



2025 US Benefits Guide for Full-time Employees

January 1 – December 31, 2025

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What is New Hire Enrollment

As a new hire you can review the options available to you and compare them to determine which plans will be best for you and your family. It is important to carefully review your options as the plan elections you make will remain in effect until the end of the plan year on December 31, 2025, unless you experience an IRS qualifying life event.

This Benefit Guide explains the highlights of each benefit, however, you are encouraged to review the carrier materials for more details. You will need to log into Workday to complete your New Hire Enrollment within 15 days of your date of hire.

WHAT YOU NEED TO DO

- As soon as you've reviewed your benefit materials, you need to choose which plans will cover you and your eligible dependents for the plan year of January 1 through December 31, 2025.
- Remember, once you make elections during your initial enrollment period, you will not be able to make changes until the next Open Enrollment unless you have a qualifying life event such as marriage, birth of a child, or loss of other group coverage. Please see **page 9** for more information on mid-year changes.
- To enroll in coverage, go to your Workday Inbox and select your New Hire Enrollment event to get started.

NEW HIRE ENROLLMENT BEGINS	NEW HIRE ENROLLMENT CLOSES
Your date of hire	15 days from your date of hire

Where to Find Help

We hope that this Benefits Guide will be a resource to use throughout the year for the services and benefits provided and offered to you as a valued SoFi employee.

SOFI CENTRAL

- Carrier contact information, including websites and phone numbers
- Helpful plan information & supporting documentation
- Enrollment and Life Event Instruction Guides
- Benefit Plan Summaries for health plans, disability and life insurance, employee assistance programs, flexible spending accounts, and more
- Visit **SoFi Central**

SOFI HEALTH ADVOCATE

Our Benefits team can answer any number of questions you may have, including:

- Benefit Plan Information
- Carrier Information
- Claim Assistance
- Benefit Administration Assistance

Phone: 866-989-2942

Website: healthadvocate.com/members

Email: Benefits@SoFi.org

HOW HEALTH ADVOCATE CAN HELP:

- To identify and make appointments to see the appropriate physician or hospital for an illness.
- To review your current benefit plan options and help you decide which plan is right for you and your family during open enrollment, a qualifying life event or as a new hire.
- For help with insurance claims and billing issues.
- For help with medical issues and health care needs that your parents or parents-in-law might have.

When you call Health Advocate to assist with a health care issue, you will be assigned a Personal Health Advocate (PHA) who will remain with you through the resolution of the problem.

Note: Health Advocate does not replace the customer service lines of our health plans. By offering Health Advocate in tandem with these other vital resources, SoFi is taking another step to ensure that our employees have access to the best possible health care. We believe that you and your family will benefit greatly from this valuable service.

The healthcare industry can sometimes be difficult to navigate. That's why SoFi partners with **Health Advocate**, a company trained to understand the nuances within the healthcare system. Whether you're having trouble figuring out a hospital bill, navigating a new or chronic health concern for yourself or a family member, understanding your benefits or finding a doctor, Health Advocate is available to you and your dependents by phone, 24 hours a day, seven days a week. This service is provided at **no cost to you and your family**.

Simply call Health Advocate at **866-989-2942** or visit their website at healthadvocate.com/members. If you register on their website, you will be able to chat live with an advocate! In addition, when you email benefits@sofi.org, you will be directed by SoFi Health Advocate to register so that you may receive answers to your questions via their online ticketing system. All information shared is confidential.



Benefit Basics

SoFi offers a variety of benefits, perks, resources and tools so you can build your personal benefits in a way that supports your health and financial security.

ELIGIBILITY

You are eligible to enroll in all employee benefits if you are a regular, full-time employee and work an average of 30 or more hours per week or 130 hours per month.

You may enroll eligible dependents including your legal spouse or Registered Domestic Partner* and children under the age of 26, or children over the age of 26 who are disabled and/or incapable of self-support due to mental or physical disabilities. Eligible children include a natural child, adopted child, the child of your spouse or Registered Domestic Partner, or a child for whom you have been appointed as a legal guardian by a court of law or for whom the Plan has received a Qualified Medical Child Support Order (QMCSO).

Important Note about Imputed Income: If you elect to enroll your Registered Domestic Partner and/or dependents of a Registered Domestic Partner, please be aware the IRS considers SoFi's contribution toward the cost of the coverage as imputed income. Imputed income is taxable – that is, it increases your taxable gross income for federal and state income taxes as well as for FICA (Social Security and Medicare) and taxes are withheld from your paycheck. Please consult your tax advisor on the tax consequences of your benefit elections.

SoFi employees who are married/registered Domestic Partners, and/or parent/child(ren), may not double cover each other for benefits.

You must provide date of birth and social security number along with proper verification of dependent eligibility.

*SoFi's health plans will only provide coverage to Registered Domestic Partners and the children of a Registered Domestic Partner. Employees will need to contact their local city, county and state government to file a Domestic Partner Affidavit. Once you have completed the Registration, employees will need to attest in the enrollment process that their enrolled dependents are Registered Domestic Partners and their children.





CONFIRMATION OF COVERAGE

Once you complete your online enrollment, you may download a confirmation of your benefit elections in Workday. Workday does not automatically email a confirmation statement. Please review this confirmation carefully and notify the Benefits Team of any concerns. You must notify the Benefits Team of any change or concern within 30 days of your coverage being effective.

IF YOU DON'T ENROLL OR CHOOSE TO WAIVE COVERAGE

If you choose to waive coverage for yourself or any eligible dependents, or you elect to not enroll in coverage during your New Hire Enrollment window or SoFi's annual Open Enrollment period, you will not have coverage for the 2025 plan year. Please remember, you will not have the option to make elections until the next annual Open Enrollment period unless you have an IRS Qualifying Life Event. Please see **page 9** for more information on IRS Qualifying Life Events.

AVAILABILITY OF SUMMARY BENEFIT COVERAGE

Our medical carriers have created a separate Summary Benefit Coverage (SBC) for each of the medical benefit options that are effective January 1, 2025. The SBC for each plan is available online on **SoFi Central**, as well as from the Benefits Team. You can use the SBCs and glossary as quick reference to assess what benefits are available or covered under each medical plan option and review an explanation of terms used in the benefit plans.

WHEN COVERAGE ENDS

Benefit coverage ends on the last day of the month that you terminate employment, or become ineligible for benefits. The exceptions are flexible spending accounts, life insurance, disability insurance and other ancillary benefits, which end on your last day of employment. Coverage for dependent children end at the end of the month following their 26th birthday.

CONTINUATION OF COVERAGE

Individuals and dependents who lose coverage during the year may be eligible to continue benefits. Please contact the Benefits Team or refer to your Summary Plan Description for more information on COBRA.

Benefit Coverage Effective Dates

WHEN COVERAGE BEGINS

Your medical, dental, vision and life insurance benefits begin on your date of hire. Other benefits begin at a later time. Please review the below table to learn about when coverage begins for each benefit.

BENEFIT	EFFECTIVE DATE
Medical	Date of hire
Dental	
Vision	
Reliance EAP	
Life Insurance	
HSA	First of the month on or after hire date
FSA	
LegalShield	
401(k)	First of the month following date of hire
Level	
Maven	
Modern Health	
Wellhub	
Bright Horizons	
Tuition Reimbursement	6 months after continuous service prior to the start date of the course
Disability (Short and Long term)	First of the month following 90 days

Frequently Asked Questions

1

**I recently moved.
Do I need to change my
address with Benefits
for my insurance?**

No, you do not need to change it with the Benefits Department. However, you must update it in Workday. As long as you update it in Workday, it will automatically forward on to all of the health insurance companies. Please allow 7 to 10 business days for the carriers to update their systems of your new address.

Important: If enrolled in the Cigna Home Pharmacy Delivery, you will need to update your home address directly with Cigna. You may reach Cigna Home Pharmacy at 800-835-3784.

2

**What if I want to cancel
or make changes to my
insurance plans?**

Once a new hire or Open Enrollment period closes you are not able to make changes. SoFi hosts Open Enrollment annually in early November. Open Enrollment is typically a two week election period and specific dates are communicated in advance.

The only exception is for IRS allowed Qualifying Life Events, noted on **page 9**.

3

We are expecting a baby this year. Is my newborn enrolled automatically?

No, you must add your newborn to your coverage within 30 days of birth. Please make this change online through Workday.

Instructions are available in the Workday How-to Guides section of **SoFi Central**.

If you need further assistance with completing a life event, please email the SoFi Health Advocate at benefits@sofi.org.

4

I have a new dependent. When may I enroll my new family member?

You may enroll a newly eligible dependent mid-year through an IRS Qualifying Life Event or wait for Open Enrollment. Below are a few examples of allowable mid-year Qualifying Life Events.

- **For your new spouse:** The day you marry is your qualifying event date. Your spouse's effective date of coverage will be the first of the month following the submission of your changes and valid documentation within Workday.
- **For your newborn child:** The birth date of your newborn child.
- **For your adopted child:** The date you or your spouse have the legal right to control the child's health care or when the adoption is final.

5

How will my Deductible and Out-of-Pocket Maximum Accumulators work?

- Your Deductible is the amount you need to pay each calendar year before your health insurance will cover certain services.
- Your Out-of-Pocket Maximum is the maximum amount you will pay during a calendar year. This amount includes your deductible as well as coinsurance and copays for covered expenses.
- After you reach your annual Out-of-Pocket Maximum, your health insurance will pay 100% of your cost share for medical services that count towards the Out-of-Pocket Maximum for the rest of the Calendar year.
- When using both In and Out-of-Network providers, please note that your In-Network and Out-of-Network Deductibles and Out-of-Pocket Maximums do not cross-accumulate.
 - Only the amount you pay for In-Network covered expenses counts towards your In-Network Deductible and Out-of-Pocket Maximum.
 - Only the amount you pay for Out-of-Network covered expenses counts towards your Out-of-Network Deductible and Out-of-Pocket Maximum.





Qualifying Life Event

Once you make your enrollment elections, you will not be able to make changes until the next Open Enrollment unless you have an IRS Qualifying Life Event. When you experience a life event, you must complete your election changes within **30 days from the date of the life event** or status change. Documentation of a qualifying event of status change is required in order for you to make allowable changes to your benefits.

You can find further information by going to **SoFi Central** and selecting **Workday How-to Guides**. This will provide you a listing of the different changes you can make and the instructions on how to process.

You may submit supporting documentation while completing your changes by dropping it into the Attachments drop box. If you choose to submit documentation after completing your changes, you will receive a notice in your Workday inbox to upload your documentation. Documentation is required before any changes can be finalized.

The Benefits Team will review the request. Upon approval, benefits will be effective on the **first of the month following the submission of your changes and valid documentation in Workday** following your event date (with the exception of birth/adoption). Benefits for birth/adoption events will be effective on the date of the event.

The benefits change must be directly related to and consistent with the Qualifying Life Event. These life event changes include:

- You get married, legally separated or divorced, or register with a state/local governmental agency as a Domestic Partnership;
- You add a dependent child through birth or adoption;
- Your spouse/domestic partner or child passes away;
- Your work schedule changes moving you to part-time or full-time status;
- Your job changes location outside of the service area (applicable to Kaiser members, only available in CA);
- You have a qualified Medical Child Support Order;
- Your spouse/domestic partner begins or terminates employment affecting benefit coverage, or loses health coverage through their employer through involuntary circumstances; and/or
- Your dependent loses eligibility for coverage. Verification of life qualifying events, such as birth and marriage certificates, may be required.
- You lose coverage under a parent's group plan.

Benefit Identification Cards

ID cards from the various carriers and the debit card for the FSA can take up to 2 weeks to get to you. Please complete your benefit enrollment in a timely manner.

Medical	<p>If you elect coverage with Cigna, you may obtain a digital ID card or access your card via Cigna’s mobile app. Cigna does not provide physical ID Cards. HDHP participants will receive new ID cards due to increased IRS limits for 2025.</p> <p>If you elect coverage with Kaiser, you will receive a Kaiser insurance card.</p>
HSA Banking	<p>HSA contributions are sent to Cigna Choice Fund HSA by WealthCare Saver. New enrollees will receive a new Debit Card and welcome packet from Cigna Choice Fund. Please activate your cards once you receive it. Upon activation you will be able to choose a PIN.</p>
Dental	<p>Delta Dental utilizes a paperless system and does NOT mail out dental ID cards. You may simply provide to your Delta Dental dentist, your social security card number and they can take it from there. You have the option to print out a paper identification card online at deltadentalins.com or access your ID card digitally on the Delta Dental mobile app. You need to register with the Delta Dental site in order to obtain your ID card and have access to claims information.</p>
Vision	<p>You will receive an ID card from Ameritas for your vision benefit. Additionally, providers can use the member’s social security number to access eligibility.</p>
Flexible Spending Account	<p>If you enroll in a Flexible Spending Account, you will receive a Benefits MasterCard® from P&A Group.</p>
Commuter Benefit	<p>If you enroll into the commuter benefit, you will receive a Benefits MasterCard® from P&A Group. Employees who are also enrolled in the FSA will use the same Benefits MasterCard® provided by P&A Group.</p>
LegalShield	<p>If you enroll into the voluntary legal protection plan, you will receive an ID card from LegalShield.</p>



Benefit Carrier Contact Information

PLAN	GROUP NUMBER	PHONE	WEBSITE
Ameritas Vision	010-350914	VSP: 800-877-7195 EyeMed: 866-289-0614	ameritas.com
Bright Horizons		866-273-2773	clients.brighthouse.com/SoFi
Cigna New Member Pre-Enrollment	3342825	888-806-5042	mycigna.com
Cigna After Enrollment	3342825	800-244-6224	mycigna.com
Cigna Choice Fund (HSA)		800-244-6224	mycigna.com Single Sign-On to HSA Banking
Delta Dental of California	17945	800-765-6003	deltadentalins.com
Empower Retirement 401(k)	503592-01	800-338-4015	empower-retirement.com/participant
Express Scripts	BIN - 017010 PCN - 0215COMM Rx Group - 3342825	800-835-3784	mycigna.com
SoFi Health Advocate		866-989-2942	HealthAdvocate.com/members
Kaiser Permanente	Northern CA: 701560 Southern CA: 235788	800-464-4000	kp.org
Leave of Absence and Parental Leave		877-202-0055	matrixabsence.com
LegalShield	204510	888-807-0407	shieldbenefits.com/sofi
Level		855-400-5705	level.com
Maven			mavenclinic.com/join/sofi
Modern Health			help@joinmodernhealth.com joinmodernhealth.com
P&A Group Commuter/FSA		800-688-2611	padmin.com
Reliance (EAP)	Company Code: RSLI859	855-775-4357	rsl.acieap.com
Reliance Matrix Life/AD&D, STD, LTD	GL-157966/LTD-129003/ STD-165707/DBL-252227/	GL: 800-351-7500 STD/LTD: 877-202-0055	reliancematrix.com
Trustmark			sofi.yourcare360.com

Premiums

SoFi contributes 100% of the premiums for both you and your dependent(s) for the dental, vision and life and disability plans.

Employee Contributions for voluntary life, FSA, HSA, LegalShield and medical plans are taken on 26 pay periods each year. This means that contributions will occur bi-weekly.

2025 RATES	WHAT YOU PAY PER 26 PAY PERIODS			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
MEDICAL				
Cigna OAP/PPO HDHP with HSA	\$16	\$36	\$29	\$50
Cigna OAP/PPO	\$56	\$122	\$100	\$172
Kaiser HMO	\$51	\$112	\$102	\$153
DENTAL				
Delta Dental	Paid 100% by SoFi	Paid 100% by SoFi	Paid 100% by SoFi	Paid 100% by SoFi
VISION				
Ameritas VSP or EyeMed Network	Paid 100% by SoFi	Paid 100% by SoFi	Paid 100% by SoFi	Paid 100% by SoFi
VOLUNTARY PLANS				
LegalShield	\$7.27	\$7.27	\$7.27	\$7.27

Imputed income for registered domestic partners

If you elect to enroll your Registered Domestic Partner and/or dependents of a Registered Domestic Partner, you will have after-tax contributions and imputed income. Please be aware the IRS considers SoFi's contribution toward the cost of the coverage as imputed income. Imputed income is taxable – that is, it increases your taxable gross income for federal and state income taxes as well as for FICA (Social Security and Medicare) and taxes are withheld from your paycheck. These rates are subject to change due to underwriting. Please consult with your tax advisor.



Cigna OAP/PPO HDHP With HSA Medical Plan



The Cigna OAP/PPO HDHP HSA plan is a High Deductible Health Plan (HDHP) that may be coordinated with a Health Savings Account (HSA). HDHP medical plans have higher than average deductibles, for which all services (except for preventive care) are subject to the deductible. Office visits, prescriptions, surgeries, emergency room visits, etc. are all subject to the deductible. **This means an employee must meet the individual deductible before any services are paid by Cigna.** After each eligible family member meets their individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan. Or, after the family deductible has been met, covered expenses for each eligible family member will be paid based on the coinsurance level specified by the plan.

If you enroll in the HDHP, you may also be eligible to enroll in a Health Savings Account through Cigna. Employees who elect the Cigna OAP/PPO HDHP with HSA account will receive a SoFi contribution of \$800 annually for employee only coverage or \$1,600 annually if you enroll one or more dependents. Please see **page 15** for more information on HSAs.

Utah Employees: This plan includes most Intermountain Healthcare (IHC) network providers and facilities. We encourage all employees to visit [myCigna.com](https://mycigna.com) or contact Cigna directly to ensure their provider or medical facility is in-network.

HIGH-LEVEL PLAN SUMMARY AND YOUR ASSOCIATED COSTS

UTAH: CIGNA PPO HDHP WITH HSA OTHER STATES: CIGNA OAP HDHP WITH HSA		
	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE		
Individual	\$2,200	\$4,400
Individual within a Family	\$3,300	\$6,000
Family	\$4,400	\$8,800
ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)		
Individual	\$3,700	\$13,300
Family	\$7,400	\$26,600
Lifetime Max	Unlimited	Unlimited
YOU PAY		
COINSURANCE/COPAYS		
Coinsurance	10%*	30%*
Office Visit	10%*	30%*
Preventive Exams Routine office visits, immunizations, diagnostic X-ray and lab	\$0 (Deductible waived)	30%*
Maternity		
• Initial Visit to Confirm Pregnancy	10%*	30%*
• All Subsequent Visits	100%*	30%*
• Delivery	10%*	30%*
Physical Therapy & Chiropractic See plan summaries for limits	10%*	30%*
Outpatient Standard Lab, X-Ray	10%*	30%*
MRI, CAT, PET scan	10%*	30%*
In-Patient Hospital	10%*	30%*
Outpatient Surgery	10%*	30%*
Urgent Care (Physician Services)	10%*	30%*
Emergency Room Notification is required if confined in a Non-Network Hospital	10%*	10%*
RETAIL RX (UP TO 30-DAY SUPPLY)		
Generic	\$10 copay*	
Brand Preferred	\$30 copay*	Not covered
Brand Non-Preferred	\$50 copay*	
MAIL ORDER RX (UP TO 90-DAY SUPPLY)		
Generic	\$25 copay*	
Brand Preferred	\$75 copay*	Not covered
Brand Non-Preferred	\$125 copay*	

*After deductible.

Note: A more detailed summary of coverage is available in **SoFi Central**.

This is a partial summary of benefits only. The Summary Plan Description (SPD) contains a complete detail of benefits, limitations and exclusion. The SPD also describes grievance procedures for disputes. We strongly encourage you to review the SPD before applying for coverage. You may obtain a copy from the People Team.

Cigna Choice Fund Health Savings Account (HSA)

Employees who enroll in the Cigna OAP HDHP HSA plan, a high deductible health plan, may be eligible to enroll in the Cigna Choice Fund HSA and make pre-tax contributions to their account. Please note: You cannot enroll in the Health Care FSA if you enroll in the HSA plan, but you are eligible to enroll in the Limited Health Care FSA.

WHAT IS AN HEALTH SAVINGS ACCOUNT?

Think of an HSA as a savings plan for health care you'll need today, tomorrow and into the future. It works like a regular bank account, but you don't pay federal income tax on the money you deposit. When you use your HSA money to pay for qualified medical expenses, you won't pay income taxes on the money, either. You even build your savings into a nest egg for retirement.

Unlike a flexible spending account (FSA), your savings grow from year to year. There's no "use it or lose it" rule. The money is there when you need it. And it's yours to keep.

WHY HAVE AN HSA?

An HSA simply helps you plan, save and pay for health care.

YOU OWN IT.

The money belongs to you, even deposits made by others, such as SoFi or family members. You keep it, even if you change jobs, change health plans or retire.

IT HAS PRE-TAX BENEFITS.

- Money deposited is federal income tax-free.
- Savings grow tax-free.
- Withdrawals made for qualified expenses are also income tax-free.

* Contributions and earned interest are taxable income for residents in CA and NJ.

YOU CAN MAKE CHANGES AT ANYTIME.

You may change your HSA contribution anytime during the year. Please note: It may take 1 – 2 pay periods for the change to reflect on your paycheck.

WHAT EXPENSES CAN I USE MY HSA FOR?

- You can use your HSA to pay for IRS qualifying health care expenses, just like a FSA.
- Medical, dental, vision, prescription expenses not covered by insurance.
- IRS describes "qualifying medical care expenses" at <http://www.irs.gov/pub/irs-pdf/p502.pdf>

KEEP YOUR RECEIPTS.

Save all your receipts for qualified medical expenses! If the IRS asks, you must be able to prove that you used your HSA money only to pay or reimburse yourself for qualified medical expenses.

YOU CAN INVEST IT*.

Once your balance reaches \$1,000, you can begin investing in mutual funds. If you earn money on your investments it is generally tax-free.

ELIGIBILITY RULES APPLY.

You are eligible if:

- You are enrolled in the Cigna OAP HDHP HSA plan.
- You or your spouse/domestic partner are not covered by any other non-HDHP medical coverage, such as through a spouse's/domestic partner's employer.
- You are not enrolled in Medicare.
- You cannot be claimed as a dependent on someone else's tax return.
- You or your spouse/domestic partner are not enrolled in the Health Care FSA plan through their employer.



PLAN YEAR INFORMATION

- The HSA Plan Year begins January 1 through December 31.

SOFI CONTRIBUTION

- \$30.77 per pay period for employee only coverage.
- \$61.54 per pay period if you enroll one or more dependents.
- Contributions will be posted to your account biweekly.
- The HSA contribution amount is prorated and adjusted based on the number of pay periods left in the plan year which runs from January 1 to December 31.

HOW MUCH CAN I CONTRIBUTE TO A HEALTH SAVINGS ACCOUNT?

- You can elect up to the 2025 calendar year maximum, as set by the IRS, of \$4,300 for individuals and \$8,550 for families. All contributions include:
 - SoFi contributions
 - Contributions under a prior HSA plan
 - Your contributions you elect to make under the SoFi plan
 - Spouse's/domestic partner's contributions if you are enrolled in family coverage with SoFi as well as family coverage under your spouse's/domestic partner's plan
- Please contact your tax professional for specific questions. Note: All HSA limits/dollar amount projections are subject to change upon IRS updates.
- People over the age of 55 can make additional "catch-up" contributions of \$1,000.

HOW DO I MAKE CONTRIBUTIONS?

Contributions can be made:

- Pre-tax Contributions: Employees will make this election in Workday. Instructions are available in **SoFi Central**.
- After-tax Contributions: Online at **myCigna.com** by making a tax-deductible contribution from your personal checking account. Deposits outside of payroll that exceed the IRS annual maximum will result in potential loss of SoFi contributions. Total contributions to your HSA account cannot exceed the annual IRS limits.



CIGNA CHOICE FUND WITH WEALTHCARE SAVER – SOFI'S HSA

- Employee payroll and SoFi contributions will be effective first of the month following date of hire and will be sent to Cigna Choice Fund HSA.
- Once WealthCare Saver has established an account for you, you will receive a Welcome Kit and Debit card for your new Cigna Choice Fund HSA.

PAYING WITH YOUR HSA MONEY IS EASY

- Use your debit card to pay at the pharmacy, doctor's office or elsewhere. You can also order extra cards for covered family members.
- Pay your bills for qualified medical expenses online at **myCigna.com**.
- Pay out of pocket and reimburse yourself. You can do that online or by withdrawing money with your debit card from any ATM with the MasterCard® logo.



Cigna OAP/PPO Medical Plan

The Cigna OAP/PPO plan has a \$20 copay for in-network office visits and \$35 copay for specialist visits. Preventive services, as defined under health care reform, are covered at no cost. The plan provides in-network office visits, simple lab/x-rays and prescription drugs at a copay, not subject to the deductible. All other services, including the Emergency Room, are subject to the \$500 deductible, after which you pay 20% of negotiated charges for in-network services. Out-of-network services will result in significantly higher costs. Employees and their families should verify all providers you are referred to are, in fact, in the Cigna Open Access Plus network.

Utah Employees: This plan includes most Intermountain Healthcare (IHC) network providers and facilities. We encourage all employees to visit myCigna.com or contact Cigna directly to ensure their provider or medical facility is in-network.

HIGH-LEVEL PLAN SUMMARY AND YOUR ASSOCIATED COSTS

	UTAH: CIGNA PPO OTHER STATES: CIGNA OAP	
	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE		
Individual	\$500	\$1,500
Family	\$1,500	\$4,500
ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)		
Individual	\$3,000	\$9,000
Family	\$6,000	\$18,000
Lifetime Max	Unlimited	Unlimited
	YOU PAY	
COINSURANCE/COPAYS		
Coinsurance	20%*	40%*
Office Visit	\$20 copay Primary Care (Deductible waived) \$35 copay Specialist (Deductible waived)	40%*
Preventive Exams Routine office visits, immunizations, diagnostic X-ray and lab	\$0 (Deductible waived)	40%*
Maternity		
• Initial Visit to Confirm Pregnancy	\$20 copay (deductible waived)	40%*
• All Subsequent Visits	100%	40%*
• Delivery	20%*	40%*
Physical Therapy & Chiropractic See plan summaries for limits	\$20 copay (Deductible waived)	40%*
Outpatient Standard Lab, X-Ray	\$0 (Deductible waived)	40%*
MRI, CAT, PET Scan		
• Physician	\$20 copay (Deductible waived)	40%*
• Outpatient Facility	20%*	40%*
In-Patient Hospital	20%*	40%*
Outpatient Surgery	20%*	40%*
Urgent Care (Physician Services)	\$40 copay (Deductible waived)	40%*
Emergency Room Notification is required if confined in a Non-Network Hospital	20%*	20%*
RETAIL RX (UP TO 30-DAY SUPPLY)		
Generic	\$10 copay	Not covered
Brand Preferred	\$30 copay	
Brand Non-Preferred	\$50 copay	
MAIL ORDER RX (UP TO 90-DAY SUPPLY)		
Generic	\$17 copay	Not covered
Brand Preferred	\$75 copay	
Brand Non-Preferred	\$125 copay	

*After deductible.

Note: A more detailed summary of coverage is available in **SoFi Central**.

This is a partial summary of benefits only. The Summary Plan Description (SPD) contains a complete detail of benefits, limitations and exclusion. The SPD also describes grievance procedures for disputes. We strongly encourage you to review the SPD before applying for coverage. You may obtain a copy from the People Team.

Cigna One Guide® provides personalized guidance during and after your initial enrollment.

DURING NEW HIRE ENROLLMENT

Call a Cigna One Guide® representative to get personalized, useful guidance.

Your personal guide will help you:

- Easily understand the basics of health coverage
- Identify the types of health plans available to you that best meet the needs of you and your family
- Check if your doctors are in-network to help you avoid unnecessary costs
- Get answers on any other questions you may have about the plans or provider networks available to you

ONCE ENROLLED

Cigna One Guide® will be available to support employees throughout the year. They can guide you through the complexities of the health care system, and help you avoid costly missteps.

Your personal guide will help you:

- Learn how to best use the plan you selected
- Find the right doctor, lab, care center or pharmacy
- Connect you to health coaches
- Dedicated one-on-one support for complex situations
- Resolve health care issues
- Get cost estimates to avoid surprise expenses
- Understand your bills

**Cigna One Guide® is available for assistance
24 hours a day/7 days a week**

Group number: 3342825

During new hire enrollment:

Phone: 888-806-5042

Once enrolled:

Phone: 800-244-6224

myCigna.com



Kaiser HMO Medical Plan (California Employees Only)

The Kaiser HMO plan offers a \$30 office visit copay, which will be waived for eligible preventive care. If you have a hospital stay you are responsible for \$500 per day. The ER copay is \$250 per visit, waived if admitted.

The Kaiser HMO plan uses exclusive doctors and Kaiser Facilities located throughout California. If enrolling in the Kaiser HMO medical plan, all services and supplies must be provided, prescribed, authorized or directed by a Kaiser Health Plan physician, except in the case of an emergency.

HIGH-LEVEL PLAN SUMMARY AND YOUR ASSOCIATED COSTS

KAISER HMO (CA ONLY)	
In-Network Only	
ANNUAL DEDUCTIBLE	
Individual	\$500
Family	\$1,000
ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)	
Individual	\$2,500
Family	\$5,000
Lifetime Max	Unlimited
YOU PAY	
COINSURANCE/COPAYS	
Office Visit	\$20 copay Primary Care/ \$30 copay Specialist (Deductible Waived)
Preventive Exams Routine office visits, immunizations, diagnostic x-ray and lab	\$0
Maternity	
• Office Visits	\$0
• Delivery (professional services)	20%
• Delivery (facility services)	20%
Physical Therapy and Acupuncture	\$20 copay (up to 20 visits per year)
Chiropractic	\$20 copay (up to 20 visits per year)
Outpatient Standard Lab, X-Ray	\$10 copay per encounter
MRI, CAT, PET scan	20% coinsurance up to \$100/procedure
In-Patient Hospital	20%
Outpatient Surgery	20%
Urgent Care (Physician Services)	\$20 copay per encounter
Emergency Room	\$200 copay per visit
RETAIL RX (UP TO 30-DAY SUPPLY)	
Generic	\$10 copay
Brand Preferred/Brand Non-Preferred*	\$30 copay
Specialty	20% up to \$250
MAIL ORDER RX (UP TO 100-DAY SUPPLY)	
Generic	\$20 copay
Brand Preferred/Brand Non-Preferred*	\$60 copay
Specialty	30-day Retail Only

Note: *The cost sharing for non-preferred brand drugs under this plan aligns with the cost sharing for preferred brand drugs, when approved through the formulary exception process. A more detailed summary of coverage is available in [SoFi Central](#).

This is a partial summary of benefits only. The Summary Plan Description (SPD) contains a complete detail of benefits, limitations and exclusion. The SPD also describes grievance procedures for disputes. We strongly encourage you to review the SPD before applying for coverage. You may obtain a copy from the People Team.



Cigna Pharmacy Home Delivery – Express Scripts

Cigna's Pharmacy Home Delivery is designed for individuals who take prescription medications on a regular basis, such as those used for diabetes, asthma, heart conditions, high blood pressure and more.

Whether you have a new prescription or need to transfer an existing prescription, it's easy to get started with home delivery. You will receive 24/7 access to licensed pharmacists, convenient delivery, easy refills up to 90-day supply at one time, refill reminders by email or text and convenience of ordering online or mobile app.

The home delivery pharmacy benefit is administered by Express Scripts. To access your account online or via the mobile app, you must first create a member account.

Cigna One Guide® provides personalized guidance during and after your initial enrollment.

CIGNA 90 NOWSM

The Cigna 90 NowSM program makes it easier for you to fill your maintenance medications. Members have the choice of how and where to fill prescriptions.

- If you choose to fill a 30-day supply, you can use any in-network retail pharmacy or home delivery.
- If you choose to fill a 90-day (or 3-month) supply, you can use select in-network retail pharmacies (that have been approved to fill 90-day prescriptions); or use the home delivery option through Express Scripts.

Manage Your Prescriptions

By Phone:

Call 800-835-3784 and be sure to have the following information handy:

- Your name and Cigna ID number
- The names and dosages of your prescription medications - for you or covered family members
- Your doctor's contact information (name and phone number)
- Your credit card information (American Express, Discover, MasterCard or Visa)

Online/Mobile App:

Log in to myCigna.com website or the myCigna App. From here you are able to:

- Refill your prescriptions
- Request a new prescription
- Track your orders so you know when medication should arrive
- See your order history
- Update your profile information
- Estimate your medication costs before you place your order

Kaiser Permanente Mail Order Pharmacy

Save time and energy — get your prescription refills by mail. No more driving to the pharmacy, no more standing in line. Prescriptions are usually delivered in 7 to 10 business days.

Three easy ways to use Kaiser's Mail Order Pharmacy:

1. Order refills online at kp.org or use the Kaiser mobile app, 24 hours a day
2. Call 888-218-6245 toll-free, or the phone number at the top of your prescription label
3. Use a mail-in form which can be found in **SoFi Central**



Virtual Visits

Access the care you need - when, where, and how you need it with Cigna's Telehealth Connection.

Cigna provides access to MDLIVE telehealth services as part of your medical plan. A virtual visit lets you see and talk to a doctor from your mobile device or computer for a wide range of appointment types, such as:

- Primary Care
- Dermatology
- Urgent Concerns
- Behavioral Health

Most visits take about 10 – 15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy.

Conditions commonly treated through a virtual visit include:

- Bladder infection/ Urinary tract infection
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink Eye
- Rash
- Sinus problems
- Sore throat
- Stomach ache

HOW TO ACCESS VIRTUAL VISITS:

Register online at MDLIVEforCigna.com or download the mobile app. After registering, you can search for a doctor by a criteria, such as specialty, language, gender, location or simply find the next available doctor. Once an available doctor is located, the system automatically connects the doctor to you. During your visit, you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

Examples of when to use virtual visits: Your doctor is not available, you become ill while traveling or you are considering visiting a hospital emergency room for a non-emergency health condition.

Examples of when not to use virtual visits: Anything requiring an exam or test, complex or chronic conditions, injuries requiring bandaging or sprains/broken bones.

BEHAVIORAL HEALTH

Cigna offers virtual visits for Behavioral Health including ongoing counseling and physician visits. Go to Cigna's Behavioral Health or to MDLIVEforCigna.com to search for virtual telehealth specialists.

VIDEO VISIT SERVICE FOR KAISER MEMBERS – APP OR ONLINE

Now you can choose a new kind of house call. With Kaiser's new video visits service (available depending on your symptoms or condition), you can get the care you need from your doctor, right where you are.

If you use a mobile device, you can access the service by downloading the KP Preventive Care app from the App StoreSM or on Google Play^{TM,*}

COST FOR MEDICAL VIRTUAL VISITS

	Kaiser HMO	Cigna OAP	Cigna OAP HDHP with HSA
Employee Pays:	No charge	Wellness: No Charge Primary Routine Visit: \$20	10% after deductible Members can see personalized cost for services on the MDLIVE site.

Where to Go for Care

EMERGENCY ROOM OR URGENT CARE VISIT?

Did you know that a simple trip to the Emergency Room (ER) for strep throat could result in a bill in excess of \$4,000 which is charged to the plan? Whenever possible, employees and their families should utilize less expensive options such as urgent care, virtual visits and the nurse line. Non-emergency issues such as headaches, ear aches, and sore throats could also be treated by your primary care doctor within 12 hours.

Of course you should use the ER for true emergencies. However, if you are unsure if you need to visit the ER, we advise you to call the free Nurse Line to determine the best option for your care.

EMERGENCY ROOM (ER)

Emergency rooms are equipped to handle life-threatening serious medical conditions. An emergency is a condition that may cause loss of life or permanent or severe disability if not treated immediately. You should go directly to the nearest emergency room if you experience any of the following:

- Chest Pain
- Shortness of breath
- Uncontrolled bleeding
- Confusion or loss of consciousness, especially after a head injury
- Poisoning or suspected poisoning
- Serious burns, cuts or infection
- Inability to swallow
- Seizures
- Paralysis
- Broken bones

Patients at the emergency room are sorted, or triaged, according to the seriousness of their condition.

For example, a patient with severe injuries from a car accident would likely be seen before a child with an ear infection, even if the child was brought in first.

Those who go to the ER with relatively minor injuries or illnesses often have to wait more than an hour to be seen, depending on the severity of the other patients' conditions. Often they could have been seen more quickly at an urgent care facility.

URGENT CARE

Urgent care centers are usually located in clinics or hospitals, and, like emergency rooms, offer after-hours care. Unlike emergency rooms, they are not equipped to handle life-threatening situations. Rather, they handle conditions that require immediate attention — those where delaying treatment could cause serious problems or discomfort.

Some examples of conditions that require urgent care are these:

- Ear infections
- Sprains
- Urinary tract infection
- Vomiting
- High fever

Urgent care centers are usually more cost-effective than ERs for these conditions. In addition, the waiting time in urgent care centers is usually much shorter. Choosing the appropriate place of care can not only ensure prompt medical attention but will also help reduce any unnecessary expenses.

TO FIND A CIGNA URGENT CARE FACILITY:

Go to myCigna.com Choose **Find a Doctor or Facility**. In the search box type **Urgent Care**.

Call the Nurse Line

The Nurse Line is staffed 24/7.

Cigna members can call: 800-244-6224

Kaiser members can call: 800-464-4000

Dental – Delta Dental of California

Our dental plan is provided by Delta Dental. You have the option to use a Delta Dental provider or choose an out of network provider. Using participating providers means less money out of your pocket!

There are 2 networks to choose from, each with different benefits. The Delta Dental PPO Network offers contracted discounts and you pay a lower coinsurance percentage. The Delta Premier Network includes more dentists to choose from, but fewer discounts and you pay a higher percentage for services. See **page 27** for information on how to search for network providers.

If you use a Delta Dental PPO or Delta Dental Premier network dentist, your out-of-pocket expenses will be lower. If you use a non-Delta Dental Premier dentist, you may have to file your own claims form and the dentist may bill you for their full fee. This means you pay the difference between Delta Dental's allowable amount and the dentist's fee. Be sure to get a predetermination of benefits from Delta Dental for services above \$250 before having the work done to find out if you will be billed later.

Note: When visiting your Delta Dental or DeltaCare USA dentist, simply provide your name, date of birth, state that you have Delta Dental of California, and social security number or enrollee identification number. The dental office can use that information to verify your eligibility and benefits. You can register at deltadentalins.com to print out an ID card or access your ID card with the Delta Dental mobile app.

To learn more about dental wellness and to get tips to keep your smile bright, you may visit Delta Dental's wellness site at mysmileway.com. The site also includes a link to their children's website and you can subscribe to their Grin! Newsletter.



	DELTA DENTAL PPO*	DELTA DENTAL PREMIER*	NON-DELTA DENTAL PROVIDER*
Deductible for non-preventive care	\$50 per member \$150 per family	\$50 per member \$150 per family	\$50 per member \$150 per family
Annual benefit maximum	\$2,000	\$2,000	\$2,000
Preventive services**	0%	0%	0%
Basic services**	10%	20%	20%
Major services**	40%	50%	50%
Orthodontia	50%	50%	50%
• Who is eligible	Adult and Children	Adult and Children	Adult and Children
• Lifetime Maximum	\$2,000	\$2,000	\$2,000

*Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

**Please refer to the plan summary for detailed information about these categories of service.

Note: A more detailed summary of coverage is available in [SoFi Central](#).

This is a partial summary of benefits only. The Summary Plan Description (SPD) contains a complete detail of benefits, limitations and exclusion. The SPD also describes grievance procedures for disputes. We strongly encourage you to review the SPD before applying for coverage. You may obtain a copy from the People Team.

Vision – Ameritas Vision

Our vision coverage is provided through Ameritas. The Ameritas Vision plan has two separate vision plans from which to choose; the Vision Service Plan (VSP) or the EyeMed Vision plan. Once you enroll in either the VSP or EyeMed plan, you must stay with that plan until the next Open Enrollment, unless experiencing a qualifying life event. You cannot switch back and forth amongst the vision plans throughout the plan year.

Both vision plans are PPO plans providing similar copays and coverage. The main difference between these two options is the network. The VSP network tends to utilize more private practice ophthalmologists. The EyeMed Access network has access to more retail locations such as LensCrafters®, Shopko® and most Pearle Vision® locations, with more evening and weekend access. Please note: Costco is an affiliated provider with VSP but considered out-of-network with EyeMed.

	AMERITAS VSP CHOICE PLUS NETWORK		AMERITAS EYEMED NETWORK	
	In-Network	Out-of-Network	In-Network	Out-of-Network
EXAM				
Copay	\$25 copay	\$25 copay	\$25 copay	N/A
Frequency	Once every 12 months Based on date of service		Once every 12 months Based on date of service	
Benefit Amount	Covered in full	Up to \$45	Covered in full	Up to \$35
MATERIALS				
Copay	No copay unless if no exam		No copay unless if no exam	
Frequency	Lenses or Contact Lenses: once every 12 months; Frames: once every 12 months Based on date of service			
Single Vision Lenses	Covered in full	Up to \$30	Covered in full	Up to \$25
Bifocal Lenses	Covered in full	Up to \$50	Covered in full	Up to \$40
Trifocal Lenses	Covered in full	Up to \$65	Covered in full	Up to \$55
Frames or Contact Lenses	Frames: \$180 allowance ** + 20% off amounts over allowance Elective Contacts: \$180 allowance + 20% off amounts over allowance Medical Necessary: Covered in Full	Frames: Up to \$70 Elective Contacts: \$145 Medical Necessary: \$210	Frames: \$180 allowance + 20% off amounts over allowance Elective Contacts: \$180 allowance + 20% off amounts over allowance Medical Necessary: Covered in Full	Frames: Up to \$90 Elective Contacts: \$144 Medical Necessary: \$200
Contact Lens Fitting Fee	Member Cost up to \$60	No benefit	Member cost up to \$55 Premium: 10% off retail	No benefit
COPAY ON LENS OPTIONS				
Anti-Reflective Coating (standard)	\$43 to \$85	No benefit	\$45	No benefit
Polycarbonate for (children)	Covered in full	No benefit	\$40	No benefit
Polycarbonate (adults)	\$33	No benefit	\$40	No benefit
Progressive (standard)	Up to contracted fee	Up to Lined Bifocal	Standard: \$65+lens ded.	No benefit
Scratch-Resistant Coating	\$17 to \$33	No benefit	\$15	No benefit

Note: The above benefit description is only a summary of the benefits provided. If there is any discrepancy between the summary above and the plan contract, the contract will prevail.

Note: **The Costco and Walmart allowance will be the wholesale equivalent. A more detailed summary of coverage is available in [SoFi Central](#).

How to Find an In-Network Provider

CIGNA

Please use the Cigna Directory Link to search for Cigna network providers depending upon your location and the plans you are considering enrolling in.

1. Access the **Cigna Directory Link**
2. Enter your city and then choose how you want to search (doctor type, doctor by name or health facilities).
3. Click “Continue as guest”
4. Confirm your city and state, and then click “Continue”
5. Select a plan (please see below based on location)

UTAH

- **Cigna PPO Plan:** Choose the **PPO, Choice Fund PPO** plan.
- **Cigna PPO HDHP with HSA Plan:** Choose the **PPO, Choice Fund PPO** plan.

ALL OTHER STATES

Non-Utah Employees, regardless of the plan you are choosing, choose the “Open Access Plus, OA Plus, Choice Fund OA Plus” plan which is the first option in the OAP section.

AMERITAS VISION

1. Go to **ameritas.com**
2. Select “Find a Provider” near the top right corner of the home page or click **Here**
3. Then select either **Vision: VSP** for the VSP option or **Vision: EyeMed Access Plan Network** from the applicable vision drop-down menu.
4. Click on the first red link in each option
5. You will then go to either VSP or EyeMed’s website:
 - For VSP – choose the **Choice** network
 - For EyeMed – choose the **Access** network



DELTA DENTAL

Visit **deltadentalins.com** and click the find a dentist link on the right.

Choose either Dental PPO (richer plan benefits) or the Premier PPO network.



Pre-Tax Flexible Spending Account (FSA) – P&A Group

Flexible Spending Accounts (FSA) are an important part of your benefits package and help you save money. A FSA lets you pay for eligible out-of-pocket dependent care and healthcare expenses with pre-tax dollars, thereby reducing your taxable income. The average employee will save 30% for each dollar contributed to the FSA. FSA benefits are administered by P&A Group. Any FSA elections you make will be for services incurred from January 1 through December 31, 2025.

HOW DOES THIS BENEFIT WORK?

- Flexible Spending Accounts (FSA) are like checking accounts that can be funded using pre-tax dollars deducted directly from your paycheck.
- Eligible health care or dependent care expenses can be reimbursed from these accounts.
- You must enroll/reenroll in the FSA every year in which you plan to participate, as elections do not roll over year to year.

HOW TO GET YOUR FLEXIBLE SPENDING ACCOUNT STARTED?

- Estimate your eligible expenses for the plan year January 1 – December 31, 2025 and actively enroll through Workday.
- Use your debit card from P&A Group for eligible out-of-pocket expenses.
- The FSA funds will be deducted pre-tax from your check each pay period.

CLAIMS FILING DEADLINE

You will have until March 31, 2026 to submit claims for the plan year.

HOW DO I MAKE CHANGES TO MY PARTICIPATION?

You can only make changes to your participation and/or contribution amount during open enrollment or with a qualifying event. Make sure you budget and plan ahead according to your projected health and dependent care needs.

WHERE CAN I GET MORE INFORMATION?

IRS Publication 502: Medical and Dental Expenses, and IRS Publication 503: Child and Dependent Care Expenses list eligible expenses. These publications are available online at [irs.gov/forms-instructions](https://www.irs.gov/forms-instructions) or by calling 800-TAX-FORM. Note: All FSA limits/dollar amount projections are subject to change upon IRS updates.

Instructions for your P&A Group login:

To get started, please register your account by visiting padmin.com.

- First time users navigate to the blue login box at the top of the page. Select “Employees”.
- Under My Benefits Account Login, enter your username and password and click Submit. If you are a first time user, click the First Time Logging In link. You will be prompted to create a username and password for your account. TIP: If you press Enter on your keyboard instead of Submit, it will not work. You must click “Submit.”
- New Mobile App available. To get the new app, search “P&A MyBenefits” in the App Store or Google Play.



WHAT HAPPENS TO MY FSA UPON TERMINATION FROM SOFI?

- Your Flexible Spending Accounts will terminate upon your termination of employment from SoFi.
- For your Health Care (including Limited) FSA, eligible health expenses provided prior to your date of termination will be eligible for reimbursement. However, services provided after your termination date are NOT eligible unless you are eligible for and elect to continue coverage under COBRA. If you had a Health Care FSA with a positive balance at the time of your separation from SoFi, you will receive notice from P&A Group with information on continuing your FSA through COBRA. If you are not sure if your FSA is COBRA eligible you may call 800-688-2611.
- Your Dependent Care FSA balance will be available for reimbursement for eligible services provided at any time within the Plan Year. To obtain a claim form, please visit padmin.com or contact P&A Group at 800-688-2611.

JANUARY 1 – DECEMBER 31, 2025

	Health Care FSA	Dependent Care FSA	Limited Health Care FSA (Cigna HDHP Enrollees only)
Provider Information	P&A Group: padmin.com		
Who is eligible for this plan?	Employees who are not enrolled in the Cigna Choice Fund HSA.	Employees with children under the age of 13, where both parents work or go to school full-time.	Employees who are enrolled in the Cigna Choice Fund HSA.
Maximum contribution amount 2025 limits.	Up to \$3,300 per employee	Up to \$2,500. IRS restricts a calendar year per household limit of \$5,000.	Up to \$3,300 per employee
What expenses are allowed?	Eligible expenses <ul style="list-style-type: none"> • Health related costs (medical, dental, and vision copays) • Prescription medication Ineligible expenses <ul style="list-style-type: none"> • Cosmetic surgery • Non-prescription medication • Insurance premiums 	Eligible expenses <ul style="list-style-type: none"> • Child Care • Preschool • Before or after-school care Ineligible expenses <ul style="list-style-type: none"> • Education expenses • Transportation expenses for childcare 	Eligible expenses <ul style="list-style-type: none"> • Dental and vision expenses • Orthodontia expenses Ineligible expenses <ul style="list-style-type: none"> • Medical expenses (copays, medication, and other health related costs) • Dependent care expenses
What happens to the account funds at the end of the year?	The IRS will allow up to \$660 of unused health care funds to carryover to the next plan year. You must elect a minimum of \$150 for the next plan year in order to be eligible for any rollover funds. Consult your full plan summary for more details.	Use it or lose it. The IRS will not allow unused Dependent Care funds to be rolled over. Consult your full plan summary for more details.	The IRS will allow up to \$660 of unused health care funds to carryover to the next plan year. You must elect a minimum of \$150 for the next plan year in order to be eligible for any rollover funds. Consult your full plan summary for more details.

*Note: Highly compensated employees may have a lower DCFSA limit, subject to IRS testing.

This is a partial summary of benefits only. The Summary Plan Description (SPD) contains a complete detail of benefits, limitations and exclusion. The SPD also describes grievance procedures for disputes. We strongly encourage you to review the SPD before applying for coverage. You may obtain a copy from the People Team.

Things to Know About FSAs

QUICK FACTS ABOUT DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

Some important requirements about your dependent care flexible spending account include:

- The types of child care expenses you can be reimbursed for include daycare, pre-school, nanny, etc.
- Care must be for a qualified individual, usually a tax dependent.
- Eligible expenses are child-care for your child(ren) while you or your spouse/domestic partner go to work, actively seeking work, or go to school full-time.
- Eligible child-care expenses are only available for children under age 13. Dependent Care FSA funds can also be used for an adult child, spouse/domestic partner, or parent physically incapable of caring for themselves. Provider of care must report the income by providing the dependent name, address, tax ID and social security number.
- If you are married and you or your spouse/domestic partner file separate federal income tax returns, the maximum contribution to the Dependent Care FSA is \$2,500 per year or if filing together is \$5,000 per household for the plan year (January 1 – December 31, 2025).
- You have access to available Dependent Care funds only as they are made through your payroll deductions.
- This is a partial list of requirements. Please be sure to read all requirements prior to deciding to enroll in a Dependent Care FSA to ensure that it will meet your needs.
- You will have an opportunity to re-enroll each Plan Year. Elections do NOT carry over from year to year. You must enroll to participate.

QUICK FACTS ABOUT HEALTH CARE FLEXIBLE SPENDING ACCOUNTS

- All Health Care FSA participants will automatically receive a health care debit card from P&A Group in the mail to use for your eligible healthcare costs. You do not need to order or pay for the debit card. You can use your healthcare debit card like a credit card to pay your eligible expenses. The payment will be made directly from your health care spending account instead of paying cash and then requesting and waiting for reimbursement.
- You should keep copies of all receipts for eligible expenses. Generally, you will not have to submit your receipts for reimbursement. However, due to IRS regulations you may be required to provide a receipt upon request.
- You have access to the full Health Care FSA election amount from hire date, even before all contributions have been made. This does not apply to the Dependent Care spending account.
- You will have an opportunity to re-enroll each Plan Year. Elections do NOT carry over from year to year. You must enroll to participate.

QUICK FACTS ABOUT LIMITED HEALTH CARE FLEXIBLE SPENDING ACCOUNTS

- If you participate in the HDHP you are only eligible for Limited Health Care FSA instead of the Health Care FSA.
- The IRS allows employees enrolled in HDHP plans to elect a Limited Health Care FSA which only covers dental and vision expenses, and excludes medical expenses.
- Employees can elect both the Limited Health Care FSA and HSA contributions to maximize your tax savings.
- You will have an opportunity to re-enroll each Plan Year. Elections do NOT carry over from year to year. You must enroll to participate.



Commuter Benefits – P&A Group

If you take public transportation or pay for parking to commute to work, the commuter benefit helps you save money by paying for commuter expenses with pre-tax dollars. Eligible employees may enroll in both Transit and Parking benefits for work related transportation and parking purposes. Please keep in mind, you can only use funds and submit claims for each specific benefit. You cannot use Transit benefit funds to cover Parking, and you cannot use Parking funds to cover Transit benefits.

HOW DOES THIS BENEFIT WORK?

- Full monthly elections are directly deducted from your paycheck on the first check of the month.
- Participation in this benefit and the contribution amount can be changed at any time throughout the plan year since this is a monthly benefit and is not tied to any annual election.

	TRANSIT	PARKING
Provider information	P&A Group: padmin.com	
Maximum IRS Pre-tax contribution amount*	<ul style="list-style-type: none"> • Up to \$325 monthly 	<ul style="list-style-type: none"> • Up to \$325 monthly
What expenses are allowed?	Work related expenses such as: <ul style="list-style-type: none"> • Mass transit fares • Monthly bus passes • Vanpooling fees <ul style="list-style-type: none"> — including Lyft line and Uberpool 	<ul style="list-style-type: none"> • Parking at or near your work location • Parking at a location from which you participate in a carpool or board mass transit
What expenses are not allowed?	<ul style="list-style-type: none"> • Taxi fares • Bridge tolls • Cost of auto maintenance 	<ul style="list-style-type: none"> • Parking costs at home • Parking when not commuting to or from work location
What happens if my employment with SoFi terminates?	When your employment ends, you will lose any remaining funds in your commuter benefit account. Per IRS regulations, SoFi can't refund your unused commuter benefit funds. However, you may submit claims for eligible expenses incurred during employment for up to 90 days. Expenses cannot be older than the claim year. Expenses incurred after your employment ends are not eligible for reimbursement. If you have questions, please contact P&A Group at 800-688-2611.	

Additional information

- All commuter elections will be made via Workday.
- Your funds will be loaded to your P&A Group Benefits Card on the first pay period of each month.
- If you wish to view your claims, you can log onto padmin.com.
- Instructions for your P&A Group login are listed on page 28.

This is a partial summary of benefits only. The Summary Plan Description (SPD) contains a complete detail of benefits, limitations and exclusion. The SPD also describes grievance procedures for disputes. We strongly encourage you to review the SPD before applying for coverage. You may obtain a copy from the People Team.

*Limits subject to change for 2025 based on IRS Limits.

Disability Insurance

SHORT-TERM DISABILITY INSURANCE

SoFi provides Short-Term disability insurance for all benefit eligible employees through Reliance Matrix. These benefits are 100% paid by SoFi.

Benefits are paid based on 60% of your base weekly wages and commissions to a maximum of \$2,500. Coverage begins on the 8th day of your qualified disability and will continue as long as you qualify, up to a maximum of 12 weeks. Benefits you receive are taxable. At the end of the year, you'll need to claim any benefits on your Federal and State Income tax returns.

SHORT-TERM DISABILITY BENEFIT

Class Description	All full-time employees working 30 hours or more per week
Definition of Salary	Base monthly earnings including commissions
Benefit Amount	60% of weekly earnings to a maximum of \$2,500 per week

PLAN PROVISIONS

Elimination Period	Illness: 8th consecutive day of disability Accident: 8th consecutive day of disability
Benefit Duration	Maximum of 12 weeks

LONG-TERM DISABILITY INSURANCE

SoFi provides a Long-Term disability insurance for all benefit eligible employees through Reliance Matrix. These benefits are 100% paid by SoFi.

Benefits are paid based on 60% of your base wages and commissions. Coverage begins after 90 days of your qualified disability and will continue as long as you qualify up to your normal retirement age as defined by Social Security. Benefits you receive are taxable. At the end of the year, you'll need to claim any benefits on your Federal and State Income tax returns.

LONG-TERM DISABILITY BENEFIT

Class Description	All full-time employees working 30 hours or more per week
Definition of Salary	Base monthly earnings including commissions
Benefit Amount	60% to a max benefit of \$15,000 per month

PLAN PROVISIONS

Elimination Period	90 consecutive days of total disability
Duration of Coverage	For the first 24 months, you must be disabled from your own occupation. After the first 24 months, you must be disabled from doing any occupation, according to the terms of the contract, and coverage will continue provided you are continuously disabled until your normal retirement age.
Pre-Existing Clause	Any sickness or injury for which you have received medical treatment, consultation, care or services (including medications) in the three (3) months prior to the coverage effective date will be excluded from coverage for the next twelve (12) months following the coverage effective date.
Benefit Maximum	Mental Illness: 24 months maximum benefit period Substance Abuse: 24 months maximum benefit period



Universal Life Insurance with Long-Term Care Benefits

Life and Long-term care insurance are vital parts of financial and retirement planning. It helps pay for expenses that aren't covered by traditional medical insurance, long-term disability insurance, or Medicare. The Universal Life Events product with Trustmark includes life insurance with a long-term care benefit that can pay for coverage in your home, your community, assisted living facility or nursing home at any age.

For more information about Universal Life Insurance with Long-Term Care benefits or to request a quote, please visit: sofi.yourcare360.com.

LIFE INSURANCE WITH LONG-TERM CARE BENEFIT	
Class Description	All full-time employees working 30 hours or more per week
PLAN PROVISIONS	
Employee Benefit Amount	Guarantee Issue Amount (GI): \$150,000. Higher benefit amounts require additional health questions. Employees choose a life benefit up to \$300,000. Long Term Care rider pays 4% of life benefit up to 25 months.
Benefits at age 70	At age 70 or the 15th policy year, the death benefit reduces to 1/3 and your LTC benefit stays the same.
Waiver of Premium	If you become totally disabled and unable to work, Trustmark will continue your policy without further premium payments.

EMPLOYEE LIFE INSURANCE WITH LTC COST

The rates shown below are monthly premiums for non-smokers. To request a quote, please visit: sofi.yourcare360.com.

AGE	\$75,000 BENEFIT AMOUNT	\$100,000 BENEFIT AMOUNT	\$150,000 BENEFIT AMOUNT
20	\$33.46	\$43.12	\$62.44
25	\$37.00	\$47.84	\$69.52
30	\$42.77	\$55.53	\$81.06
35	\$51.77	\$67.53	\$99.04
40	\$66.49	\$87.10	\$128.30
45	\$88.55	\$116.49	\$172.37
50	\$115.41	\$152.27	\$225.98
55	\$162.50	\$215.01	\$320.02
60	\$221.61	\$293.82	\$438.25

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

SoFi provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance for all benefit eligible employees through Reliance Matrix. These benefits are 100% paid by SoFi. Employees should delegate a life beneficiary to receive the benefit in the event of your death. Beneficiaries can be designated in Workday.

BENEFIT

Life Benefit Amount	2x annual basic salary and commissions up to a maximum of \$500,000
AD&D Benefit Amount	2x annual basic salary and commissions up to a maximum of \$500,000

PLAN PROVISIONS

Benefit Amount and Age Reduction	Percentage of available or in force amount at age 64 <ul style="list-style-type: none"> Age 65 – 69: 65% Age 70+: 50%
Basic Life Accelerated Death Benefit	Should you be diagnosed as terminally ill with less than 12 months to live, you can request up to 75% of your group term life benefit in a lump sum prior to your death. The benefit paid to your beneficiary after your death will then be reduced.
Waiver of Premium	If you become totally disabled and unable to work prior to age 60, Reliance Matrix will continue your life insurance until you turn 70 without further premium payments after the first 6 months upon approval.

Optional Life Insurance

You may purchase additional Life insurance for yourself, your spouse/domestic partner and your children. If you wish to elect coverage over the Guarantee Issue Amount, you will need to complete an Evidence of Insurability (EOI) form and be approved by Reliance Matrix. Any elected amounts over the Guarantee Issue limit will not be effective until Reliance Matrix approves your EOI. To complete an EOI go to the [DocuSign](#) link. Be sure to keep a copy of the completed EOI form for your records.

VOLUNTARY LIFE BENEFITS

Employee Benefit Amount Increments of \$10,000 to a maximum of \$1,000,000

Spouse/Domestic Partner Benefit Amount Increments of \$10,000 to a maximum of \$500,000
Coverage must be elected before spouse/domestic partner turns age 60 and coverage terminates at age 75.

Benefit Amount Age Reduction Percentage of available or in force amount at age 64

- Age 65 – 69: 65%
- Age 70+: 50%

Child Birth to age 26: Increments of \$2,500 to a maximum of \$10,000

Guarantee Issue Amounts
 Employee: \$200,000; under age 70. Age 70 and above must complete medical underwriting.
 Spouse: \$50,000; under age 60. Age 60 and above must complete medical underwriting.
 Child: \$10,000

OPTIONAL LIFE – EMPLOYEE AND SPOUSE/DOMESTIC PARTNER

AGE	RATES PER \$10,000 PER PAY PERIOD
Under 30	\$0.21
30 – 34	\$0.24
35 – 39	\$0.35
40 – 44	\$0.59
45 – 49	\$1.00
50 – 54	\$1.70
55 – 59	\$2.86
60 – 64	\$3.81
65 – 69	\$5.77
70+	\$11.68

DEPENDENT CHILDREN LIFE INSURANCE COST

COVERAGE OPTION #	1	2	3	4
Birth to Age 26	\$2,500	\$5,000	\$7,500	\$10,000
Rate**	\$0.21	\$0.41	\$0.60	\$0.80

*Guaranteed Issue is subject to underwriting rules and is not available in all circumstances.

**One rate for all eligible dependent children in family, regardless of number.

401(k) – Empower Retirement

In addition to benefits that provide security for today, SoFi makes saving for the future easy with a 401(k) plan that allows you to save a portion of your salary toward retirement. Contributions are automatically deducted from your paycheck and can be invested in a diverse portfolio at your discretion.

Important Note: If you are a new hire and have contributed to a 401(k) during the same year with a prior employer, please notify the Benefits team to adjust your annual IRS contribution limit with payroll.

401(k) PLAN PROVISIONS

Provider	Empower Retirement Plan # 503592-01 Phone: 800-338-4015 empower-retirement.com/participant	
When can I enroll?	<ul style="list-style-type: none"> • Service Requirement: None • Enter on the 1st of the month following requirement satisfaction 	
How do I enroll?	New Hires are Auto Enrolled at 3% pre-tax and pre-tax bonus deferral rate	
How do I access my 401(k) account?	To access your retirement account, visit empower-retirement.com/participant . On your first visit, click on the Need to Register link to activate your account and launch the enrollment wizard. Bookmark this site! It is the same one to use through the year, anytime you want to check or change your account. You cannot register for online access to your 401(k) account until AFTER your first paycheck.	
How much can I contribute?	<ul style="list-style-type: none"> • 1 – 80% of paycheck • Up to IRS limit of \$23,500 • \$31,000 if over age 50 in 2025 	
Contribution type	<ul style="list-style-type: none"> • Auto-enrollment at 3% pre-tax and pre-tax bonus with an automatic 1% increase annually • Pre-tax (Traditional) • Post-tax (Roth) • You may elect separate contribution rates for salary and bonus compensation 	
Key account attributes	Pre-tax (Traditional) <ul style="list-style-type: none"> • Contributions are made before taxes are applied, which reduces current tax burden. • All capital gains, dividends, interest, etc. grow within the account on a tax- deferred basis. • Account holder becomes eligible to withdraw at age 59 ½. Withdrawals will be taxed at then-current rates and total income levels. • All withdrawals prior to eligibility are subject to limitations, taxes, and/or penalties. 	Post-tax (Roth) <ul style="list-style-type: none"> • Contributions are made after taxes have been applied. • All capital gains, dividends, interest, etc. grow tax-free in the account. • Account holder becomes eligible to withdraw at age 59 ½. Withdrawals are not subject to taxes but funds must be held in account for at least five years.
How do I request a rollover into the SoFi 401(k) plan?	To request a rollover, please contact an Empower Participant Services Representative at 888-737-4480. Please contact between 6:00 a.m. and 8:00 p.m. MT, Monday through Friday.	

Additional information on the 401(k) plan, such as investment options, withdrawal regulations, and loans, can be found in the Summary Plan Description from Empower.

FREQUENTLY ASKED QUESTIONS ABOUT THE 401(k)

HOW CAN I CHANGE MY DEFERRAL AMOUNT PRIOR TO THE AUTO ENROLLMENT?

Visit the Empower site and create an account in order to change your deferral amount. To access your account online for the first time:

- Visit empowermyretirement.com and select the Register button.
- Select the I have a Plan Enrollment Code and follow the prompts using the information provided.
- The website will guide you through the enrollment process.

The access code changes throughout the year. The current code can be found on the Plan Enrollment Code Flyer. It can be downloaded directly from Empower with all of the other participant related forms (Employee Tab > Forms > Plan Enrollment Code Flyer).

CAN I ACCESS MY MONEY BEFORE RETIREMENT?

Although the 401(k) is designed to help you accumulate money for the future, you do have access to some of your funds while you are still working. Our plan offers Retirement Loans and Hardship withdrawals, and anyone with a Rollover balance or over the age 59 ½ can take out a general In-Service Withdrawal. Please review our Summary Plan Description and the associated tax notices before executing any requests.

Loans: You may borrow up to 50% of your account, up to \$50,000. The minimum loan amount is \$1,000. All sources are included in the assessment, but only pre-tax assets are eligible for distribution. The plan will allow 1 outstanding loan at a time. Loan modeling and submission is available online or over the phone.

Hardship: This is a need based withdrawal and you must have a qualifying event. Download the Hardship Application online for detail on the qualifying events and tax considerations.

WHAT ARE THE INVESTMENT OPTIONS WITH THE 401(k)?

There is a broad menu of investment options available to you within our retirement plan. Please visit the online portal to review options, expense, and performance.

Target Date Asset Allocation funds: providing pre-blended asset allocation investments, that manage a mutual funds target a specific time horizon.

Individual mutual funds: representing a broad range of risk and return characteristics across various asset classes.

Brokerage window: for investors looking for extended investment options.

What happens to my 401(k) plan if I leave employment?

When you terminate employment, you may elect to receive a distribution of your vested Account Balance. Please review the associated tax notices and carefully consider tax implications before taking a distribution.

Distribution Methods include:

- **Lump Sum.** Request your vested account balance be sent directly to you. You will be subject to appropriate tax withholding, income tax and possible penalties.
- **Direct Rollover to another Qualified Plan.** Request your vested account balance be sent to another eligible retirement plan.
- **Direct IRA Rollover.** Request your vested account balance to be sent to an IRA of your choice.

NOTE: Vested Account Balances that do not exceed \$5,000 may be removed by the Plan if not timely managed, regardless of whether consent to the distribution has been given (i.e., "Cashout distribution"). Vested Account Balances greater than \$1,000 but less than \$5,000 will be directly rolled into an IRA chosen by the Plan. Vested Account balances of \$1,000 or less will be paid as a taxable lump sum to the account holder.



Additional Benefits, Programs & Perks

BACK-UP CARE WITH BRIGHT HORIZONS

SoFi employees have access to Bright Horizons for all types of family care and back-up care when a primary caregiver is unavailable.

Employees can find back-up care for the whole family. Employees can also find pet care, tutoring for every subject, and camp for no-school days.

Benefit Details:

- 15 days per year
 - For your child, in our centers nationwide or your own home
 - For your adult and elder loved ones, in your home or theirs
- Center copay: \$15/child/day or \$25/family/day
- In-home copay: \$6/hour (up to 3 care recipients, minimum of 4 hours, maximum of 10 hours)
- Book up to 90 days in advance and up until the day care is needed

Register and be ready for when the need arises. Get started at: clients.brighthorizons.com/SoFi, or on-the-go access through the back-up care app (download from the App Store or Google Play).

PRE-PAID LEGAL SERVICES WITH LEGALSHIELD

At SoFi, we pride ourselves on putting the health and security of our employees first, and that is why we offer a legal protection plan through LegalShield. With LegalShield you will have direct access to a dedicated law firm who can review and prepare legal documents and assist with personal legal matters such as speeding tickets, neighbor disputes and family related matters such as adoption, and more.

For \$7.27 per pay period, LegalShield puts a law firm in the palm of your hand.

LegalShield requires a minimum 1 year enrollment.

LEGALSHIELD PLAN BENEFITS:

- Dedicated law firm
- Legal consultation and advice
- Court representation
- Legal document preparation and review
- Letters and phone made calls on your behalf
- Speeding ticket assistance
- Will preparation
- 24/7 emergency legal access
- Mobile app

For more information, please visit: shieldbenefits.com/sofi

STUDENT LOAN REPAYMENT PROGRAM

SoFi is invested in the financial wellness of its employees. SoFi offers an industry leading benefit to help regular, full-time employees who are regularly scheduled at least 30 hours per week with their student loan debt. \$5,250 is the pre-tax maximum that can be paid out in one calendar year. This pre-tax maximum includes payments from both the Student Loan Repayment Program and the Tuition Reimbursement Program. The loan must be in the employee's name as this benefit does not cover loans for family members.

This benefit is considered subject to applicable taxes after the \$5,250 pre-tax maximum has been met in combination with the Tuition Reimbursement Program.

You will receive an enrollment email approximately at the end of the week in which you become eligible. Please use a personal email address to enroll.

Employees are not eligible to receive any student loan repayment benefits for any months worked prior to enrollment. Employees should enroll timely in order to receive the maximum benefit. The student loan repayment program will cease as of the employee's termination date. SoFi will not contribute towards the employee's student loan repayment program during a leave of absence.

TUITION REIMBURSEMENT PROGRAM

SoFi will cover tuition costs for approved programs from an accredited institution, pre-tax up to \$5,250 per year with a lifetime maximum of \$25,000. This program is available to all regular, full- and part-time employees. Employees are eligible for this benefit after 6 months of employment. \$5,250 is the maximum that can be paid out in one calendar year and is in combination with the Student Loan Repayment Program due to CARES Act. It is the responsibility of the employee to submit their request for reimbursement by December 1st in a given calendar year to ensure they are reimbursed for that year. SoFi's reimbursement policy is based on paid dates of reimbursement, and not the dates of the course itself.

For more information, please visit **SoFi Central** or contact the SoFi Health Advocate at benefits@sofi.org.

GET HELP FOR MEDICAL EMERGENCIES DURING TRAVEL

ONCALL INTERNATIONAL

- Travel preparation and emergency assistance services
- Worldwide network of assistance centers in over 200 countries
- Travel alerts and global health information

Visit online at europassistance-usa.com

Call in U.S.: 800-456-3893

Call from other countries: 603-328-1966



IDENTITY THEFT RECOVERY SERVICES

Identity Theft is the fastest growing crime in the US. To protect you and your family, SoFi offers protection and ID Theft Recovery Services through INFOARMOR, a Reliance Matrix affiliate, services includes:

- Dedicated, trained identify protection advocates to act on your behalf
- Investigation and confirmation of fraudulent activity
- Resolution of key issues maintaining and explaining your rights
- Follow up and escalation of issues with affected agencies and institutions
- Providing restoration beyond credit including criminal, DMV and medical records

If you suspect your personal information has been compromised, call INFOARMOR toll free: 855-246-7347.

EMPLOYEE DISCOUNTS – LIFECARE/LIFEMART

Employees save money with LifeMart, our employee savings platform, that provides discounts on everyday products and services that add up to a lifetime of saving. To get started:

1. Log in to ADP
2. Go to the Myself Tab/Benefits/Employee Discounts LifeMart

Website: wl.lifecare.com/group/lifemart/home

Phone: 800-873-4636

EMPLOYEE TIME OFF

SoFi provides a generous vacation, sick and holiday schedule to all regular, full-time employees. Part-time employees receive pro-rated paid time off, which they may use after 60 days of employment. More information may be found at **SoFi Central**.



Maven: Family Formation & Parental Support



SoFi is providing employees and their partners with free access to virtual care through Maven for fertility, egg freezing, pregnancy, postpartum, adoption, surrogacy, and returning to work after parental leave. Use Maven for 24/7 access to doctors, specialists and coaches and trustworthy content tailored to your experience. Maven is designed to support every path from family planning to parenthood to pediatrics.

Sign up for access to these free services:

- **Unlimited access** to over 25 specialties of women's and family health providers through video chat and messaging
- **Your own Care Advocate** who can help you find care, navigate your benefits, and understand your health bills
- **Personal referrals** to high-quality fertility clinics, plus preferred pricing on select treatments
- **Trustworthy resources** including virtual classes, helpful articles, and community forums

Maven Programs Include:

- | | | |
|-----------------|---------------------------------|--------------------------|
| ▪ Maternity | ▪ Miscarriage | ▪ Parenting & Pediatrics |
| ▪ Partners/Dads | ▪ IVF | ▪ Menopause |
| ▪ Adoption | ▪ Egg Freezing | |
| ▪ Surrogacy | ▪ Breast Milk Shipping Services | |

SoFi employees and their partners receive unlimited access to Maven Programs at no cost.

Maven Wallet

Maven Wallet is a seamless reimbursement solution for eligible family building expenses, including IUI/IVF, egg freezing, adoption, and/or surrogacy expenses. To be eligible, the employee and dependent **MUST** be enrolled in a SoFi health plan. The Maven Wallet plan includes:

- Lifetime maximum of \$20,000 in reimbursements for IUI/IVF, Egg Freezing, Adoption & Surrogacy
- User-friendly interface, with simple receipt uploading, plus easy access to reimbursement status and remaining balance
- Faster review, approval and reimbursement of claims to ease employees' financial burden

Enable the reimbursement feature in your Maven App: First, download or open the Maven Clinic app (iOS or Android). Next, login or create your free Maven account. Then, tap "Maven Wallet" on your home screen.

Note: If you are enrolled in a High Deductible Health Plan (HDHP), eligible expenses may only be incurred after you have met the minimum statutory spend applicable to your coverage (single or family) for the applicable plan year. The minimum statutory spend for 2025 is \$1,650 for single coverage and \$3,300 for family coverage. Any expense that is reimbursed by any other source (including any reimbursement accounts held by your eligible spouse/tax-dependent partner), such as an FSA or HSA, is ineligible for reimbursement. If you are enrolled in an FSA that covers an expense covered by both the FSA and Maven Wallet, you must exhaust your Maven Wallet funds before using your FSA funds for the expense.

GET STARTED TODAY

Visit mavenclinic.com/join/takecare or download the Maven Clinic app. For help, contactsupport@mavenclinic.com.

Maven is available to employees and partners pursuing fertility up to your baby's first birthday. Enrollment is confidential and will not be shared with SoFi.

LGBTQ+ Inclusive Benefits

At SoFi Technologies, we are committed to providing comprehensive benefits coverage for all. We value creating an affirming and inclusive environment where employees may bring their whole selves to work and thrive in the workplace. Below are the highlights of our benefits and services for our LGBTQ+ employees and their dependents.

Our benefit plans, including medical, dental, vision, and life insurance are available to same-sex spouses and registered domestic partnerships. Please see **page 5** for eligibility information and **page 12** for information about premiums and imputed income.

Our medical plans with Cigna and Kaiser provide transgender health services that may be covered under the plan, when deemed medically necessary, including:

- Gender reassignment surgery
- Chest surgery, including mastectomy & breast augmentation
- Hormone Therapy
- Behavioral counseling
- And much more

CIGNA

For a complete list of covered services please visit **myCigna.com** or call Cigna at **800-244-6224**.

Note: Services may require prior authorization that your participating provider must receive prior to services being rendered.

CARE ADVOCATES

Case managers and care advocates are experienced with gender transitioning and can help you navigate your health plan. They'll coordinate your care and make sure you're supported throughout your journey.

CLAIMS DENIAL & APPEAL PROCESS

If you have a concern regarding a person, service, the quality of care, or contractual benefits you may call the phone on the back of your medical ID card for assistance. We will do our best to resolve the matter. Appeals may be submitted to:

Cigna

National Appeals Organization (NAO)
PO Box 188011
Chattanooga, TN 37422

For more information on the appeals process, please refer to your plan's summary plan description (SPD) which may be found in **SoFi Central**.

HELPFUL LINKS

- **Cigna LGBTQ+ Health**
- **Cigna Transgender Health Information**
- **Kaiser Gender-Affirming Care**
- **Kaiser East Bay Multi-Specialty Transitions Clinic**
- **San Francisco Gender Pathways Clinic**
- Additional Gender Affirming Care Northern CA 510-752-7149

KAISER

You can talk to anyone on your care team about gender-affirming care and they can guide you to the next steps. You can speak with your primary care provider, reach out to the mental health department or call one of the numbers below:

- **Northern California Phone:** 510-752-7149
- **Southern California Phone:** 323-857-3818

ADDITIONAL BENEFITS & SERVICES

Additional benefits and services provided to our employees and their dependents, include:

- **Family Formation Benefits** with **Maven**, including egg freezing, adoption & surrogacy assistance and infertility treatment. Please see **page 41**.
- **Modern Health**, mental health and well-being support. Please see **page 45**.
- **Short-term Disability (STD)**. Please see **page 32**.
- **Medical Travel Reimbursement** via Level. Please see **page 46**.
 - Note: Kaiser participants also have access to medical travel reimbursement when referred by Kaiser to a facility outside your region.
- **HIV Treatment/prevention** is included with Cigna and Kaiser medical plans.

Well-Being Benefits

CIGNA HEALTHY PREGNANCIES, HEALTHY BABIES

To help you stay healthy before, during your pregnancy and in the days and weeks following your baby's birth. You'll have access to preconception planning tools and resources, including information from the March of Dimes. Get live support 24 hours a day, seven days a week.

- Call 800-615-2906 to enroll today
- Once enrolled, call the toll-free number on the back of your ID card anytime to speak with a Cigna pregnancy coach who has nursing experience, and can help you find in-network health care providers.
- Visit [myCigna.com](https://mycigna.com) for tools to help you track your pregnancy week by week, prepare for delivery and care for your baby.
- Get rewarded for making smart choices – when you participate and complete the program you may be eligible to receive:
 - A \$75 incentive if you enroll by the end of your second trimester and complete the postpartum assessment; or
 - A \$150 incentive if you enroll by the end of your first trimester and complete the postpartum assessment.

CIGNA LIFESTYLE MANAGEMENT PROGRAMS (LMP)

Whether your goal is to lose weight, quit tobacco or lower your stress levels, you have the power to make it happen. Cigna Lifestyle Management programs can help – and all at no cost to you. Each program is easy to use, and available where and when you need it. Employees can meet one-on-one with a wellness coach with convenient evening and weekend hours. Or you can take advantage of online support and tools to reach your goals.

To get started today call 800-244-6224 or online at [myCigna.com](https://mycigna.com).

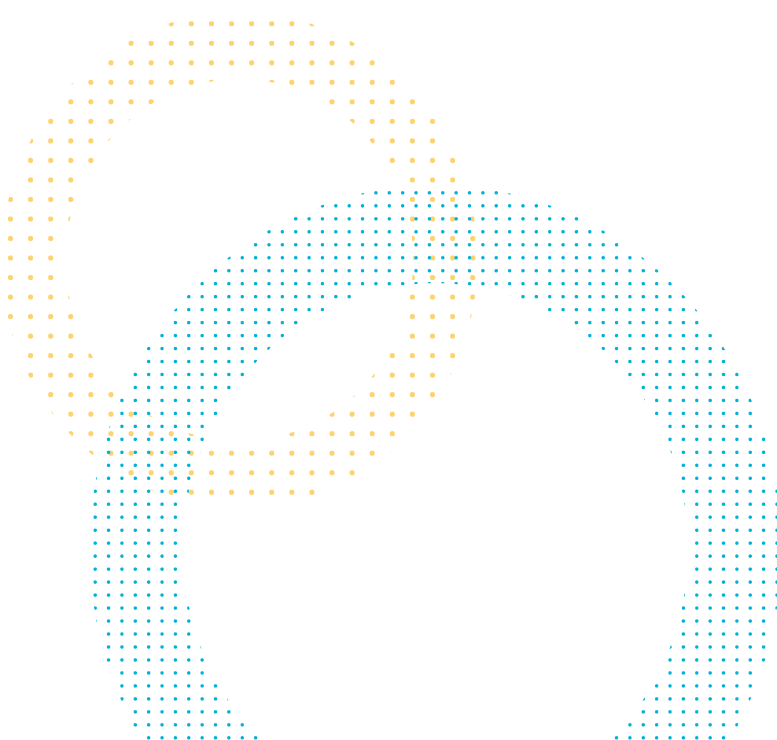
CIGNA HEALTH ADVISOR

Everyone has different needs when it comes to improving their health and well-being. Do you always know all of your options? Where to get a quick answer? Or where to go for help with a more serious situation? You now have access to nurses, coaches, nutritionists and clinicians – who will listen, understand your needs and help you find solutions, even when you're not sure where to begin.

Employees can:

- Get helpful information about treatment options so you and your doctor can make decisions that meet your health needs and work best for you
- Access support 24 hours a day when you need medical information, like how to treat a twisted ankle or your child's high fever
- Understand preventive screenings and annual exams so you can learn more about what you can do to get and stay healthy
- Get help finding your way through the health care system and answering questions about your health coverage

To have a confidential one-on-one conversation, with a health coach today, call 800-244-6224.



CIGNA YOUR HEALTH FIRST (YHF) – CHRONIC CONDITION COACHING PROGRAMS

If you have a chronic health condition, Cigna may reach out to you to offer additional support and services. Employees have access to a one-on-one relationship with a dedicated health coach, to help you:

- Create a plan to manage your condition
- Understand medications or your doctor's orders
- Identify triggers that affect your condition
- Learn what to expect if you need to spend time in the hospital
- Get additional information on treatment options to help you and your doctor make decisions that meet your health needs and work best for you
- Save money on your medically related expenses

Employees eligible for this program may be contacted directly by Cigna. Cigna customers can also call 800-244-6224 and ask to speak to a coach about a chronic condition or other health and well-being matter.

CIGNA OMADA

Omada is a digital lifestyle change program designed to help you lose weight, gain energy and reduce the risks of type 2 diabetes and heart disease.

You'll receive the program at no additional cost if you or your covered adult dependents are:

- Enrolled in the company medical plan offered through Cigna Healthcare
- At risk for type 2 diabetes or heart disease
- Accepted into the program

To get started with Omada:

- Log into your myCigna® account
- Click on "Wellness" at the top of your dashboard homepage and scroll down to "Health Topics"
- Click on "Pre-Diabetes and Diabetes, then scroll down to the box that reads, "Omada for Cigna: Diabetes Prevention"
- Click on "Let's Go," then click on "Explore Omada"

CIGNA HEALTHCARESM WELLNESS EXPERIENCE, TOGETHER WITH VIRGIN PULSE®

Becoming healthier is within reach, whether that means improving your sleep, engaging in more meaningful social interactions, or building a more active lifestyle. This wellness experience is included in your Cigna Healthcare plan. On myCigna.com navigate to the Wellness tab and click "Get Started" to enroll and help achieve your goals by:

- Digital Coaching Journeys to build lasting healthy habits.
- Challenge yourself and others with creating new healthy habits.
- Track your progress – Integrate with your Apple Watch®, Fitbit®, and many other fitness tracking apps and devices.
- Connect with co-workers – offer free account access to up to 10 friends and family members outside of work to encourage and motivate each other.

KAISER MEMBER PROGRAMS

Create a member account at kp.org to manage your Kaiser healthcare

KAISER PREGNANCY CARE

- Visit kp.org/pregnancy for resources available to you
- For Kaiser Campus Class Schedule visit kp.org/classes

KAISER NURSE LINE

- Call 866-454-8855

KAISER HEALTHY DISCOUNTS

- Visit kp.org/choosehealthy
- Or call 877-335-2746

KAISER HEALTHY RESOURCES AND BENEFITS

- Visit kp.org and select “Health and Wellness”

WELLHUB (FORMERLY GYMPASS)

SoFi covers a portion of the monthly Wellhub membership fee for regular, full-time employees. The different rates you see through Wellhub include the discounted rates for SoFi employees.

With a monthly Wellhub plan, SoFi employees can try out new activities, such as yoga, CrossFit, cycling and more, in addition to having access to full service gyms. Please refer to **SoFi Central** for more information.

MODERN HEALTH

Modern Health provides technology and professional support to help people reduce stress, feel more engaged, and be happier. Modern Health’s belief is that anyone can benefit from working with a coach, and some people need therapy in addition to or instead of coaching. If you are experiencing a clinical need, Modern Health will recommend therapy. You can also work with your dedicated coach to determine if you would benefit from therapy.

Modern Health is the one-stop shop for all tools related to mental well-being and self-improvement. Members gain access to the following features:

- **Personalized Plan:** Take an assessment and review which tools may be helpful for you.
- **Professional Support:** As a SoFi employee, your first six (6) coaching sessions and first six (6) therapy sessions are complimentary. Sessions reset 4/1.
- **Content Library:** Digital resources to help you prevent burnout, manage stress, and cope with anxiety or depression.

Download the Modern Health app to register or access Modern Health via Okta. You may invite up to three (3) adult dependents over the age of 6 to register for Modern Health only after you’ve registered yourself. You can also contact help@joinmodernhealth.com for general support and questions.





Employee Assistance Program (EAP)

EMPLOYEE ASSISTANCE PROGRAM – RELIANCE

Free resource for all SoFi employees and their dependents.

- 24/7 access to online resources and unlimited phone consultations for stress, grief counseling, depression and relationship conflicts (personal and professional).
- Available to you and your household members.
- 3 face-to-face visits with a licensed professional per incident per benefit period provided at free of charge.
- Additional resources include financial, childcare, elder care, and legal referrals.

Website: rsli.acieap.com

Company Code: RSLI859

Phone: 855-775-4357

MEDICAL TRAVEL REIMBURSEMENT – LEVEL

Free resource for all regular, full-time SoFi employees and their eligible dependents.

- \$2,500 lifetime medical travel reimbursement benefit available to you and your eligible dependents and is not per person.
- Covers medical-related travel and lodging costs to receive eligible and covered services that are not available in your local area.

Website: level.com

Phone: 855-400-5705

Notes



This guide provides highlights of the SoFi benefit program. A complete description of your benefit plans can be found in the plan document. Summary Plan Descriptions (SPD) and contracts. While every effort has been made to provide an accurate summary of the plans, the information contained in this booklet does not replace or change the meaning of the SoFi employer sponsored benefit plan documents; SPDs and contracts; the plan documents and contracts are controlling in the event of any discrepancy. SoFi reserves the right to terminate or amend the employer-sponsored plans or any of its employee benefits at any time, in whole or in part, for any reason. As such amendment or termination may apply to current and future participants; covered spouse/domestic partner, beneficiaries and dependents.