use a surrogate, PayPal will reimburse you up to \$10,000 in eligible expenses per adoption or surrogacy. Eligible expenses include attorney's fees, court costs, adoption or surrogacy agency fees, and placement fees.

Child and Elder Care Resources

Bright Horizons provides backup care where and when you need it most—if your regular caregiver is out sick, your child has a school holiday, or an elderly family member is recovering from surgery.

- **Short-term Care** provides up to 10 backup 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'll pay \$15 per day for one child (\$25 for two or more).
- **Long-term Care** offers resources and discounts to provide care for your whole family, including nannies, sitters for elder care, pet sitters, housekeepers, and more.

Developmental Support

If you're raising a child with learning and/or behavioral challenges, Rethink can provide valuable support and research-based resources. You can have live tele-consultations with behavioral health experts, and you have access to easy-to-follow videos, printable materials, and training resources to best support your child in reaching his or her top potential. Rethink services are provided at no cost to you.

Health Resources

Advocacy Services

Advocacy services can navigate the health care system on your behalf. If you're unable to resolve an issue with your provider, or need more urgent assistance, advocates can help. Your advocate will quickly and thoroughly research your inquiry and work directly with your insurance carrier to resolve the issue.

Expert Medical Opinion

Advance Medical provides you with complimentary access to expert medical opinion services. If you or a family member receives a diagnosis or is considering a certain treatment, contact Advance Medical. They'll assign a personal physician case manager who will work as your advocate.

Family Health App

Download the Family Health by Wildflower app to help ensure you and your family stay healthy. Track key health milestones and customize the app for general health or pregnancy. The app is available to employees at no cost.

Fertility Benefits

Pursuing fertility treatment can be complicated, emotionally draining, and expensive. Progyny can help you and your family during this very personal journey by providing services such as egg freezing, IVF, and pre-implantation genetic screening (if you are enrolled in a UnitedHealthcare plan).

Milk Stork for New Moms

Milk Stork makes it possible for working moms to continue breastfeeding—even while traveling. You can either ship your milk home as needed, or bring it home with you in travel coolers at no cost to you.

Pet Support

Pets are family, too! Pet insurance is available to you on a voluntary basis to help cover the cost for veterinary care for your household pets, such as dogs, cats, and birds. Employees receive a 5% discount under the PayPal group plan. Plus, find reliable pet sitters through Bright Horizons when you need it.

Stanford Health Navigation Services

Stanford Health Navigators are available by phone to help answer any questions and provide additional support and resources, regardless of the state where you live. Navigators can help with scheduling appointments and coordinating specialist visits at Stanford hospitals and clinics. Use Stanford Health Navigation Services to complement your health care provider and primary care physician. You have access to a customized website with health resources, services, and amenities. Take advantage of the world-renowned Stanford Health Library, which provides scientifically based medical information to help you make informed decisions about health care.

Benefits for Your Well-being

Wellness Coaching

Vida is a wellness coaching program that offers you a network of coaches and experts to help you achieve your wellness goals. No matter what your goal is—managing stress, eating better, or getting fit—Vida is your first stop for total well-being.

With the Vida secure mobile app, you'll get ongoing guidance and support, interactive resources, and progress-tracking tools to keep you motivated. Plus, Vida coaches and experts will recommend PayPal resources and benefit programs available to you. And it's offered to all U.S. employees, spouses/partners, and dependents age 18 and older at no cost.

Educational Assistance Program

The Educational Assistance Program reimburses you up to \$5,250 per year for expenses related to continuing education and developmental programs that can be applied to your current role or a 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.

Employee Assistance Program (EAP)

The EAP provides counseling and consultation services—including convenient virtual visits and virtual mental health visits—designed to help you and your eligible family members with a wide range of personal, emotional, and financial issues. The EAP offers six counseling sessions per year on topics such as:

- Stress, depression, and anxiety
- Personal and family relationship challenges
- Emotional wellness

There's no enrollment required. EAP services are provided at no cost to you.

Emotional Well-Being

meQuilibrium helps you build resilience to stress and reduce its negative effects through confidential digital coaching. You'll take a free online stress assessment, create a meQ profile, and receive a personalized action plan. Download the app for support on the go.

Support Your Favorite Cause

Give as little as \$10 to a nonprofit or charitable organization, and PayPal will match it, dollar for dollar, up to \$2,500. Volunteer your time, and we'll give \$10 for every hour you donate, up to \$500, to the organization you've chosen. Visit [paypal.com/paypalgives](https://www.paypal.com/paypalgives) for information about eligible nonprofits, including those outside the U.S.

Virtual Weight-Loss Support

Real Appeal is a virtual weight-loss program that puts interactive videos, live online group discussions, and personalized coaching at your fingertips. This one-of-a-kind program is available to all U.S. employees, spouses, and dependents age 18 and older enrolled in a PayPal medical plan, at no extra cost to you.

U.S. Benefits Contact Information

Provider	Website	Phone Number	Description
Your Benefits Resources™ (YBR) Customer Service	ybr.com/benefits/paypal	844-474-6641	For all benefit plan and enrollment inquiries
MyHR	MyHR Online	855-489-0343	MyHR
Medical Plans	Website	Phone Number	Policy #
UnitedHealthcare \$300 Deductible UnitedHealthcare CDHP with HSA	welcometouhc.com/paypal	844-298-2737	909006
CVS/caremark (Prescription provider for UHC)	caremark.com	844-287-1297	1166
Kaiser HMO (CA)	kp.org	800-464-4000	604762 Northern CA, 232527 Southern CA
SelectHealth HMO (UT)	selecthealth.org	800-538-5038	G1017120
Dental Plan			
Delta Dental	deltadentalins.com	800-765-6003	17690
Vision Plan			
Vision Service Plan (VSP)	vsp.com	800-877-7195	30057214
Financial Security			
AC Newman (AD&D) Basic and Optional Policies	acnewman.com	877-226-8711	ADD-123708 (Basic), PAI-123707 (Optional)
Business Travel Policies	MyHR Online	800-336-0627 (U.S.) 302-476-6194 (Outside U.S.)	Visit MyHR Online
Charles Schwab 401(k) Savings Plan	schwab.com/workplace	800-724-7526	PayPal
E*TRADE	etrade.com	800-838-0908	Not Required
HealthEquity HSA for participants enrolled in the CDHP	healthequity.com/ed/paypal	866-346-5800	Not Required
Hyatt Legal	legalplans.com	800-821-6400	PW: 6091045
Optum Core ID Theft Program	liveandworkwell.com	800-821-6400	PayPalUS
Prudential Basic and Optional Policies	mybenefits.prudential.com	800-524-0542	52583
Sedgwick Leaves Disability and Workers' Compensation	MyHR Online	855-233-7599	52853
Your Spending Account™ (YSA) Flexible Spending Accounts	ybr.com/benefits/paypal	844-474-6641	Not Required
Everyday Support	Website	Phone Number	Policy #
Arbor EAP (Nebraska)	arborfamilycounseling.com	800-922-7379	arbor
Bright Horizons	careadvantage.com/paypal	877-BH-CARES	UN: PayPal, PW: backup4u
meQuilibrium	mymeq.com/paypal	617-600-6671	PayPal
Milk Stork	milkstork.com/paypal	888-207-6909	PayPal
Nationwide Pet Insurance	petsnationwide.com	888-899-4874	PayPal
Optum EAP	liveandworkwell.com	866-248-4096	PayPalUS
Progyny	progyny.com/member-portal	833-838-5850	PayPal
Real Appeal	realappeal.com	844-344-REAL	PayPal
Rethink	paypal.rethinkbenefits.com	877-988-8871	PayPal
Vida (starting 1/1/2019)	vida.com/paypal	email: paypal_support@vida.com	HEALTHYPAYPAL
Health Plan Resources			
Advance Medical (Expert Medical Opinion)	advance-medical.com/paypal	888-416-7514 (U.S.) 650-284-0984 (Outside U.S.)	Not Required
Advocacy Services (Claims Assistance)	alight.com/advocacy	844-474-6641	Not Required
Stanford Health Navigator	shc.is/paypal	844-463-7366 (U.S.) 650-736-2741 (Outside U.S.)	Not Required



The rights, if any, of employees to participate in the benefits programs and to receive benefits under such programs are governed by the terms and conditions of the applicable benefit plans and PayPal policies (the "Benefit Plans"), rather than any summary or other communication. In the event of any conflict between any summary or other communication and the Benefit Plans, the applicable Benefit Plan shall control. Information contained in this communication does not create a right to employment and will not be interpreted as forming an employment contract or affecting an employee's employment status, which remains at-will. PayPal reserves the right to make changes or cancel any benefits at any time, at PayPal's sole discretion.

