



2018 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 & 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 31 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.

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 31 days of the event date to make any updates to your coverage. If you wait beyond the 31-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 Benefits > Enroll in Your Health and Insurance Benefits
- 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 several 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 or save for a future medical expense.
- PayPal contributes to your HSA.
- The HSA is managed by HealthEquity.

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	\$450	\$900
2018 Contribution Maximum (including PayPal's contribution)	\$3,450	\$6,900

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 Arizona, California, or Utah.

- Health Net HMO (AZ)
- 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 31 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. Refer to the plan's Summary Plan Description for specific details about each plan.

	UnitedHealthcare \$300 Deductible		UnitedHealthcare CDHP with HSA	
	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	\$1,500	\$2,500
Family	\$900	\$1,500	\$3,000	\$5,000

Out-of-Pocket Maximum

Individual	\$2,300	\$3,500	\$3,500	\$6,000
Family	\$4,900	\$7,500	\$7,000	\$12,000
Coinsurance (plan pays)	90%	70% ²	90% ²	70% ²
Hospital (inpatient)	\$250 copay, then 90% covered	70% covered ²	90% covered ²	70% covered ²
Emergency Room ³ (copay waived if admitted)	\$100 copay, then 90% covered ² (for both in- and out-of-network)		90% covered ² (for both in- and 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 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%	90% covered ²	70% covered ²
Brand Formulary	\$25 ⁴	\$25 + 50%	90% covered ²	70% covered ²
Brand Non-Formulary	\$40 ⁴	\$35 + 50%	90% covered ²	70% covered ²

Out-of-Pocket Maximum

Combined with medical out-of-pocket maximum (OOPM)

Individual	\$3,000	No limit	\$3,500	No limit
Family	\$6,000	No limit	\$7,000	No limit

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	\$48	\$39
Employee + Spouse/Partner*	\$163	\$123
Employee + Child(ren)	\$138	\$115
Employee + Family	\$231	\$159

Medical Plan Comparison Chart

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 ⁵	\$2,000	\$1,500 ⁵
Family	\$3,000 ⁵	\$4,000	\$3,000 ⁵
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 ³ (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 ⁶	\$10
Brand Formulary	\$25	\$25 ⁶	\$25
Brand Non-Formulary	\$25 ⁺	\$40 ⁶	\$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	Health Net	SelectHealth
Employee Only	\$36	\$49	\$47
Employee + Spouse/Partner*	\$120	\$174	\$152
Employee + Child(ren)	\$98	\$147	\$126
Employee + Family	\$169	\$249	\$215

*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.

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, applicable hospital benefits apply, based on the provider's network status.
4. Copays will be applied toward a combined medical and prescription out-of-pocket maximum.
5. Includes office visit and pharmacy copays.
6. Copays apply toward separate prescription out-of-pocket maximum (OOPM) of \$1,000 individual and \$2,000 family.

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

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 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.

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	100% and 2 cleanings per year*		100% and 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.			

*Additional third cleaning will be covered with no copay for members with diabetes.

Vision—Provided by Vision Service Plan (VSP)

	Core Plan		Enhanced Plan*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Coverage	Exam: \$0 copay Materials: \$20 copay	Exam: \$0 copay Materials: \$20 copay	Exam: \$0 copay Materials: \$20 copay	Exam: \$0 copay Materials: \$20 copay
Eye Exam	Every calendar year, covered in full**	Every calendar year, up to \$50 allowance	Every calendar year, covered in full**	Every calendar year, up to \$50 allowance
Lens Benefit (per year)	\$20 copay	Maximum benefit Single: up to \$50 Bifocal: up to \$75 Trifocal: up to \$100 Lenticular: up to \$125	\$20 copay	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.			

*Enhanced Plan: First and second pair allowance can be split between frames or lenses. Additional eye exam will be covered with no copay for members with diabetes.

**Additional 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 if 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*	\$6	\$14	\$2	\$5
Employee + Child(ren)	\$8	\$17	\$2	\$5
Employee + Family	\$11	\$23	\$3	\$8

*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.



Life and Disability Insurance and Benefits Resources

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: 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: Provides 67% of your base salary, up to \$25,000 per month.

More Health Resources

Advance Medical (Expert Medical Opinion)

Advance Medical provides you with complimentary access to expert medical opinion services. If you or a family member receive a diagnosis, or are considering a certain treatment, simply call Advance Medical at 888-416-7514 (U.S.), 650-284-0984 (outside U.S.). They'll assign a personal physician case manager who will work as your advocate.

Advocacy Services

Alight 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, Alight's Advocacy Team can help. Your advocate will quickly and thoroughly research your inquiry and work directly with your insurance carrier to resolve the issue. Contact Alight's Advocacy team at 888-622-1200.

Stanford Health Navigator Services

Stanford Health Navigator Services is a unique benefit that gives you and your family complimentary access to 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 that can help you make informed health care decisions.
- Answer any health care questions and provide additional support and resources.
- Help with scheduling appointments and coordinating specialist visits at Stanford Hospitals and Clinics.

Contact a Navigator at 844-463-7366.

Alight 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, Alight's Advocacy Team can help.



Financial Security

401(k) Savings Plan

The 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, up to the IRS limit of \$18,000 for 2017. Check paypalbenefits.com for the 2018 limit when it becomes available.
- If you're age 50 or older, you can also make catch-up contributions of up to \$6,000 for 2018.
- You can designate some or all of your contributions as Roth contributions.
- PayPal matches 100% of your contributions, up to 4% of your compensation.
- 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.

Business Travel Accident Insurance (BTA)

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.

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	\$2,600	Medical, prescription, dental, vision
Dependent Care FSA	\$5,000	Child care or elder care expenses

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



Time-Off Programs

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 2018, PayPal will observe the following holidays:

- **New Year's Day**, Monday, January 1
- **Martin Luther King Day**, Monday, January 15
- **President's Day**, Monday, February 19
- **Memorial Day**, Monday, May 28
- **Independence Day**, Wednesday, July 4
- **Labor Day**, Monday, September 3
- **Thanksgiving Day**, Thursday, November 22
- **Day after Thanksgiving Day**, Friday, November 23
- **Company-Designated Holiday**, Monday, December 24
- **Christmas Day**, Tuesday, 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.

Support Your Favorite Cause

Receive a matching gift from PayPal when you give as little as \$10 to a nonprofit or charitable organization. PayPal will match it, dollar for dollar, up to \$2,500. Plus, when you volunteer your time, we'll give \$10 for every hour you donate, up to \$500, to the organization you've chosen. Visit paypal.com/paypalgives for information about eligible nonprofits, including those outside the U.S.

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

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 fees, court costs, adoption or surrogacy agency fees, and placement fees.

Bright Horizons

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 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'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.

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.

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.

Healthy Pregnancy App

Expecting? Download the Family Health by Wildflower app to help ensure you and your baby stay healthy. The app is available to all employees.

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.

meQuilibrium

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

Milk Stork

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.

Pet Insurance

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.

Progyny

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).

Real Appeal

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 over age 18—at no extra cost to you.

Rethink

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.

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			Policy #
UnitedHealthcare \$300 Deductible UnitedHealthcare CDHP with HSA	welcometouhc.com/paypal	844-298-2737	909006
CVS/caremark (Prescription provider for UnitedHealthcare participants)	caremark.com	844-287-1297	1166
Health Net HMO (AZ)	healthnet.com	800-289-2818	AJ889
Kaiser HMO (CA)	kp.org	800-464-4000	604762 Northern CA, 232527 Southern CA
SelectHealth HMO (UT)	selecthealth.org	800-538-5038	G1017120
Vision Plan			
Vision Service Plan (VSP)	vsp.com	800-877-7195	30057214
Dental Plan			
Delta Dental	deltadentalins.com	800-765-6003	17690
Life and Accident Insurance/Disability			
Prudential, Basic and Optional Policies	mybenefits.prudential.com	800-524-0542	52583
AC Newman (AD&D) Basic and Optional Policies	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			
Charles Schwab 401(k) Savings Plan	schwab.com/workplace	800-724-7526	PayPal
Your Spending Account™ (YSA) Flexible Spending Accounts	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)	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			
Advance Medical (Expert Medical Opinion)	advance-medical.com/paypal	888-416-7514 (U.S.) 650-284-0984 (Outside U.S.)	Not Required
Alight Advocacy Services (Claims Assistance)	alight.com/advocacy	888-622-1200	Not Required
Stanford Health Navigator	shc.is/paypal	844-463-7366 (U.S.) 650-736-2741 (Outside U.S.)	Not Required
Everyday Support			
Arbor EAP (Nebraska)	arborfamilycounseling.com	800-922-7379	PayPal
Bright Horizons	careadvantage.com/paypal	877-BH-CARES	UN: PayPal, PW: backup4u
Hyatt Legal	legalplans.com	800-821-6400	PW: 6091045
Optum EAP	liveandworkwell.com	866-248-4096	PayPalUS
Optum ID Core Theft Program	liveandworkwell.com	866-248-4096	PayPalUS
Progyny	progyny.com/member-portal	833-838-5850	PayPal
Rethink	paypal.rethinkbenefits.com	877-988-8871	PayPal
Real Appeal	realappeal.com	844-344-REAL	PayPal
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

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