



Benefits Portfolio 2020



Everyone,

As in years past, we have invested substantially in our benefits package to provide you with comprehensive, competitive, and high-value options.

While rising health care expenses have increased employee health care premiums, E*TRADE continues to pay most of these costs—more than our industry average—to reduce the financial burden on you.

We are always exploring new enhancements to our benefits package, and we are pleased to announce **exciting new options available to you and your family starting in Jan. 2020.**

- **Subsidized back-up care** for a child or adult who relies on you, with access to over 3,000 high-quality child care centers and in-home caregivers for urgent or planned temporary child, adult, and elder care needs. Each employee is entitled to 15 uses per year.
- **Up to \$7,500 of reimbursed surrogacy expenses.**
- **Enhancements to our Aetna medical plan:**
 - **Acupuncture coverage** for eligible treatments, procedures, or chronic pain.
 - **Enhanced reproductive services**, including fertility preservation, cryopreservation, and storage under certain circumstances.
 - **Enhanced diabetes care and support through Livongo**, which combines advanced technology with personalized coaching to help make living with diabetes easier—at no cost to members.

We have several tools and resources available so you can make the best health- and wellness-related decisions for 2020. These include:

- **ALEX®**, an **interactive online comparison tool** that helps you choose the right benefits plan for your needs, including 401(k) participation.
- **HR-hosted benefits information sessions** that provide an overview of plan offerings and changes.
- **A digital benefits guide**, accessible via computer, phone, and tablet.

Questions? Use **Ask HR** on Channel*E.



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Start learning today

Visit My HR on Channel*E or portal.adp.com.
For additional help, call the Employee Service Center at 888-433-8372 or email etradebenefitscenter@adp.com.

Your costs

For complete cost information, see page 8.

Health care exchanges

Federal and state-run Health Insurance Exchanges let individuals purchase affordable coverage from private insurers that provides a minimum set of essential health benefits and meets federal standards for quality. When considering your options, keep in mind that your E*TRADE plans include a substantial subsidy from the Company.

> Enrollment and Eligibility

You and yours. We make it easy to choose the benefits that matter most to you and your family.

Who is eligible?

You are eligible for benefits if you are a full-time or part-time employee working at least 20 hours per week.

If you are eligible, you can also cover:

- Your spouse
- Your domestic partner
(of the same or opposite sex)
- Dependent children up to age 26

You will be required to provide documentation to prove the eligibility of any dependent you enroll in benefits. Proof of eligibility will be required for all currently covered dependents as well as newly covered dependents.

Why enroll?

If you do not enroll within 31 days of your hire date, you will only have company-paid benefits, such as Basic Life and AD&D, and Short-Term and Long-Term Disability coverage.

- **Make changes.** After 31 days from your hire date, you will not be able to make changes to your coverage until the next Open Enrollment period, unless you have a qualified life event, such as marriage, birth of a child, etc.

Helping you choose

Choosing the right plans matters to your health and your financial well-being. Use these resources to learn about your benefits and select the best options for you and your family.

Ask ALEX

ALEX is a fun, interactive tool that walks you through your options and helps you select a plan that may best fit your needs.

Visit ALEX at myalex.com/ETRADE/2020 to explore the benefits of enrolling in the Aetna High Deductible Consumer Plan. For example:

- Lower employee premiums
- Opportunity to enroll in a Health Savings Account (HSA)
 - Increased opportunity for pre-tax savings
 - E*TRADE contributions into your account
 - Interest earnings on all contributions
 - Unused contributions (yours and E*TRADE's) never expire

ALEX helps explain the financial impact of your benefits and can provide detailed guidance on the advantages of using a Health Savings Account (HSA) or Flexible Spending Account (FSA).

Plus, ALEX will help you decide how much to contribute to your 401(k). Make sure you use ALEX to discover how you can save money for your future. And finally, ALEX can help you manage an upcoming Leave of Absence. Visit <https://loa.myalex.com/ettrade> to use the LOA feature.

24/7 access from any device!

ALEX works on all devices with internet access, including your smartphone. Plus, you can fast-forward if you don't need ALEX to explain a certain benefit.

As you evaluate your options and consider your costs for 2020, be sure to use ALEX for a fresh look at E*TRADE's benefit offerings. You may find that switching your plan could save you money in 2020 and beyond.

TIP: Think about the full cost

When choosing a medical plan, it's important to think about the full cost of coverage—the amount you will spend out of your paycheck, as well as out of your pocket (copays, deductibles, and coinsurance).

Enrollment checklist

Use this checklist to prepare for your enrollment.

- ✓ Think about your coverage needs, including how much health care you anticipate needing and whether your current life and disability insurance provides enough protection.
- ✓ Explore the benefits of enrolling in the Aetna High Deductible Consumer Plan.
- ✓ Make sure all your dependents are eligible. You will be required to provide documentation to prove the eligibility of any dependent you enroll in benefits.
- ✓ Contribute to a Health Savings Account (HSA) or Flexible Spending Account (FSA).
- ✓ Explore the benefits of enrolling in the MetLaw Hyatt Legal Services Plan.
- ✓ Add your beneficiary information. Be sure to name beneficiaries for your income protection benefits.
- ✓ Complete your benefits enrollment within 31 days of your date of hire.

How to enroll

During your enrollment, you will access My HR to enroll in these benefits:

- Medical
- Savings accounts
- Dental
- Vision
- Life, Accident, and Disability insurance

You have two ways to enroll:

1. Visit My Life, then My HR and click on “View/enroll in benefits.”
2. Not connected to the network? Get direct access at portal.adp.com. You will need to use the same credentials you created when you first registered for the portal. If you experience any issues logging on to My HR, you can contact the Employee Service Center at 1-888-433-8372 to speak to a live representative to enroll.

Not sure which plans are right for you?

Before you enroll, take time to utilize the comparison tools to match your needs and preferences to the available medical plan options:

- Ask ALEX – myalex.com/ETRADE/2020
- Aetna Plan Selection and Cost Estimator Tool – aetna.com

Enrolling in other valuable benefits

In addition to the health and income protection benefits, you also can enroll in or make changes to other work/life benefits:

- **Pre-paid Legal Plan.** To enroll in or learn more about the Pre-paid Legal Plan, visit info.legalplans.com and enter 6090667, or call 1-800-821-6400.
- **Commuter Benefit.** To enroll in or learn more about the WageWorks Commuter Benefit, visit wageworks.com or call 1-877-924-3967. Enrollment and/or changes for this benefit can be made at any time during the year.

You are responsible for ensuring that you confirm your election and print your confirmation statement. If you do not receive an automatic confirmation email and/or do not see a confirmation number at the end of the enrollment process, please contact the Employee Service Center at 1-888-433-8372.

Making benefit changes during the year

After your enrollment period ends, your choices will remain in effect until the next Open Enrollment period unless you experience a qualified life event as defined by the IRS, such as:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a spouse or child
- Dependent loses coverage
- Dependent becomes ineligible for coverage

Requesting a change

Should a qualified life event occur, you **MUST** visit My HR within 31 days of the event. If the request is not made within 31 days, changes will **NOT** be permitted until the next Open Enrollment period.

When you submit your request, you will need to enter the date of your qualified life event. This is the specific date in which the event (marriage, birth, death, etc.) actually occurred, and will be the effective coverage change date.

When reporting a qualified life event that requires the addition or removal of a dependent from your current benefit election, you must proactively make these changes for each coverage type (medical, dental, vision, etc.).

Once you submit a request online, you will receive a letter from ADP requesting supporting documentation. You must submit the documentation within the designated time period. Your changes will not take effect until you pass the audit process, and your change will be rejected if you do not provide proper documentation.

Your dependent(s) will not be automatically added or removed from your coverage. If you require the addition or removal of a dependent from your current benefits elections, you must proactively make these changes for each coverage type (medical, dental, vision, etc.).

Birth or adoption?

You must submit a qualified life event within 31 days of a birth or adoption and add the child to each applicable benefit if you want to provide coverage for your child. Provided your request is submitted within this 31-day period, coverage for your child will be retroactive to the date of birth or adoption.

Keep your enrollment confirmation

You are responsible for ensuring that any and all enrollment and/or qualified life events you submit through My HR are completed successfully.

You are responsible for ensuring that you confirm your election and print your confirmation statement. If you do not receive an automatic confirmation email and/or do not see a confirmation number at the end of the enrollment process, please contact the Employee Service Center at 1-888-433-8372.

Benefits Premiums

At E*TRADE we are all about smart investing. We take great care with the investment we make in your benefits program, and we continue to be able to limit any increases to your share of benefit premiums to below the industry average. Remember – you share in this investment, so it is up to you to make smart decisions about your benefits choices.

Biweekly Contributions for Health Care Benefits			
Coverage Level	Employee	Employee+1	Family
Aetna High Deductible Consumer Plan*	\$52.45	\$90.61	\$128.98
Aetna Choice POS II Plan*	\$79.58	\$157.00	\$232.39
MetLife Basic Dental	\$5.16	\$12.05	\$19.47
MetLife Premier Dental	\$6.89	\$17.22	\$30.55
VSP Vision	\$1.93	\$3.86	\$5.80

*Employees who participate in the E*TRADE wellness program will earn a \$500 annual discount on their 2020 medical plan premiums. New hires will automatically receive the medical plan premium discount for the 2020 Plan Year (Jan. 1 through Dec. 31), but will be required to participate in the wellness program in subsequent years to earn the premium discount. Please note that the medical premiums shown do not include the wellness program premium incentive.

Note: If you enroll your domestic partner or your domestic partner's children under the E*TRADE benefit plans, keep in mind that payroll deductions for their coverage will be made on a post-tax basis. In addition, the IRS may consider the value of benefits coverage for your domestic partner -- and his or her dependents -- to be taxable (imputed) income to you. As a result, you will owe additional federal and state income taxes, as well as Social Security and Medicare (FICA) taxes.

Biweekly Contributions for Supplemental Life Insurance				
Monthly rate per \$1,000 coverage:			Monthly rate per child:	
Age	Employee	Spouse	Benefit	Rate
Less than 30	\$.039	\$.045	\$5,000	\$.143
30-34	\$.047	\$.054	\$10,000	\$.143
35-39	\$.055	\$.072		
40-44	\$.078	\$.108		
45-49	\$.117	\$.179		
50-54	\$.178	\$.278		
55-59	\$.334	\$.449		
60-64	\$.513	\$.664		
65-69	\$.824	\$1.067		
70+	\$1.601	\$4.189		

Note: The rates in the table to the left apply to both Employee Supplemental Life Insurance and Spousal Life Insurance. The spouse's rate will be based on your spouse's age as of Jan. 1, 2020, and your coverage amount will be based on your salary and/or annual benefit base as of July 1, 2019. To estimate your premium, divide your total coverage amount by 1,000 and multiply by the rate applicable for your age. Multiply that by 12 and divide by 26 to obtain your biweekly premium (the system will automatically calculate this for you when you enroll).

Biweekly Contributions for Group Legal Plan	\$6.92
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Your Health Care Benefits

Medical plans

Quality, access, and choice. Your medical plan options offer quality care, broad coverage, and money-saving opportunities. E*TRADE offers you two medical plans from Aetna, which provide comprehensive coverage and high-quality care. Your cost for coverage depends on the plan you elect and the family members you choose to enroll.

Plan comparison

Deductibles, Maximums, and Requirements				
	Aetna High Deductible Consumer Plan		Aetna Choice POS II Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family	\$550 individual \$1,200 family	\$1,200 individual \$2,400 family
	Unless otherwise indicated, the deductible must be met prior to benefits being payable. Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the calendar year. All covered expenses accumulate toward both the in- and out-of-network deductibles. Note: if enrolled in the High Deductible Consumer Plan with dependent(s), the family deductible will apply and must be met prior to benefits being payable unless otherwise indicated.			
Coinsurance (Plan Pays)	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Annual Out-of-Pocket Maximum	\$3,500 individual \$6,500 family	\$6,000 individual \$12,000 family	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 family
	Only those out-of-pocket expenses resulting from the application of coinsurance percentage and deductibles (except any penalty amounts) may be used to satisfy the payment limit.		Coinsurance, copays and deductibles count towards payment limits. Once family payment limit is met, all family members will be considered as having met their payment limit for the remainder of the calendar year.	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician Selection	Not required	Not required	Not required	Not required
Referral Requirement	Not required	Not required	Not required	Not required
Certification Requirements	Certification for certain types of out-of-network care must be obtained to avoid a reduction in benefits paid for that care. Certification for hospital admissions, treatment facility admissions, skilled nursing facility admissions, home health care, and hospice care is required—excluded amount applied separately to each type of expense is \$200 per occurrence.			

Physician Services				
	Aetna High Deductible Consumer Plan		Aetna Choice POS II Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Physician Office Visit (non-surgical)	80% after deductible	60% after deductible	100% after \$25 copay; deductible waived.	60% after deductible
Includes services of an internist, general physician, family practitioner, or pediatrician for routine care, as well as diagnosis and treatment of an illness or injury.				
Specialist Office Visit (non-surgical)	80% after deductible	60% after deductible	100% after \$40 copay; deductible waived.	60% after deductible
Outpatient Surgery	80% after deductible	60% after deductible	80% after \$100 outpatient surgery copay; deductible waived.	60% after deductible
Maternity OB Visits	100% per visit. No deductible applies.	60% after deductible	100% per visit. No copay or deductible applies.	60% after deductible
Allergy Testing	80% after deductible	60% after deductible	100% after \$25 PCP or \$40 Specialist office visit copay; deductible waived.	60% after deductible
Allergy Injections	80% after deductible	60% after deductible	100% after \$25 PCP or \$40 Specialist office visit copay; deductible waived.	60% after deductible
Diagnostic Laboratory and X-ray	80% after deductible	60% after deductible	Covered 100%; deductible waived.	60% after deductible
If performed as a part of a physician office visit and billed by physician, expenses are covered subject to the applicable physician's office visit member cost sharing.				
Preventive Care				
	Aetna High Deductible Consumer Plan		Aetna Choice POS II Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Routine Adult Physical Exams/Immunizations	Covered 100%; deductible waived.		Covered 100%; deductible waived	60% after deductible
1 exam per 12 months for members age 18 and older.				
Routine Well Child Exams/Immunizations	Covered 100%; deductible waived.		Covered 100%; deductible waived	60% after deductible
7 exams in the first 12 months of life; 3 exams in the 2nd 12 months of life; 3 exams in 3rd 12 months; 1 exam per 12 months thereafter to age 18.				
Routine Gynecological Care Exams	Covered 100%; deductible waived.		Covered 100%; deductible waived	60% after deductible
Includes Pap smear and related lab fees.				
Routine Mammograms	Covered 100%; deductible waived.		Covered 100%; deductible waived	60% after deductible
For covered females age 40 and over.				
Routine Digital Rectal Exam/Prostate-specific Antigen Test	Covered 100%; deductible waived.		Covered 100%; deductible waived	60% after deductible
For covered males age 40 and over.				
Colorectal Cancer Screening	Covered 100%; deductible waived.		Covered 100%; deductible waived	60% after deductible
For all members age 50 and over.				
Routine Hearing Exams	Covered 100%; deductible waived.		Covered 100%; deductible waived	60% after deductible
1 routine exam per 24 months.				

Emergency Care				
	Aetna High Deductible Consumer Plan		Aetna Choice POS II Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Urgent Care Provider (benefit availability may vary by location)	80% after deductible	60% after deductible	Covered 100%; deductible waived	60% after deductible
Non-Urgent Use of Urgent Care Provider	Not covered	Not covered	Not covered	Not covered
Emergency Room Visit	80% after deductible	80% after deductible	Covered 100% after \$150 copay; copay waived if admitted; deductible waived	\$150 copay; waived if admitted
Non-Emergency Care in an Emergency Room	Not covered	Not covered	Not covered	Not covered
Ambulance	80% after deductible	Covered 80% after deductible for emergency use; 60% after deductible for non-emergency use	Covered 100%; deductible waived	Covered 100% emergency use; 60% non-emergency use after deductible

Hospital Care				
	Aetna High Deductible Consumer Plan		Aetna Choice POS II Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Coverage	80% after deductible	60% after deductible	Covered 80% after deductible and \$250 per admission copay	60% after \$500 per admission copay
			Copay applies only to first 2 hospital stays per year	
Inpatient Maternity Coverage	80% after deductible	60% after deductible	Covered 80% after deductible and \$250 per admission copay	60% after \$500 per admission copay
Outpatient Surgery	80% after deductible	60% after deductible	Covered 80%; deductible waived	60% after deductible
Outpatient Hospital Expenses	80% after deductible (including surgery)	60% after deductible (including surgery)	Covered 80% after \$100 outpatient surgery facility copay; deductible waived (excluding surgery)	60% after deductible (excluding surgery)

Cost sharing applies to all covered benefits incurred during an inpatient stay or outpatient visit.

Family Planning				
	Aetna High Deductible Consumer Plan		Aetna Choice POS II Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Infertility: Standard Base Benefit	80% after deductible	60% after deductible	100% after \$40 copay; deductible waived (benefits based on place of service)	60% after deductible
Covers diagnosis and treatment of underlying cause only.				
Comprehensive Infertility Services	80% after deductible; artificial insemination and ovulation induction limited to 6 attempts per lifetime	Not covered	Covered 100%; deductible waived (benefits based on place of service); artificial insemination and ovulation induction limited to 6 attempts per lifetime	Not covered
Covers artificial insemination and ovulation induction in addition to standard base.				
Advance Reproductive Technology (ART)	80% after deductible; ART services limited to \$10,000 lifetime maximum	Not covered	Covered 100%; deductible waived (benefits based on place of service); ART services limited to \$10,000 lifetime maximum	Not covered
Covers in vitro fertilization (IVF), GIFT, ZIFT, cryo-preserved embryo transfers, and ICSI and ovum microsurgery in addition to standard base benefit and comprehensive services buy-up.				
Fertility Preservation	80% after deductible; ART services limited to \$10,000 lifetime maximum	Not covered	Covered 100%; deductible waived (benefit based on place of service); ART services limited to \$10,000 lifetime maximum	Not covered
Fertility preservation involves retrieving sperm or undergoing in vitro fertilization (IVF) in order to retrieve mature eggs for future use. Fertility preservation is available only when you are believed to be fertile and have planned services that will or are proven to result in infertility such as chemotherapy, pelvic radiotherapy, other gonadotoxic therapies, or removal of the ovaries, testicles, or uterus.				
Cryopreservation and Storage	80% after deductible; ART services limited to \$10,000 lifetime maximum	Not covered	Covered 100%; deductible waived (physician office services); 80%; deductible waived (outpatient facility-based services); ART services limited to \$10,000 lifetime maximum	Not covered
The ART benefit of \$10,000 per lifetime also covers the cost to freeze and store eggs, embryo, and sperm for 1 year. This benefit is available when members are approved for infertility treatment or fertility preservation benefits for medical indications. Cryopreservation and storage for one year will require precertification by your physician through the NIU (National Infertility Unit). Call 1-800-575-5999 for more information.				

Voluntary Sterilization	80% after deductible (male); 100%, deductible waived (female)	60% after deductible	Male: 80%, no deductible, when performed on an outpatient basis; 100%, no deductible, and \$40 copay when performed in a doctor's office Female: 100%, deductible waived	60% after deductible
Includes tubal ligation and vasectomy; excludes reversals.				

Mental Health and Alcohol/Drug Abuse Services

	Aetna High Deductible Consumer Plan		Aetna Choice POS II Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient	80% after deductible	60% after deductible	Covered 80% after deductible and \$250 per admission copay	60% after \$500 per admission copay
Outpatient	80% after deductible	60% after deductible	100% after \$25 copay; deductible waived	60% after deductible
Residential Treatment Facility	80% after deductible	60% after deductible	Covered 80% after deductible and \$250 per admission copay	60% after \$500 per admission copay; deductible waived

Cost sharing applies to all covered benefits incurred during an inpatient stay or outpatient visit.

Other Services

	Aetna High Deductible Consumer Plan		Aetna Choice POS II Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Home Health Care	80% after deductible	60% after deductible	Covered 100%; deductible waived	60% after deductible
Limited to 120 visits per calendar year; each visit by a nurse or therapist is one visit; each visit up to 4 hours by a home health care aide is one visit.				
Hospice Care—Inpatient	80% after deductible	60% after deductible	Covered 100% after \$250 per confinement copay; deductible waived	60% after \$500 per confinement copay
Cost sharing applies to all covered benefits incurred during an inpatient stay.				
Hospice Care—Outpatient	80% after deductible	60% after deductible	Covered 100%; deductible waived	60% after deductible
Cost sharing applies to all covered benefits incurred during an inpatient stay.				
Skilled Nursing Facility	80% after deductible	60% after deductible	Covered 100% after \$250 per confinement copay; deductible waived	60% after \$500 per confinement copay
120 day per calendar year maximum.				
Outpatient Short-Term Rehabilitation	80% after deductible	60% after deductible	Covered 80%; deductible waived	60% after deductible
Includes speech, physical, and occupational therapy.				
Spinal Manipulation Therapy	80% after deductible	60% after deductible	100% after \$40 copay; deductible waived	60% after deductible

Acupuncture	80% after deductible	60% after deductible	100%, after \$40 copay, deductible waived when rendered in a physician's office; 100% no deductible or copay when rendered inpatient or outpatient as a form of anesthesia associated with a surgical procedure	60%, after deductible
Durable Medical Equipment	80% after deductible	60% after deductible	Covered 100%; deductible waived	60% after deductible
	No limit		No limit	
Diabetic Supplies	80% after deductible	60% after deductible	Covered 80%; deductible waived	60% after deductible
Contraceptive Drugs and Devices Not Obtainable at a Pharmacy (includes coverage for contraceptive visits)	Covered 100%; deductible waived	60% after deductible (payable as any other covered expense)	Covered 100%; deductible waived	60% after deductible (payable as any other covered expense)
Transplants	80% after deductible; in-network coverage is provided at an IOE contracted facility only	60% out-of-network coverage is provided at a Non-IOE facility	80% in-network coverage is provided at an IOE contracted facility only; after deductible and \$250 per confinement copay	60% out-of-network coverage is provided at a Non-IOE facility
Mouth, Jaw, and Teeth (oral surgery procedures, medical in nature)	80% after deductible	60% after deductible	Covered 80%; deductible waived	60% after deductible
TMJ (\$1,500 calendar year maximum)	80% after deductible	60% after deductible	Covered 90%; deductible waived	60% after deductible

Other Services

	Aetna High Deductible Consumer Plan		Aetna Choice POS II Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Applied Behavior Analysis (ABA) Therapy: Outpatient Office	80% after deductible	60% after deductible	100% after copay	60% after deductible
ABA Therapy: Outpatient All Other	80% after deductible	60% after deductible	Covered 100%; deductible waived	60% after deductible
Outpatient Therapies for Autistic Members	80% after deductible	60% after deductible	Covered 80%; deductible waived No copay for physical and occupational therapy No frequency limits	60% after deductible

Transgender Benefits These benefits follow the usual in- and out-of-network benefits for physicians and facilities, according to your medical plan. See the above tables to determine your benefits.

Pharmacy				
Aetna High Deductible Consumer Plan			Aetna Choice POS II Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail (up to a 30-day supply)	<ul style="list-style-type: none"> 80% after deductible for generic drugs 80% after deductible for formulary brand-name drugs 80% after deductible for non-formulary brand-name drugs Up to a 30-day supply at participating pharmacies	50% after deductible	Covered 100% after applicable copay <ul style="list-style-type: none"> \$10 copay for generic drugs \$45 copay for formulary brand-name drugs \$75 copay for non-formulary brand-name drugs Up to a 30-day supply at participating pharmacies	Covered 50% after applicable copay <ul style="list-style-type: none"> \$10 copay for generic drugs \$45 copay for formulary brand-name drugs \$75 copay for non-formulary brand-name drugs Up to a 30-day supply at participating pharmacies
Generic substitution provision applies*				
Aetna Rx Home Delivery	<ul style="list-style-type: none"> 80% after deductible for generic drugs 80% after deductible for formulary brand-name drugs 80% after deductible for non-formulary brand-name drugs Maintenance Choice program benefits apply**	Not applicable	<ul style="list-style-type: none"> \$20 copay for generic drugs \$90 copay for formulary brand-name drugs \$150 copay for non-formulary brand-name drugs Maintenance Choice program benefits apply**	Not applicable
No Mandatory Generic (NO MG)	You are responsible for paying the applicable copay only.			
Plan includes: Contraceptive drugs and devices obtainable from a pharmacy, oral fertility drugs, diabetic supplies.	If your out-of-pocket maximum has been reached, the plan benefit will pay the balance of the negotiated costs of the drug. Any rebates received by Aetna from drug manufacturers do not reduce the amount you pay for an individual prescription drug for in-network and out-of-network care.		Not applicable	Not applicable

***Generic Substitution:** A generic drug substitution for brand-name prescriptions will be dispensed to you, unless your medical provider specifies that a brand-name prescription is medically necessary and indicates “Dispense as Written” (DAW) on your prescription.

****Maintenance Choice Program:** You can obtain your 90-day maintenance medication by mail through Aetna Rx Home Delivery or CVS Pharmacy. Or, you can take your 90-day maintenance medication prescription to be filled and picked up at your local CVS Pharmacy, including their Target store locations (as allowed by Federal law).

Aetna High Deductible Consumer Plan

The High Deductible Consumer Plan is designed to help you think differently about how and when you receive care. Because you have a higher deductible to meet, you pay more out-of-pocket for care. So, it's to your benefit to be an informed health care consumer.

At the same time, paycheck contributions for coverage are lower than contributions for the Choice POS II Plan. Further, the Plan comes with a Health Savings Account (HSA) that offers financial advantages to help cover your out-of-pocket costs and even let you save for future medical expenses.

The High Deductible Consumer Plan and Health Savings Account (HSA) work together as follows:

- You contribute funds to your account, on top of the contributions made by E*TRADE, up to \$500 for single coverage or up to \$1,000 for family coverage. You should plan so your account has enough funds to meet the annual deductible.
- You use the funds in your account to pay for your share of medical expenses.
- You can carry forward any unused expenses to future years.

Advantages of saving with an HSA

The HSA offers important advantages:

Company contribution just for joining the plan. E*TRADE funds your account up to \$500 for single coverage or up to \$1,000 if you cover family members (dependents).

You can save. You decide how much to put into your account each year. A good place to start is enough to cover the annual deductible. Or, consider saving the difference between your paycheck contribution in the High Deductible Consumer Plan and the contribution you'd pay if you enrolled in the Choice POS II Plan. The IRS sets the overall contribution levels for Health Savings Accounts each year that apply to what you and E*TRADE contribute.

You never pay taxes. You don't pay taxes on any money you and the Company put into your HSA, when it goes in or when you use it for eligible expenses.

It's yours to keep. There is no "use it or lose it" rule — whatever amounts you don't use in a calendar year roll over. And the account is portable, meaning it remains yours to use if you switch to another plan or another employer.

Aetna Choice POS II Plan

A more traditional balance of cost and coverage. You also can use it with a Health Care Flexible Spending Account (FSA) to save taxes on eligible expenses that you incur during the plan year. This plan does not allow the tax advantages and company contributions that come with a Health Savings Account.

Find a doctor

Using in-network providers saves you money. Here is how to find doctors in the Aetna network:

- Visit [aetna.com](https://www.aetna.com).
- Click “Find Care” and then search for your provider.

Here are three good reasons to have a primary doctor:

- 1. Better health.** Getting the right health screenings each year can reduce your risk for many serious conditions. Preventive care is free, so there is no excuse to skip it.
- 2. Cost savings.** Having a primary doctor may help you avoid costly trips to the emergency room and decide when you really need to see a specialist.
- 3. Peace of mind.** Advice from someone you trust — it means a lot when you are healthy, but it is even more important when you are sick. Your primary doctor gets to know you and your health history and can help coordinate any care you need.

Aetna HealthSM app

Your Aetna Health app is personalized to accommodate your schedule, health needs, and communication preferences to allow you to meet your health goals.

Use the app to view benefits, find providers, get cost estimates, track your spending, access your member ID card, and more!

To download the app, search “Aetna Health” on your device’s app store.

The Aetna network

Both plans offer you the lowest out-of-pocket costs when you seek care from physicians, facilities, and other professionals within Aetna’s extensive provider network. If you choose to get care outside the network, you will generally pay a higher share of the cost, and you may also be responsible for any amounts above the plan’s “reasonable and customary” limits. So before you receive care, it is important to check whether the provider is part of the Aetna network.

Talk to a doctor 24/7 with Teladoc

If you are enrolled in one of the Aetna medical plans, you and your eligible family members have 24/7 access to board-certified physicians through convenient phone or video consults with Teladoc.

Whether you have a health problem and need care virtually, are traveling and want a doctor's advice, or have a dependent away at camp or college who needs care on-the-go, Teladoc doctors can diagnose, recommend treatment, and write short-term prescriptions for most non-emergency medical issues.

Learn about all of Teladoc's offerings below.

For appointments, visit the Teladoc member site at <https://member.teladoc.com/aetna>.

- General medical:** Teladoc's physicians provide fast and convenient diagnosis and treatment for many common conditions, such as flu, allergies, bronchitis, sinusitis, and more. If you are enrolled in the Aetna Choice POS II Plan, you will pay a \$25 copay per consultation. If you are enrolled in the Aetna High Deductible Consumer Plan, the consultation fee is \$40 and is covered at 80% coinsurance after you meet your deductible.
- Dermatology:** You can receive treatment for psoriasis, eczema, acne, and more at your convenience from your mobile device or computer. For a dermatology appointment, request a consult and upload images to the Teladoc member site. You'll receive a response within two business days and can discuss next steps with the dermatologist for the next seven days. If you are enrolled in the Aetna Choice POS II Plan, you will pay a \$40 specialist copay. If you are enrolled in the Aetna High Deductible Consumer Plan, the consultation fee is \$75 and is covered at 80% coinsurance after you meet your deductible.
- Behavioral health:** Teladoc offers support for your behavioral health, including counseling for stress, anxiety, depression, and more. Behavioral health appointments are available by video only to members and eligible dependents 18 years and older. If you are enrolled in the Aetna Choice POS II Plan, you will pay a \$40 specialist copay. If you are enrolled in the Aetna High Deductible Consumer Plan, your first appointment is \$160. Subsequent appointments are \$90 per visit with a psychiatrist or \$80 per visit with a master's level therapist, covered at 80% coinsurance after you meet your deductible.
- Caregiver:** Being a caregiver can be challenging, and sometimes caregivers need support. For general medical caregiver consults, the recipient does not have to be an Aetna member or dependent on your medical plan. Add your care recipient and request an appointment on the Teladoc member site. The caregiver will receive a follow-up and support. Caregiver consultations are \$45 per visit (independent of an Aetna benefit plan).

To set up your Teladoc account, visit teladoc.com/Aetna, download the Teladoc app, or call 1-855-835-2362. Prior to requesting service from Teladoc, you must complete your medical history on your profile. Adult family members and dependents will also need to set up an account before using Teladoc.

Prescription drugs

When you enroll in an E*TRADE medical plan, you will automatically receive prescription drug coverage through Aetna.

Drug tiers

The cost of your prescription drugs under each medical plan depends on the tier of the medication:

- **Generic drugs** contain the same active ingredients as their brand-name equivalents and meet the same federal standards for safety, but typically cost significantly less.
- **Formulary drugs** are brand-name medications that are favored by a prescription plan based on drug effectiveness and cost.
- **Non-formulary drugs** are brand-name medications that are not on a prescription plan's favored list (or formulary) based on drug effectiveness and cost. They may still be covered, but may require prior authorization and cost more.

CVS MinuteClinic

If you're enrolled in an E*TRADE medical plan, you have access to MinuteClinic, a walk-in clinic inside select CVS Pharmacy® and Target stores. It's open every day, including evenings, for both walk-in and scheduled appointment options.

- MinuteClinic health care providers treat a variety of illnesses, injuries, and conditions. They can also write prescriptions.
- If you're enrolled in the POS II Plan, you can access all covered services at any in-network MinuteClinic at no cost to you.
- If you're enrolled in the High Deductible Consumer Plan, you can access preventive care services at no cost to you and other services at a discounted rate. After you meet your deductible, you can access all covered services at any in-network MinuteClinic at no cost to you.

Tip! Save money on prescription drugs

- Save money by using generic drugs.
- Take advantage of pre-tax savings on out-of-pocket costs by using funds from your Health Savings Account (HSA) or your Health Care Flexible Spending Account (FSA).
- Use the Maintenance Choice program to receive a 90-day supply of maintenance medication through the Aetna Rx Home Delivery mail order pharmacy. Or, bring your 90-day maintenance medication prescription to be filled at your local CVS Pharmacy, including their Target store locations.

Pharmacy Advisor may reach out to you

Pharmacy Advisor counseling provides targeted interventions to members who have diabetes or a cardiovascular condition.

Pharmacy Advisor helps you improve medication adherence, close gaps in pharmacy care, and reduce overall health care costs. Members with diabetes or cardiovascular conditions may receive counseling outreach or in-person counseling from the pharmacists at CVS/ Pharmacy retails.

Dental plans

Your dental benefits include a choice of two plans from MetLife:

Basic Dental plan

The Basic Dental plan provides comprehensive, affordable coverage within the MetLife network, and covers preventive care at 100% with no deductible.

Premier Dental plan

The Premier Dental plan offers the same coverage as the Basic Dental plan with a higher annual maximum of \$2,000 per participant—and offers coverage for orthodontia.

Key features

Regardless of which plan you choose, you will enjoy these key features:

- Preventive and diagnostic care covered at 100%
- Affordable coverage that helps you manage the cost of dental treatment
- Wide network of providers that have agreed to negotiated rates, which helps you save money

Plan comparison

Dental Options Compared				
Plan Information	Basic Plan		Premier Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Deductible applies for the following covered services combined: basic restorative, major restorative.				
Annual Maximum Benefit	\$1,500	\$1,500	\$2,000	\$2,000
Annual plan maximum applies for the following covered services combined: basic restorative, major restorative.				
Lifetime Orthodontia Plan Maximum	Not applicable	Not applicable	\$2,000	\$2,000
Benefit Coverage Level				
Type A: Diagnostic and Preventive Services (deductible does not apply)	100% covered	100% covered	100% covered	100% covered
Type B: Basic Restorative Services	80%	70%	80%	70%
Type C: Major Restorative Services	50%	40%	50%	40%
Type D: Orthodontic Covered Services	Not applicable	Not applicable	50%	40%

Find a network dentist

To find an in-network dentist, call 1-800-942-0854 or visit [metlife.com](https://www.metlife.com). Both plans offer higher coverage levels for most services if you see a provider within MetLife's Preferred Dentist Program (PDP) network. Staying in-network is a good way to save on out-of-pocket expenses. Because network dentists typically handle the paperwork for you, it is also more convenient. As one of the industry's largest with nearly 110,000 participating locations and 25,000 specialists, the Preferred Dentist Program (PDP) network makes it easy to choose a provider.

Type A services: Diagnostic and preventive

- **Cleanings, oral exams and prophylaxis (cleanings):** Two per calendar year separated by a six-month period.
- **Topical fluoride applications:** One treatment per 12 months for dependent children up to 14th birthday.
- **X-rays:** Full mouth, every five years, one set of bite wings per calendar year.
- **Space maintainers:** For dependent children up to 14th birthday.
- **Sealants:** Once every five years for each non-restored, non-decayed first and second molar of a dependent child up to 19th birthday.

Type B services: Basic restorative

- **Fillings** (composite and amalgam).
- **Root canal treatment:** Limited to once per tooth per 24 months.
- **General anesthesia:** When dentally necessary in connection with oral surgery extraction or other covered dental services.
- **Periodontal scaling and root planing:** Once per quadrant every 36 months.
- **Periodontal surgery:** Once per quadrant every 36 months.
- Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments a year.

Type C services: Major restorative

- Initial placement to replace one or more natural teeth that are lost while covered by the plan.
- **Dentures and bridgework:** Replacement every 10 years.
- **Bridges and dentures:** Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed.
- **Crown/inlays/onlays:** Replacement every 10 years.

Type D services: (Orthodontic covered services, covered under Premier Plan only)

- All dental procedures performed in connection with orthodontic treatment are payable as orthodontic services. Payments are on a repetitive basis and the benefit for initial placement of the appliance will be made representing 20% of the total benefit.
- Orthodontic benefits end when coverage is canceled.

Use your dental benefits wisely

Here is how to make the most of your dental benefits:

- **Choose a provider.** Each time you need dental care, you have a choice of providers. Selecting a participating dentist in the MetLife Preferred Dentist Program (PDP) network will ensure you receive the highest benefits from your plan. To find a provider, visit [metlife.com](https://www.metlife.com).
- **Request a pretreatment estimate.** If your service will exceed \$300, request a pretreatment estimate from MetLife. You should always submit a request for a pretreatment estimate for procedures and services your dentist believes will exceed \$300 (procedures such as crowns, inlays, bridges, and periodontics). For more information about pretreatment estimates, call MetLife at 1-800-942-0854 or visit [metlife.com](https://www.metlife.com).

Finally, be sure to check your claim status and other information at MetLife. You can review Explanation of Benefits (EOB) statements, check if claims have been paid, and more.

What is covered?

What exactly is the difference between “basic” and “major” services? The difference might involve significant out-of-pocket costs. So before you make an appointment, review the coverage definitions above to help plan for your health care expenses. It is also a good idea to request a pre-treatment estimate from your dentist for services in excess of \$300, such as crowns, bridges, inlays, and periodontia.

Vision plan

Having an annual eye exam is one of the best ways to ensure you are keeping your eyes healthy. You can enroll in vision coverage to save money on eligible vision care expenses such as eye exams, glasses, and contact lenses.

The E*TRADE vision care plan, administered by Vision Service Plan (VSP), provides great benefits on eye examinations and eyewear, plus valuable discount programs, all at an affordable price. The plan offers:

- **Personalized care.** You will get quality care that focuses on your eyes and overall wellness with a WellVision Exam® from a Vision Service Plan (VSP) doctor. They will look for vision problems and signs of other health conditions, in addition to assessing your vision for corrective lenses or treatment.
- **Provider choice.** With open access to see any eye care provider, you can choose the right one for you. Choose a Vision Service Plan (VSP) doctor or any other provider.
- **Savings.** When you see a Vision Service Plan (VSP) doctor, you will get the most out of your benefit and have lower out-of-pocket costs. Plus, Vision Service Plan (VSP) guarantees that you will be 100% happy with your eye care and eyewear from a Vision Service Plan (VSP) doctor.
- **Eyewear.** Choose the eyewear that is right for you and your budget. From classic styles to the latest fashions, you will find hundreds of options for you and your family.

Key features

When you enroll in the vision plan, you will enjoy these key features:

- **Eye exams** are covered every year, with a low copay.
- **Coverage for prescription eyeglasses or contact lenses**, so you can choose the method of correction you prefer.
- **Wide network of providers** that have agreed to negotiated rates, which helps you save money.

Find a network provider

For more information or to find a Vision Service Plan (VSP) doctor, visit <https://www.vsp.com/> or call 1-800-877-7195. You will generally pay less when you use a provider in the Vision Service Plan (VSP) network.

Vision benefits

Vision Benefits		
Coverage	VSP Provider	Non-VSP Provider
Eye Exam	\$20 copay	Up to \$35
Lenses: <ul style="list-style-type: none"> Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for dependent children 	No copay applies	Single vision: up to \$25 Lined bifocal: up to \$40 Lined trifocal: up to \$55
Frames	<ul style="list-style-type: none"> No copay applies \$175 allowance for a wide selection of frames 20% off amount over your allowance 	Up to \$45
Contact Lens Care	<ul style="list-style-type: none"> No copay applies \$175 allowance for contacts and the contact lens exam (fitting and evaluation) 	Up to \$105

Additional Discounts and Savings Only When You Use a VSP Provider

Second Pair of Glasses or Contacts	Allows you to obtain glasses or contacts in addition to those in your core benefit
Glasses and Sunglasses	<ul style="list-style-type: none"> Average 35-40% savings on all non-covered lens options 30% off additional glasses and sunglasses from the same VSP doctor on the same day as your WellVision Exam, or 20% within 12 months
Contacts	15% off cost of contact lens exam (fitting and evaluation)
Laser Vision Correction	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

All benefits are available once every plan year.

VSP Vision Discount Program

Vision Service Plan's (VSP's) online eye care store lets you buy contact lenses and try on the latest styles in sun wear. When you find a pair you like, the site will even help find a doctor who carries them.

Features include:

- More than 100 different contact lenses
- Wide selection of the most popular sun wear brands
- Free shipping

Maximize your Vision Service Plan (VSP) benefit by taking advantage of exclusive rebates, discounts, and special offers available only to members.

These offers are in addition to coverage under your Vision Service Plan (VSP) vision plan and can be combined with your plan coverage or used separately. Just log on to vsp.com and click "Rebates and Special Offers" for more information.

Aetna Vision Discount Program

This program offers vision care discounts as part of your Aetna medical coverage.

If you are not enrolled in the Vision Service Plan (VSP) program (but are enrolled in Aetna), you can get an eye exam at a participating Aetna provider for only \$42. If you are enrolled in the VSP program, you can use the discount for additional exams not covered by Vision Service Plan (VSP).

Benefits include:

- Thousands of locations, including national chains like Pearle Vision Centers, LensCrafters, and Target Optical
- No referrals, waiting for reimbursement, or limits on how often you use the program
- Contact lenses sent conveniently by mail at 15% off retail prices
- LASIK surgery at 15% off retail prices

For more information or for a location near you, visit aetna.com/individuals-families/vision-insurance.html or call 1-800-793-8616.

Tax-Advantaged Accounts

You can save money on health care and dependent care expenses by paying for them with tax-advantaged accounts.

The following options are available:

Health Savings Account (HSA):

Available only to employees who enroll in the High Deductible Consumer Plan

Flexible Spending Accounts (FSAs):

- Health Care Flexible Spending Account (FSA): Available to employees who enroll in Choice POS II Plan
- Limited Purpose Flexible Spending Account (LPFSA): Available to employees who enroll in the Aetna High Deductible Consumer Plan
- Dependent Care Flexible Spending Account (DCFSA): Available to all employees

Key features of tax-advantaged accounts

- **Tax-free money**—Money goes in tax-free and comes out tax-free when it is used for eligible expenses.
- **Convenient payroll deductions**—Contribute to your accounts easily and effortlessly.
- **Helpful budgeting tool**—Plan for upcoming expenses by setting aside money each paycheck.
- **You must enroll**—You must actively enroll each year if you would like to contribute to these accounts. Previous elections will not carry forward.

Health Savings Account

When you enroll in the Aetna High Deductible Consumer Plan, you will have access to a Health Savings Account (HSA), which can help you pay your current and future eligible health care expenses. Your account never expires—unused balances automatically carry over year-to-year, and the money is yours even if you go to a new employer, retire, or transfer it to another Health Savings Account (HSA). Advantages include:

- **Triple tax savings.** All contributions can be made tax-free. The withdrawals you make to pay for qualified health care expenses are tax-free. And, any investment earnings are tax-free!
- **E*TRADE contributes too.** If you enroll in the Aetna High Deductible Consumer Plan, the Company will help fund your Health Savings Account (HSA) (up to \$500 if you are enrolled in individual coverage or up to \$1,000 if you cover dependents) to help you pay for health care expenses.
- **You can invest your funds.** Generally, once your Health Savings Account (HSA) balance reaches \$1,000, investment options are available.

Who can use a Health Savings Account (HSA)?

To open a Health Savings Account (HSA), you must be enrolled in the Aetna High Deductible Consumer Plan. IRS guidelines also require that you:

- Be under age 65 and not entitled to Medicare.
- Not be claimed as a dependent by another person.
- Not be covered by another medical plan that is not a qualified High Deductible Health Plan (HDHP) (such as a spouse's medical plan).
- Do not use Health Savings Account (HSA) funds for your domestic partner, due to IRS regulations.

Total contributions

The IRS sets limits for how much you can contribute to a Health Savings Account (HSA) each calendar year. It is important to know the rules, because over-contributing leads to a tax penalty on top of your regular income tax rate. Keep in mind that these are total limits—your contributions and the Company's contributions combined. Please consult your tax professional for additional details specific to your situation.

The IRS has set the following limits:

Coverage Level	2020
If you cover yourself only	\$3,550
If you cover a dependent or your entire family	\$7,100
Additional catch-up contribution for Health Savings Account (HSA) owners who are over 55 and not enrolled in Medicare	\$1,000

Annual E*TRADE contributions

E*TRADE contributions are based on a calendar year and will be made in two equal installments – in Jan. and July. The total annual amount will depend on the coverage you choose when you enroll initially. The Company’s contribution will not change if you experience a Qualified Family Status Change during the year.

If you are a new hire, the timing of the Company contribution will be made based on the month in which you are hired. If you are hired between June 1 and Nov. 30, you will receive half of the total annual employer contribution in one installment. If you are hired in Dec., you are not eligible for an employer contribution for the calendar year. The chart below explains how and when employer contributions will be made.

Employer Health Savings Account (HSA) Contributions	
Month hired	Payments eligibility
Jan.	Jan. and July
Feb.	Feb. and July
Mar.	Mar. and July
April	April and July
May	May and July
June	June only
July	July only
Aug.	Aug. only
Sept.	Sept. only
Oct.	Oct. only
Nov.	Nov. only
Dec.	No payments

Please note: Deposits will be made in the months listed above, or as close as administratively possible.

Eligible expenses

Qualifying medical expenses are defined by the IRS, and are largely the same as for a Health Care Flexible Spending Account (FSA). Plus, you can use your Health Savings Account (HSA) dollars to cover expenses for your spouse and/or your dependents—even if you have employee-only insurance coverage.

The possibilities include your deductibles, copays, and coinsurance, as well as other expenses not covered by your health plans.

Please note: Over-the-counter drugs such as pain relievers, cold and flu remedies, and allergy medications are not qualified expenses unless you have a prescription.

Is it covered?

The IRS rules for Health Savings Accounts (HSAs) are very specific, so it is a good idea to check them before you use your account. For a complete list of eligible expenses, visit [irs.gov](https://www.irs.gov). To check your balance, contribute to your account, get answers to your questions, and much more, visit [payflex.com](https://www.payflex.com) or call PayFlex at 1-844-729-3539.

To help save you time and money, the plan provides a convenient debit card that is available for all eligible medical and prescription expenses.

Health Savings Account (HSA) Q&A

Q. How does a Health Savings Account (HSA) work?

A. A Health Savings Account (HSA) works in conjunction with a high deductible health insurance plan such as E*TRADE's Aetna High Deductible Consumer Plan. You can use your account dollars to help pay for any qualified medical expenses, such as deductibles, copays and coinsurance, as well as other expenses not covered by health insurance. Keep in mind that any funds you withdraw for nonqualified medical expenses will be taxable and face a penalty.

Q. Where can I manage my Health Savings Account (HSA) account?

A. You can access your account through payflex.com.

Q. Can I use my Health Savings Account (HSA) for dependents not covered by my plan?

A. Generally, yes. Qualified medical expenses include unreimbursed medical expenses for you, as well as your spouse and/or dependents, even if they are not enrolled in an E*TRADE medical plan.

Q. How are non-medical withdrawals taxed?

A. Withdrawals from your Health Savings Account (HSA) for non-qualified expenses are taxable as income and subject to a 20% tax penalty—unless the withdrawal is made after the date you attain age 65, become totally and permanently disabled, or die.

Q. What happens if I do not spend all the funds in my Health Savings Account (HSA)?

A. All unused funds in your account carry over into the next year and continue to accrue interest. If you have funds in the Health Savings Account (HSA) Investment Account, they will also remain available.

Q. What happens if I change jobs?

A. Your Health Savings Account (HSA) belongs to you as an individual, and the balance is yours to keep. You may be able to roll it over into a new Health Savings Account (HSA) sponsored by your new employer, but you can always keep the current one open and continue to use it.

Q. What happens if I choose to stop participating in the Aetna High Deductible Consumer Plan?

A. When your High Deductible Consumer Plan coverage ends, you are no longer eligible to make Health Savings Account (HSA) contributions. However, you may keep your HSA open and continue to use any remaining HSA funds as before.

Q. How can I invest my balance?

A. Once the balance in your account reaches \$1,000, you are eligible to open a Health Savings Account (HSA) Investment Account, which lets you invest in a variety of mutual funds.

Q. If I make a post-tax contribution, how do I report that on my taxes?

A. It is recommended that you refer any and all tax-related inquiries to your tax consultant.

Q. What bank is used for the Health Savings Account (HSA)?

A. PayFlex administers the Health Savings Account (HSA). PayFlex has partnered with Citibank to manage the funds. If you have specific questions regarding your account, contact PayFlex at 1-844-729-3539.

Q. How is the annual limit to what I can contribute to my Health Savings Account (HSA) affected if I change employers during the year?

A. Changing an employer mid-year does not affect the Health Savings Account (HSA) annual IRS limit. That is, the total of the contributions you make to the Health Savings Accounts (HSAs), whether you work for one, two or more employers in a given year, may not exceed the annual maximum contribution limit, and the amount of your contributions does not “reset” to zero when you change employers. It is your responsibility to track your account contributions and see that they do not exceed the limit.

Flexible Spending Accounts (FSAs)

E*TRADE offers three Flexible Spending Accounts (FSAs) administered by PayFlex to help you pay for certain health care and dependent care expenses. Flexible Spending Accounts (FSAs) are a smart way to pay for a variety of eligible expenses using pre-tax dollars making them exempt from federal income tax, Social Security taxes (FICA), and, in most cases, state income tax.

Health Care Flexible Spending Account (FSA)

The Health Care Flexible Spending Account (FSA) lets you set aside up to \$2,750 to pay for eligible health care expenses allowed by the IRS and the plan. You determine the amount you set aside each paycheck through pre-tax payroll deduction, and the money is held in an account for you. Whenever you draw on that account to pay yourself back for eligible health care expenses throughout the year, it is tax-free—so your out-of-pocket costs are reduced by the amount of taxes you otherwise would have paid on that money.

You can use your Health Care Flexible Spending Account (FSA) to pay for eligible expenses not covered by your health insurance plan for you or your eligible dependents, such as deductibles, coinsurance, copays, and other non-covered health care expenses.

To help save you time and money, the plan provides a convenient debit card. This card is limited to pharmacy expenses only and can be used at the point of sale. For all other eligible health care expenses, you must submit a claim to PayFlex for reimbursement.

Limited Purpose Flexible Spending Account (LPFSA)

In accordance with IRS regulations, if you choose the Aetna High Deductible Consumer Plan and open a Health Savings Account (HSA), you are not eligible to have a regular Health Care Flexible Spending Account (FSA) as well. To help you pay for eligible dental and vision care expenses that are not covered or are partially covered by the plan, E*TRADE offers the Limited Purpose Flexible Spending Account (LPFSA).

A Limited Purpose Flexible Spending Account (LPFSA) lets you set aside up to \$2,750 to pay for dental and vision care expenses only in a tax-advantaged manner.

Dependent Care Flexible Spending Account (DCFSA)

E*TRADE also offers a Dependent Care Flexible Spending Account (DCFSA) that lets you set aside up to \$5,000 annually to pay for eligible dependent care expenses.

Like a Health Care Flexible Spending Account (FSA), you contribute money to your account on a pre-tax basis, lowering your taxes and reducing the impact of your out-of-pocket expenses.

Eligible dependents include your children under age 13, or a spouse, parent, or other dependent age 13 or older who is physically or mentally incapable of self-care.

Flexible Spending Account	Eligibility	Coverage	Annual Contribution Limits
Health Care Flexible Spending Account (FSA)	Employee and eligible dependents	Allowable health care expenses (medical, dental, vision)	Up to \$2,750
Limited Purpose Flexible Spending Account (LPSFA)	Employee and eligible dependents enrolled in the Aetna High Deductible Consumer Plan	Allowable dental and vision expenses only	Up to \$2,750
Dependent Care Flexible Spending Account (DCFSA)	Employee with eligible dependents*	Allowable child care and elder care expenses only	Up to \$5,000 if you are married and file a joint tax return or if you file as single or head of household Up to \$2,500 if you are married and file a separate tax return

* Children under age 13 who you claim as a dependent on your federal income tax return or anyone living with you who is mentally or physically incapable of self-care and depends on you for more than one half of his/her support, are dependents in which expenses for care are applicable. If you are married, both you and your spouse must work and earn income to qualify for reimbursement (unless one spouse is disabled and unable to work).

Use it or lose it!

Keep in mind that IRS rules require that you forfeit any unused balances in your Flexible Savings Account (FSA) at year-end. So be sure to plan your contributions carefully.

Expenses are typically considered eligible when they are incurred during the calendar year (Jan. 1 to Dec. 31). However, to give you extra time to use your FSA dollars, you can still apply any funds still left unused as of Dec. 31 toward eligible expenses incurred until Mar. 15 of the following year. The deadline to submit your claims for eligible expenses incurred through Mar. 15 is June 30 of that same year.

It is your responsibility to track your Flexible Spending Account (FSA) contributions and see that they do not exceed the annual IRS limit.

Flexible Spending Account (FSA) vs. Health Savings Account (HSA)

Flexible Spending Accounts (FSAs) are spending accounts that can be used to pay for eligible medical or dependent care expenses incurred within the same calendar year.

Health Savings Accounts (HSAs) are permanent, portable, savings accounts that can only be used in combination with a high deductible medical plan such as the Aetna High Deductible Consumer Plan option. Your Health Savings Account (HSA) funds can be rolled over for future use—and never expire.

Wellness Program

E*TRADE is committed to fostering an environment that is supportive of healthy behaviors and wellness activities. E*TRADE's wellness program, Live Well, can support you on an ongoing journey to good health by helping you understand your current health status and reach your health goals.

Live Well program benefits

Benefits include, but are not limited to:

- A \$500/annual medical premium discount
- A \$50 Fitbit subsidy (to purchase a device at a discounted rate)
- A biometric health screening

Program requirements

To receive the \$500 discount on your medical plan premium contributions, you must complete the following by Nov. 30:

- A biometric screening, which provides you with important health data to share with your personal doctor.

Note: New hires will automatically receive the medical plan premium discount for the 2020 plan year (Jan. 1 through Dec. 31), but will need to complete the Live Well requirements to earn the premium discount in subsequent years.

Biometric health screening options include:

- Attend an onsite biometric screening (available only during annual Open Enrollment)
- Visit a convenient Quest Patient Service Center
- Visit your personal doctor

To schedule your biometric health screening at a Quest Patient Service Center, or to access a physician screening form, go to the online scheduler at my.questforhealth.com.

Who is eligible?

Full-time or part-time U.S. employees who are scheduled to work 20 or more hours per week are eligible to participate. You are **not required** to be enrolled in E*TRADE's medical benefits in order to participate in Live Well.

Note: If you did not complete the biometric screening and Health Assessment requirements before the Nov. 30 deadline, your next opportunity to participate will be for the 2021 plan year.

Resources for Living: Aetna's Employee Assistance Program

We all experience situations that can affect our general well-being. From handling the logistics of a busy life to dealing with personal, family, legal, or financial issues, it's important to have a resource for support. Next time you need advice or a trustworthy referral, reach out to Aetna's Employee Assistance Program, Resources for Living.

Through Resources for Living, you and your family get confidential support 24 hours a day, 365 days a year—**at no cost to you**. You can call or get help online as often as you need, and you can receive up to three face-to-face sessions per issue, per year at no charge.

For assistance with everyday needs, Resources for Living can save you time, so you can focus on what matters most. Work/Life specialists can help you and your family members find:

- Child and elder care
- Schools
- Adoption resources
- Solutions to household problems
- Resources for planning a vacation
- Pet care, veterinary services
- Gym memberships and fitness discounts
- And much more

Resources for Living can also help with a variety of personal and life challenges, such as:

- Alcohol and drugs
- Anxiety and depression
- Stress
- Parenting
- Grief and loss
- Legal and financial services (divorce, custody, wills, debt management, etc.)
- Pregnancy
- Mental health issues
- Personal improvement
- Quitting tobacco
- And much more

All employees and members of their households (including dependent children up to age 26, whether or not they live at home) are eligible to participate in the program, regardless of medical coverage. You can call 1-888-238-6232 or visit **resourcesforliving.com** (Username: etrade; password: EAP). You can also download the mobile app for on-the-go access — just search for “Resources for Living” in your device's app store.

Aetna Concierge

Physicians and hospitals are there for us when we need medical care—but sometimes we need an expert to help us with health care issues such as:

- How can I find the right specialist?
- I received a diagnosis—what now?
- Is this service covered by my health plan?
- How much is this going to cost me?

Aetna Concierge has the experts you are looking for. Simply call a concierge and they will help you understand your benefits and your options and give you the tools you need to make informed decisions about your health care.

You can chat with your concierge online or by phone:

- Log on at **aetna.com** and chat online
- **Call Aetna:** 1-800-445-5298

Informed Health Line

Talk to a registered nurse whenever you have a health question by calling the Informed Health Line, 24/7. Aetna nurses can discuss a wide variety of health and wellness topics, and help you:

- Make more informed decisions about your care.
- Communicate better with your doctors.
- Save time and money by getting the right care at the right time.
- **Call Informed Health Line:** 1-800-556-1555.

Stay healthy with free annual physicals

Keep in mind that annual physicals are covered at no additional cost as part of your medical plan. Make sure to take advantage of this important benefit.

Health ConnectionSM Disease Management Program

No one can be perfectly healthy. But even if you have a significant, ongoing health condition, you can reach your own level of good health. This program can give you the advice and support you need to:

- Get the treatment and preventive care that is appropriate for you.
- Understand and follow your doctor's treatment plan.
- Better manage your ongoing conditions.
- Make lifestyle changes to help reach your personal health goals.
- Identify and manage your risks for other related conditions.

There is no additional cost, and you do not even need to sign up—Aetna will confidentially suggest a program based on your doctor's recommendation, patient management staff, or medical and pharmacy claims data.

Targeted Care

Sometimes you need a little extra help to get better and stay healthier. The Aetna Targeted Care Solutions program uses a team approach to manage care for complex or chronic conditions. If you are identified as needing additional support, your team will help you:

- Stay out of the emergency room and the hospital.
- Make sure you get the most cost-effective care for your condition.
- Learn how to commit to long-term improvement in your health.

Aetna Maternity Program

Give your pregnancy a health boost by getting special attention when you need it most, through the Aetna Maternity Program. You can use it throughout your pregnancy (and after your baby is born) to help keep you and your baby healthy, right from the start. Here are some of the benefits you may receive at no cost to you:

- Tips and advice for a healthier pregnancy
- Special help to assess and reduce risks related to pregnancy
- Support to help stop smoking
- Information about prenatal care, labor and delivery, newborn care, and transitioning home with a new baby
- Lactation support
- Guidance from a nurse case manager
- Aetna Healthy Pregnancy Handbook

To learn more about this program, call toll-free 1-800-CRADLE-1 (1-800-272-3531), or log in to [aetna.com](https://www.aetna.com) and click "Stay Healthy" and then "Maternity Program."

All of your health information and more in one place

Log in to [aetna.com](https://www.aetna.com) and click “**Discover a Healthier You**” to access personalized, interactive tools, such as:

Devices and apps. Sync your favorite fitness device or health app.

Records. A single place to keep your health information.

Digital coach. Use the interactive “chatbot” to help you focus on your health goals. Find hundreds of articles, flip cards, videos and quizzes on topics like diabetes, migraines and depression.

Health actions. Pop-up health actions, including targeted tips on wellness and reminders about important screenings.

Health decision support. Faced with treatment options? This resource includes more than 300 videos that can help guide you to the right decision.

Social communities. Connect with other people who have the same health challenges as you.

Livongo for diabetes

Livongo provides care and support to those living with diabetes by combining advanced technology with personalized coaching to make living with the condition easier. E*TRADE employees and their family members who are diagnosed with diabetes will be able to join at no cost if they’re enrolled in an E*TRADE medical plan.

With Livongo, participants receive:

- **A blood glucose meter** that automatically uploads their blood glucose readings to their secure online account and provides real-time personalized tips.
- **Support from coaches.** Participants can communicate with a Livongo coach 24/7, 365 days a year about diabetes-related questions regarding nutrition or lifestyle changes.
- **Unlimited strips.** Livongo sends strips and lancets right to participants’ doors.
- **Real-time data analytics and personalized tips** with each blood glucose check.

Livongo will contact you if your medical and/or pharmacy claims indicate you would benefit from the program. You can also register for Livongo at join.livongo.com/ETRADE/register (registration code: ETRADE), or call 1-800-945-4355.

Discounts and special programs

Fitness discount program. Save on gym fees, exercise equipment, and more to stay healthy and feel better. Aetna offers discount memberships at thousands of facilities through globalfit.com, as well as equipment discounts and even one-on-one coaching. You do not need to be enrolled with Aetna to utilize this program.

In-network lab benefits. Save big on tests and other lab services simply by making sure your testing is sent to labs in the Aetna Network, such as Quest Diagnostics®. Keep in mind that your doctor may not know which lab will save you the most, so know before you go by visiting the Aetna website.

Natural products and services. There are many paths to healthy living. This program can help you find a natural one. Save on therapies, over-the-counter vitamins and other ways to complement your health through American Specialty Health (ASH) Incorporated. It is a smart way to save on things insurance does not normally cover, including:

- Massage therapy
- Acupuncture
- Chiropractic care
- Dietetic counseling

Weight management discount program. Lose weight and feel great. Save on some of today's most popular weight loss programs, including eDiets, Jenny Craig, and Nutrisystem.

Aetna hearing discount program. Hear better for less with this program for hearing aids and related services, provided through HearPO. Benefits include:

- 40% off retail prices on hearing exams and services
- Savings on all styles of hearing aids
- 1,900 locations nationwide and more than 1,000 models to choose from

Income Protection Benefits

401(k) Plan

E*TRADE is committed to supporting your financial well-being—today and tomorrow. The 401(k) Plan helps you prepare for retirement by offering an easy, tax-advantaged way to save for your future financial needs.

Key advantages:

- Pre-tax and Roth employee contributions
- Company matching contributions
- Current tax savings
- Tax-deferred investment growth
- Wide range of investment choices
- Convenient payroll deductions

Ask ALEX about your 401(k)

ALEX is the fun and interactive tool that helps you choose the right benefits for your needs. You can also ask ALEX about your 401(k)! ALEX will walk you through your options and give you the details on your contributions, tax-savings, and more. Visit ALEX at myalex.com/ETRADE/2020.

Who is eligible?

Full-time or part-time U.S. employees who are scheduled to work 20 or more hours per week are eligible to participate. If you are a part-time employee working less than 20 hours per week, you will become eligible to participate in the 401(k) Plan after one year of service and/or once you have completed 1,000 or more hours of service. New hires are eligible to participate following their first payroll.

Who is your beneficiary?

You need to name a beneficiary—the person who will receive your account in the event of your death. Visit principal.com to review and designate your beneficiary information.

Plan features

The E*TRADE 401(k) Plan is administered by Principal, one of the nation's leaders in 401(k) administration. The Plan offers a full range of investment options, strong customer service, and a variety of tools and solutions to meet the needs of every investor.

You can save pre-tax dollars each pay period and control your own investments. You can contribute between 1% and 50% of your base pay and/or bonus to the Plan, not to exceed IRS maximum contribution limits. Savings and earnings are not taxed until they are withdrawn.

The IRS sets limits on the amount of pre-tax dollars you can contribute into a 401(k) plan. The IRS has set the following limits for the 2020 plan year:

401(k) elective pre-tax contributions	\$19,500
Catch-up pre-tax contribution limit	\$6,500

The Plan also allows for employee Roth contributions. These contributions are deposited after they are taxed, and earnings on the contributions will not be taxable if received through a qualified distribution. In addition, the Plan allows the ability to convert pre-tax contributions to Roth.

Other plan features include:

- **Company match.** E*TRADE will match 100% of the first 5% of your contribution, every pay period.
- **Automatic enrollment.** In the absence of an election, new hires will be enrolled automatically, 60 days from the date of hire, at a default contribution rate of 3%, which can be changed at any time.
- **Vesting schedule.** You are always 100% vested in your own contributions. However, a vesting schedule applies to the Company match:
 - Less than 1 year of service: 0%
 - 1 year of service: 20%
 - 2 years of service: 60%
 - 3 or more years of service: 100%

Visit principal.com or call 1-800-547-7754 to enroll, change your contribution, or manage your plan portfolio. Enrollment and/or changes for this benefit can be made at any time during the year.

Basic Life & Accidental Death and Dismemberment (AD&D) Insurance

It is important to plan for your family's financial security in case the unexpected happens. That is why E*TRADE provides employees with basic life insurance and basic Accidental Death and Dismemberment (AD&D) insurance—at no cost to you.

As a new hire and during Open Enrollment, you also have the option of buying Supplemental Life Insurance for yourself and your family through easy payroll deductions.

Basic Life Insurance

E*TRADE automatically provides basic life insurance for you, at no cost, equal to 100% of your annual earnings to a maximum of \$1,000,000. Your designated beneficiaries will receive a lump-sum payment if you die while employed by the Company. To choose your beneficiary, visit metlife.com.

Accidental Death and Dismemberment Insurance (AD&D)

E*TRADE also automatically provides this coverage for you at no cost. The benefit is equal to 100% of your annual earnings to a maximum of \$1,000,000, and will be paid to you or your beneficiaries if you lose a limb or die in an accident. Certain limits and maximums apply, so consult the policy documents for more information.

Supplemental Life Insurance

You may also choose to purchase additional life insurance. You have the option to buy this coverage:

- **For yourself.** Purchase supplemental insurance in increments of 100% of your earnings—up to five times your annual earnings or \$1,000,000, whichever is less.
- **For your dependents.** If you purchase additional coverage for yourself, you may also purchase coverage for your spouse in increments of \$10,000, \$25,000, \$50,000, \$125,000 or \$250,000, and for children up to age 26 at either \$5,000 or \$10,000. The maximum amount of coverage is the lesser of 50% of your total Basic and Supplemental Life coverage, or \$250,000.

Protect your loved ones

To make sure your life insurance coverage works as you intend, keep your beneficiary designations up to date by making it an annual event. Visit [metlife.com](https://www.metlife.com) to review and update your beneficiaries.

“Annual Earnings” means your gross annual rate of pay, excluding overtime and other extra pay. “Annual Earnings” for Sales includes commissions and/or bonuses which shall be averaged for the most recent 12-month period.

Evidence of Insurability (EOI)

You are required to provide MetLife with a Statement of Health form to purchase supplemental life insurance if:

- **When you are first eligible,** you elect coverage that exceeds three times your annual salary or \$500,000 (whichever is less) for yourself or over \$50,000 for your spouse.
- **During Open Enrollment** (or due to a qualified status event), you elect to increase your coverage by more than one level, or over the guaranteed issue amount.

Leaves of Absence & Disability Insurance

Leaves of Absence

Under certain circumstances, E*TRADE may allow you to take time off to attend to personal, family, health, and other needs. A Leave of Absence must be approved in accordance with the procedures set out in each specific policy. For more information regarding paid time off, visit My HR, click Payroll, Benefits, and Time Knowledge Base. Then, go to Time Off & LOA. The following Leaves of Absence are available to eligible employees:

- Family/Medical Leave (FMLA and/or state family and medical leave)
- Disability Leave (Short-Term and Long-Term)
- Enhanced Maternity Leave
- Parental Leave
- Military Leave

Type	Administered by Metlife/ Benefits	Allotment	Method of Pay
Family Medical Leave (FMLA) (intermittent and continuous)	Yes	12 weeks in a rolling 12-month period - Measured backwards from the date employee used any prior FMLA - Employee must have been employed 12 months and have worked 1,250 hours	Unpaid
Short-Term Disability (STD)	Yes	13 weeks	MetLife – 66.67% of pay
Enhanced Maternity / STD	Yes	8 weeks + 4 weeks parental (6 months of tenure required)	MetLife – 100% of pay
Long-Term Disability (LTD)	Yes	Based on a schedule	MetLife- 60% of pay; \$10k/monthly max.
Parental (intermittent and continuous)	Yes	4 weeks (6 months of tenure required)	E*TRADE – 100% of pay
State Specific Leave	Yes	Varies by State	State Paid (if application), otherwise unpaid
Military Leave	1. Employee: No (Unless 30+ business days) 2. Qualifying Exigency: Yes 3. Family Member Caregiver: Yes	In accordance with USERRA	1. E*TRADE pays difference between salary and military pay for the first 15 days; thereafter, employee receives military pay only 2. Unpaid 3. Unpaid

Disability Insurance

E*TRADE automatically provides disability insurance for you at no cost. The loss of income due to illness or injury can cause serious financial hardship for your family. Disability insurance replaces a portion of your income to help you continue paying your bills and meeting your financial obligations during this difficult time.

Short-Term Disability (STD)

Should you become disabled and cannot work for an extended period due to illness or maternity-related condition, E*TRADE provides a Short-Term Disability (STD) benefit. The benefit is paid at 66.67% of your pre-disability weekly earnings, up to a maximum weekly benefit of \$1,800. This benefit will be integrated with applicable state disability benefits.

Enhanced Maternity Short-Term Disability and Parental Leave

To provide an enhanced paid leave benefit for new parents, we offer two programs:

- Birth mothers can take advantage of Enhanced Maternity Short-Term Disability (STD), which pays 100% of your base pay for a total of eight weeks.
- All parents, including partners and those adopting a child, can receive up to four weeks of Parental Leave at 100% of pay. Birth mothers can combine these benefits for a total of 12 weeks.

Parental Leave can start immediately upon birth or adoption. The leave must be completed within 12 weeks following the birth or adoption date. To be eligible, you must have completed six months of employment at time of birth/adoption. To review the full Enhanced Maternity Short-Term Disability and Parental Leave Policy, visit My HR, click Payroll, Benefits, and Time Knowledge Base. Then, go to Time Off & LOA.

Long-Term Disability (LTD)

If you are disabled and unable to work for more than 13 weeks, E*TRADE also provides Long-Term Disability (LTD) insurance at no cost to you. This benefit replaces 60% of your basic, pre-disability monthly earnings, to a maximum monthly benefit of \$10,000—but may be reduced by other benefit payments.

Filing a claim

To file a disability claim, call MetLife at 1-866-729-9201. For questions related to disability leave after you have filed a claim, ask HR via the function button on Channel*E.

Prepare a will, at no extra cost

If you enroll for any level of supplemental life insurance, you can take advantage of the will preparation benefit to get professional help creating a will (Simple, Complex, or Living) along with a Power of Attorney agreement. Visit info.legalplans.org for details.

“Earnings” means your gross rate of pay and commissions earned averaged over the 12-month period prior to the date of disability, or over the period of your employment if less. Awards, bonuses and overtime pay are excluded.

Ask ALEX for Leave of Absence guidance

Use ALEX to help you navigate the Leave of Absence process. ALEX can summarize the rights and benefits you may be entitled to when taking a leave. ALEX explains the most common scenarios and can help you understand the steps and considerations for your Leave of Absence. Access ALEX at <https://loa.myalex.com/etrade>. Based on your specific situation, you may be entitled to different leaves of absence, so be sure to also review E*TRADE’s policies in addition to using the ALEX tool.

Work/Life Benefits

Our commitment doesn't end when your workday does. We offer a range of benefits to help you balance work and other aspects of your life.

Time off

E*TRADE's time off benefits include vacation, sick days, and holidays:

- **Vacation** accrues based on the number of years of employment you have completed on your service anniversary date each year, based on your regularly scheduled hours. Part-time employees accrue on a prorated basis, measured against a standard-hour work week.
- **Sick time** accrues as you work, but does not exceed nine business days or 72 hours per year. Part-time employees accrue prorated sick hours based on the number of scheduled work hours per week.

Note: Hourly employees who work less than their regularly scheduled work hours during any pay period will accrue less than the applicable maximum accrual rate.

- **Holidays** observed by E*TRADE generally follow the practice of the New York Stock Exchange (NYSE) and NASDAQ (NASD).

For more information regarding time off, visit My HR, click Payroll, Benefits, and Time Knowledge Base. Then, go to Time Off & LOA.

Tuition assistance

Are you interested in furthering your knowledge, skills, and capabilities through a job-related degree? The tuition assistance program can reimburse up to \$5,250 in tuition expenses per year.

Highlights and requirements:

- The program covers employee-pursued, job-related undergraduate, or graduate degree coursework—but not certification or continuing education that is required for your job.
- You must be a regular full-time employee in good standing who has been employed with the Company for six months.
- Participation requires pre-approval from your manager and the Program Administrator, as well as a Tuition Repayment Agreement.
- Your reimbursement depends on your grades: 100% for an A or Pass, 80% for a B, and 50% for a C. No reimbursement will be made for a grade below C.

To learn more about tuition assistance, visit My HR.

Surrogacy assistance

E*TRADE offers a surrogacy assistance program designed to assist employees with eligible expenses associated with the expansion of their families through certain, lawful surrogacy arrangements. The Company will provide a benefit of up to \$7,500 per surrogacy, with no limit on the number of surrogacies, for qualified eligible expenses under the law of each state. For more information about the surrogacy assistance program, please visit My HR, click Payroll, Benefits, and Time Knowledge Base. Then, go to Employee Services.

Adoption assistance

E*TRADE offers an adoption assistance program designed to help offset the cost of adoption. The Company will provide a benefit up to \$5,000 per adoption with no limit on the number of adoptions. For more information about the Adoption Assistance Policy, visit My HR, click Payroll, Benefits, and Time Knowledge Base. Then, go to Employee Services.

Bright Horizons Back-Up Care

When last-minute or short-term care needs arise and you need to get to work, you have access to high-quality and reliable care. Back-Up Care through Bright Horizons helps you find center and in-home care for children and adults.

Bright Horizons Back-Up Care gives you access to:

- Urgent or planned temporary child care
- Adult and elder care needs
- National network of vetted child care centers and in-home caregivers
- A 24-hour contact center and website with experienced care consultants to coordinate all care arrangements

This benefit is subsidized by E*TRADE for you to use when you have a work-related care issue, and each employee is entitled to 15 uses per year. The cost of in-home care is \$6 per hour with a four-hour minimum. Center-based care costs \$15/child per day or \$25/family per day. For more information, visit <https://clients.brighthorizons.com/ETRADE> (username: ETRADE; password: Benefits4You) or call 1-877-242-2737.

Rethink program

Rethink's award-winning, research-based program provides support to parents raising children with learning or behavior challenges, or developmental disabilities. Parents receive free, live teleconsultations with behavior experts to answer questions, and provide guidance and resources. Common teleconsultation topics include:

- Teaching new skills
- Addressing problem behaviors at home
- Troubleshooting lack of progress
- Collaborating with school and other providers

Additionally, Rethink provides parents with over 1,500 easy-to-follow videos depicting behavior experts and educators teaching children skills such as language, socialization, self-help, academics, vocational, and more.

Printable materials as well as on-demand, web-based training complement these tools as parents support their children in reaching their top potential.

To get help, call 1-800-714-9285, Monday to Friday, 9 AM to 5 PM ET; email Rethink at support@rethinkbenefits.com; or visit etrade.rethinkbenefits.com.

Pre-Paid Legal Plan

You can purchase the Hyatt Legal Services Plan through MetLaw, which provides convenient access to quality, affordable legal services. You can receive services within the plan's national network of more than 9,000 trained, screened, and experienced attorneys. Or, you may elect to see any attorney you choose and receive a fixed-fee reimbursement based on services provided.

Covered services include general telephone advice and office consultations plus a wide range of services:

- **Documents**—Preparation and review of any personal legal documents
- **Wills and estate planning**—Living wills, powers of attorney, trusts, wills, and codicils
- **Real estate matters**—Purchase or refinancing, eviction defense, tenant negotiations
- **Debt matters**—Debt collection defense, personal bankruptcy, identity theft
- **Consumer matters**—Consumer protection, small claims assistance
- **Family law**—Adoption, guardianship, prenuptial agreements
- **Defense of civil lawsuits**

For more information or to enroll, visit info.legalplans.com and enter 6090667, or call 1-800-821-6400.

WageWorks Commuter Benefit

The WageWorks Commuter Benefit program lets you reduce the daily cost of getting to work by using pre-tax money to pay for eligible commuting/parking expenses. Depending on your tax rate, you can save up to 40% off your commuting/parking expenses.

- The pre-tax limit is \$270 for transit and \$270 for parking.
- Set aside pre-tax money each month for commuting and/or parking expenses.
- When you enroll, choose your transit pass or parking provider, or if you park and ride, choose both. No paper forms are required.
- You will get your passes regularly in the mail, and in most cases your parking payment will be sent directly to your provider.

For more information or to enroll, visit wageworks.com or call 1-877-924-3967. Enrollment and/or changes for this benefit can be made at any time during the year.

Identity protection

Protect yourself and your family from identity theft with **InfoArmor's Privacy Armor Plus plan**, a proactive monitoring service that alerts you at the first sign of fraud.

Receive alerts for credit inquiries, accounts opened in your name, disreputable content on your social media accounts, compromised credentials, and financial transactions.

If you experience fraud, dedicated Privacy Advocates® will fully manage and restore your identity.

Additional features include:

- Dark web monitoring
- High-risk transaction monitoring
- Social media reputation monitoring
- Monthly updated credit score and annual credit report from TransUnion
- Full-service 24/7 fraud remediation with a dedicated Privacy Advocate
- \$1 million identity theft insurance policy
- 401(k) and HSA stolen fund reimbursement
- Tax fraud refund advances

For rates and enrollment information visit www.InfoArmor.com/etrade or call InfoArmor at 1-800-789-2720.

Pet insurance

Nationwide's My Pet Protection helps you plan for your pet's health care and offset costs for routine care and unexpected illness or injury. Pet insurance policies reimburse eligible veterinary expenses based on your plan's coverage.

Nationwide has a pet insurance plan for every pet and every budget. You can choose a complete care plan or select individual levels of medical or wellness coverage.

Depending on your plan, you can be reimbursed for up to 90% of the vet bill if your pet experiences the following:

- Accidents, including poisonings and allergic reactions
- Injuries, including cuts, sprains, and broken bones

- Common illnesses, including ear infections, vomiting, and diarrhea
- Serious/chronic illnesses, including cancer and diabetes
- Surgeries and hospitalization
- X-rays, MRIs, and CT scans
- Prescription medications
- Preventive care and vaccinations

For rates and enrollment information, visit www.PetInsurance.com/etrade or call Nationwide at 1-877-738-7874.

Auto and Home insurance

Travelers Auto and Home insurance gives you peace of mind and income protection in the event of an automobile or home accident. By enrolling in Auto and Home insurance through E*TRADE, you benefit from exclusive group rates and can save hundreds of dollars on auto, home, condo, and renters insurance.

Travelers has over 160 years of experience and earns high ratings from today's leading insurance rating companies. You can choose from a wide range of services, including:

- Additional discounts toward your coverage if you're a safe driver, new-car owner, homeowner, or good student, and if you enroll in both auto and home insurance through Travelers
- Customized coverage options, allowing you to add coverage solutions to meet your unique needs, from roadside assistance to boat and high-value items protection coverage and more
- Convenient payment options
- Exceptional customer service with 24/7 assistance and claims reporting online or by phone
- Flexible repair options with partner body shops that offer prompt, quality repairs
- Free, no-obligation quotes from licensed insurance representative or online

For rates and enrollment information, visit www.travelers.com/etrade or call Travelers at 1-888-695-4640.

Key Contacts

If you'd like help, or just some more information about your E*TRADE benefits, you have 24/7 access to plenty of resources. For plan-specific information, questions, claims and customer service, please contact the provider directly.

Provider contact information			
Plan	Provider	Contact	Group # / web access
Medical Plans	Aetna	1-800-445-5298 aetna.com	622706
Retail		1-800-445-5298	
Aetna Rx Home Delivery		1-888-792-3862	
Teladoc		1-855-835-2362 https://member.teladoc.com/aetna	
Dental Plans	MetLife	1-800-942-0854 metlife.com/mybenefits	313760
Vision Plan	VSP	1-800-877-7195 vsp.com	12-268591
HSA and FSA	Aetna/PayFlex	1-888-678-8242 aetna.com	622706
401(k) Plan	The Principal Financial Group	1-800-547-7754 principal.com	519047
Legal Services	MetLaw/Hyatt Legal Services	1-800-821-6400 info.legalplans.com	Password: 6090667
Resources for Living	Aetna	1-888-238-6232 resourcesforliving.com	Username: etrade Password: EAP
Developmental Disabilities Support	Rethink	1-800-714-9285 http://etrade.rethinkbenefits.com	Registration code: etrade
Diabetes Support	Livongo	1-800-945-4355 join.livongo.com/ETRADE/register	Registration code: ETRADE
Back-up Care	Bright Horizons	1-877-242-2737 https://clients.brighthorizons.com/ETRADE	Username: ETRADE Password: Benefits4You
Fitness Discount Program	GlobalFit	1-800-294-1500 globalfit.com	
Commuter Benefit	WageWorks	1-877-924-3967 wageworks.com	
Identity Protection	InfoArmor	1-800-789-2720 www.InfoArmor.com/etrade	



Key Contacts

Provider contact information			
Plan	Provider	Contact	Group # / web access
Pet Insurance	Nationwide	1-877-738-7874 www.PetInsurance.com/etrade	
Auto and Home Insurance	Travelers	1-888-695-4640 www.travelers.com/etrade	
Disability	MetLife	1-877-638-8262 metlife.com/mybenefits	119204
Life Insurance	MetLife	1-866-492-6983 initiate claim 1-800-638-6420, opt. 1 statement of health metlife.com/mybenefits	119204
Employee Service Center		1-888-433-8372, opt. 1 benefits inquiries etradebenefitscenter@adp.com	