

2025 US Benefits Guide for Full-time Employees

January 1-December 31, 2025



Table of Contents

Benefits Enrollment & Eligibility		Family Formation & Parental Support Benefits	
New Hire Enrollment	2	Bright Horizons: Back-up Care	37
Where to Find Help	3	Maven: Family Formation & Parental Support	38
		Maven Wallet	39
Benefit Basics	4		
Coverage Effective Dates	6	Work-Life Benefits	
Identification Cards	7	Student Loan Employer Contribution	40
When You Can Make Changes	8	SoFi at Work	40
Benefit Carrier Contacts	9	Tuition Reimbursement	40
Benefit Premiums	10	Identity Theft Protection	41
How to Find an In-network provider	11	Emergency Travel Assistance	41
		Medical Travel Reimbursement	41
Physical Health Benefits		Delta Dental Member Perks	41
Cigna HDHP with HSA Medical Plan	12	Wellhub: Gym & Wellness support	42
SoFi's Health Savings Account (HSA)	14	Legal Assistance	43
Cigna OAP/PPO Medical Plan	16		
Cigna Pharmacy	18	Additional Wellbeing Programs & Services	
Cigna One Guide & Virtual Visits	19	Cigna Healthy Pregnancy	44
Kaiser HMO Medical Plan	20	Cigna Omada	44
Delta Dental of California	22	Cigna Lifestyle Management	45
Ameritas Vision Plans	24	Cigna Health Advisor	45
LGBTQ+ Inclusive Benefits	25	Cigna Health Coaching	45
		Cigna Nutritional Counseling	46
Financial Health Benefits		Kaiser Member Programs	46
401(k) Retirement Plan	26		
Flexible Spending Accounts (FSAs)	28	Frequently Asked Questions	47
Commuter Benefits	31		
Disability Insurance	32		
Basic Life and AD&D Insurance	33		
Voluntary Life Insurance	34		
Universal Life with Long Term Care	35		
Mental Health Benefits			
Modern Health	36		
Employee Assistance Program	36		



Welcome to SoFi!

This Benefits Guide serves as your resource for the year, detailing the essential services and benefit that come with being a SoFi employee. While we've highlighted key features of each benefit, we encourage you to explore the insurance and carrier materials for comprehensive information. You can also visit the **<u>US Benefits page at SoFi Central</u>** for additional resources.

If you have questions about your benefits, the enrollment process, or need further assistance, please reach out to us at **benefits@sofi.org**. We are here to help.

Your Genefits Team

This guide is for reference purposes only. SoFi reserves the right to terminate or amend employer-sponsored plans at any time, in whole or in part, for any reason. While every effort has been made to provide an accurate summary of the plans and programs, the information contained in this handout, 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.



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.

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. You will need to log
 into Workday to complete your New Hire Enrollment within 15 days of your date of hire.
- 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 8 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 trust that this Benefits Guide will serve as a valuable resource for you throughout the year, detailing the services and benefits available 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

Health Advocate 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 Assist You

- Help identify and schedule appointments with the right physician or hospital for your illness.
- Review your current benefit plan options and guide you in selecting the best plan for you and your family during open enrollment, a qualifying life event, or as a new hire.
- Provide assistance with insurance claims and billing concerns.
- Offer support for medical issues and healthcare needs of your parents or in-laws.

When you reach out to Health Advocate for help with a healthcare concern, you will be assigned a Personal Health Advocate (PHA) who will stay with you until your issue is resolved.

Please note: Health Advocate does not replace the customer service lines of our health plans. By offering Health Advocate alongside these essential resources, SoFi is taking an additional step to ensure that our employees have access to top-notch healthcare. We believe that you and your family will greatly benefit from this invaluable service. Health Advocate is available to you and your dependents by phone, 24/7, at no cost.

To access Health Advocate, simply visit healthadvocate.com/members or call **866-989-2942**. If you register on their website, you can chat live with an advocate! Additionally, by emailing **benefits@sofi.org**, you will receive guidance from SoFi Health Advocate to register and get answers to your questions through their online ticketing system. Rest assured, all information shared is kept confidential.



Benefits Basics

SoFi provides a range of benefits, perks, resources, and tools to help you create a personalized benefits package that enhances your health and financial security.

Eligibility

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

You are allowed to enroll eligible dependents, including your legal spouse or Domestic Partner, as well as children under the age of 26, or children over 26 who are disabled and/or unable to support themselves due to mental or physical disabilities. Eligible children include biological or adopted children, children of your spouse or Domestic Partner, or children for whom you are a legal guardian as appointed by a court or for whom the Plan has received a Qualified Medical Child Support Order (QMCSO).

Important Note about Imputed Income: If you choose to enroll your Domestic Partner and/or dependents of a Domestic Partner, please note that the IRS treats SoFi's contribution toward the cost of coverage as imputed income. This means it is taxable, which increases your taxable gross income for federal, state, and FICA (Social Security and Medicare) taxes, and taxes will be withheld from your paycheck. We recommend consulting your tax advisor regarding the tax implications of your benefit choices.

SoFi employees who are married, in a Domestic Partnership, or have parent/child relationships cannot double cover each other for benefits. You will need to provide the date of birth and social security number, along with appropriate verification of dependent eligibility.

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

Domestic Partner Coverage

At SoFi, we are committed to supporting all employees and their families by offering inclusive benefits. Employees who wish to enroll a domestic partner in their SoFi benefits must meet specific eligibility requirements. These requirements depend on whether you live in a locality that provides an official domestic partnership registration process.

Localities with a Domestic Partnership Registry

If you reside in a city, county, or state that offers formal domestic partnership registration, you are required to complete that registration and submit official documentation (e.g., certificate or proof of registration).

Localities without a Registration Process

If your locality does **not** provide an official registration process, SoFi requires the following for verification purposes:

- Notarized Domestic Partner Affidavit: You and your domestic partner must complete and sign SoFi's Domestic Partner Affidavit affirming your committed relationship. This document must be notarized.
- Proof of Economic Interdependence: You will also be asked to provide documentation (2 forms) showing shared financial responsibility, such as:
 - o A joint lease, mortgage, or deed
 - Joint bank account statements
 - Shared utility bills
 - Designation of your partner as a beneficiary on insurance or retirement plans
 - Other documentation demonstrating mutual financial obligations

Important Note

Documentation is not required during the new hire or Open Enrollment process. However, SoFi reserves the right to request verification of documentation at any time, including in connection with a dependent audit or qualifying life event.

Confirmation of Coverage

Once you complete your online enrollment, you may download a confirmation of your benefit elections in Workday.

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 8 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 Dental Vision Reliance EAP Life Insurance Bright Horizons Maven Modern Health Wellhub	Date of Hire
401(k) HSA FSA LegalShield	First of the month on or after hire date
Tuition Reimbursement	6 months after continuous service prior to the start date of the course
Disability (Short & Long Term)	First of the month following 90 days after hire date.

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	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 automatically provide physical ID Cards. If you elect coverage with Kaiser, you will receive a Kaiser insurance card.
HSA Banking	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.
Dental	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.
Vision	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.
Flexible Spending Account	If you enroll in a Flexible Spending Account, you will receive a Benefits MasterCard® from P&A Group.
Commuter Benefit	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.
LegalShield	If you enroll into the voluntary legal protection plan, you will receive an ID card from LegalShield.





When You Can Make Changes: 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 <u>SoFi</u>
<u>Central</u> 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 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 Carrier Contact Information

Plan	Group Number	Phone	Website
Ameritas Vision	010-350914	EyeMed: 866.289.0614 VSP: 800.877.7195	ameritas.com
Bright Horizons		866.273.2773	MyBrightHorizons.com
Cigna 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
Cigna Express Scripts	BIN: 017010 PCN: 0215COMM Rx Group: 3342825	800.835.3784	<u>MyCigna.com</u>
Delta Dental of California	17945	800.765.6003	deltadentalins.com
Fidelity 401(k)	2411X	800.835.5095	www.netbenefits.com May also access via Okta
Kaiser Permanente	Northern CA: 701560 Southern CA: 235788	800.464.4000	<u>kp.org</u>
LegalShield	204510	888.807.0407	shieldbenefits.com/sofi
Matrix Absence (Leaves)		877.202.0055	<u>Matrixabsence.com</u>
Maven			mavenclinic.com/join/sofi
Modern Health			j <u>oinmodernhealth.com</u> May also access via Okta
P&A Group Commuter/FSA		800.688.2611	padmin.com May also access via Okta
Reliance EAP	Company Code: RSLI859	855.775.4357	<u>reliance-</u> <u>matrix.mylifeexpert.com/</u>
Reliance Matrix Life/ AD&D/ STD/ LTD	GL: 157966/ LTD: 129003 STD: 165707/ DBL: 25227	GL: 800.351.7500 STD/LTD: 877.202.0055	Reliancematrix.com
SoFi Health Advocate		866.989.2942	healthadvocate.com/members
Trustmark			sofi.yourcare360.com/enrollment/



Benefit Premiums

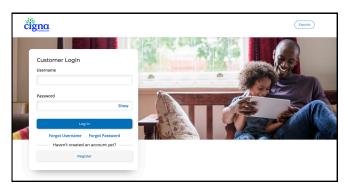
Employee contributions for voluntary life insurance, FSA, HSA, LegalShield, and medical plans are deducted over 26 pay periods annually. This translates to bi-weekly contributions.

2025 Rates	What Your Pay per Pay Period			
	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 Domestic Partners

When you choose to enroll your Domestic Partner and/or their dependents, you will incur after-tax contributions and imputed income. It's important to note that the IRS views SoFi's contribution towards the coverage cost as imputed income. This imputed income is taxable, meaning it raises your taxable gross income for federal and state income taxes, as well as for FICA (Social Security and Medicare), resulting in taxes being withheld from your paycheck. Be aware that these rates may vary due to underwriting. We recommend consulting with your tax advisor for guidance.

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.



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.



Ameritas Vision

- 1. Go to ameritas.com
- 2. Select "Find a Provider" near the top right corner of the home page or click Here
- 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:
- 6. For VSP choose the Choice network
- 7. For EyeMed choose the Access network







Cigna OAP/PPO HDHP with HSA Medical Plan

The Cigna OAP/PPO HDHP HSA plan is a High Deductible Health Plan (HDHP) that can be paired with a Health Savings Account (HSA). HDHPs feature higher-than-average deductibles, meaning that all services, except preventive care, must first meet the deductible. This includes office visits, prescriptions, surgeries, emergency room visits, and more. Consequently, an employee needs to satisfy the individual deductible before Cigna will cover any services.

Once each eligible family member meets their individual deductible, their covered expenses will be reimbursed according to the coinsurance level outlined in the plan. Alternatively, when the family deductible is met, covered expenses for all eligible family members will also be paid based on the specified coinsurance level.

By enrolling in the HDHP, you may qualify for a Health Savings Account through Cigna. Employees who choose the Cigna OAP/PPO HDHP with HSA will receive an annual SoFi contribution of \$800 for individual coverage or \$1,600 if one or more dependents are enrolled. For more details on HSAs, please refer to page 14.

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.

The medical plans may require pre-certification for certain procedures, treatments, and hospital stays. If you use in-network providers, this process is handled automatically. Otherwise, if you're enrolled in a plan that has an out-of-network option and you obtain the services from an out-of-network provider, it's your responsibility to ensure that you complete this process when required.

Note: A detailed summary of coverage is available at <u>SoFi Central</u>. The next page 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.

Cigna HDHP with HSA: High Level Plan Summary & 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 (include	s deductible)	
Individual	\$3,700	\$13,300
Family	\$7,400	\$26,600
Lifetime Maximum	Unlimited	Unlimited
	Y	ou Pay
Coinsurance/ Copays		
Coinsurance	10% after deductible	30% after deductible
Office Visit	10% after deductible	30% after deductible
Preventive: Routine annual physicals, immunizations, diagnostic x-ray, & lab	\$0 Deductible waived	30% after deductible
Maternity • Initial Visit to Confirm Pregnancy • All Subsequent Visits • Delivery	10% after deductible0%10% after deductible	30% after deductible
Physical Therapy & Chiropractic See plan summaries for limits	10% after deductible	30% after deductible
Outpatient Standard Lab & X-ray	10% after deductible	30% after deductible
In-patient Hospital	10% after deductible	30% after deductible
Outpatient Surgery	10% after deductible	30% after deductible
Urgent Care (Physician Services)	10% after deductible	30% after deductible
Emergency Room: Notification is required if confined in a non-network hospital	10% after deductible	10% after deductible
Prescriptions		
Note: No coverage for out-of-network	Retail (up to 30 day supply)	Mail Order (up to 90 day supply)
Generic	\$10 copay after deductible	\$25 copay after deductible
Brand Preferred	\$30 copay after deductible	\$75 copay after deductible
Brand Non-Preferred	\$50 copay after deductible	\$125 copay after deductible







SoFi's Health Savings Account (HSA): Cigna Choice Fund

Employees who enroll in the Cigna OAP HDHP with 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 may 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 to 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 <u>myCigna.com</u> 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.

SoFi's HSA: Cigna's Choice Fund with Wealthcare Saver

- 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 you HSA 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 innetwork 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.

Cigna may require pre-certification for certain procedures, treatments, and hospital stays. If you use in-network providers, this process is handled automatically.

Otherwise, if you're enrolled in a plan that has an out-of-network option and you obtain the services from an out-of-network provider, it's your responsibility to ensure that you complete this process when required.

Note: A detailed summary of coverage is available at <u>SoFi Central</u>. The next page 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.

Cigna OAP/ PPO: High Level Plan Summary & Your Associated Costs

Utah: Cigna PPO HDHP with HSA Other States: Cigna OAP HDHP with HSA

	In- Network	Out-of-Network
Annual Deductible		
Individual	\$500	\$1,500
Family	\$1,500	\$4,500
Annual Out-of-Pocket Maximum (include	es deductible)	
Individual	\$3,000	\$9,000
Family	\$6,000	\$18,000
Lifetime Maximum	Unlimited	Unlimited
	Y	ou Pay
Coinsurance/ Copays		
Coinsurance	20% after deductible	40% after deductible
Office Visit	\$20 copay primary care \$35 copay specialist Deductible waived	40% after deductible
Preventive: Routine annual physicals, immunizations, diagnostic x-ray, & lab	\$0 deductible waived	40% after deductible
Maternity • Initial Visit to Confirm Pregnancy • All Subsequent Visits • Delivery	\$20 copay0%20% after deductible	40% after deductible40% after deductible40% after deductible
Physical Therapy & Chiropractic See plan summaries for limits	\$20 copay deductible waived	40% after deductible
Outpatient Standard Lab & X-ray	\$0 deductible waived	40% after deductible
In-patient Hospital	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Urgent Care (Physician Services)	\$40 copay deductible waived	40% after deductible
Emergency Room: Notification is required if confined in a non-network hospital	20% after deductible	20% after deductible
Prescriptions		
Note: No coverage for out-of-network	Retail (up to 30 day supply)	Mail Order (up to 90 day supply)
Generic	\$10 copay	\$17 copay
Brand Preferred	\$30 copay	\$75 copay
Brand Non-Preferred	\$50 copay	\$125 copay







Cigna Pharmacy

Express Scripts Home Delivery

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 90 Now

The Cigna 90 Now 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 Presciptions

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

Cigna One Guide

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
- 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 24/7

Group number: 3342825

During new hire enrollment: **Phone**: 888-806-5042

Once enrolled:

Phone: 800-244-6224

myCigna.com

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 Care and 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.

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.

Behaviorial 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.

Costs For Virtual Visits

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







Kaiser HMO Medical Plan (California Employees Only)

Kaiser is accessible to eligible California employees residing within its service area, determined by their home ZIP code. To enroll and maintain enrollment in this plan, it is essential to meet all eligibility criteria, including those specific to the service area.

The Kaiser HMO plan is structured around a network of exclusive doctors and Kaiser facilities across California. If you choose to enroll in the Kaiser HMO medical plan, all services and supplies must be provided, prescribed, authorized, or directed by a Kaiser Health Plan physician, unless it's an emergency situation.

Kaiser Mail Order Pharmacy

Save time and effort by getting your prescription refills delivered right to your door. Say goodbye to driving to the pharmacy and waiting in line. Prescriptions typically arrive within 7 to 10 business days.

Here are three simple ways to utilize Kaiser's Mail Order Pharmacy:

- · Order refills online at kp.org or through the Kaiser mobile app, available 24/7. OR
- Call toll-free at **888.218.6245** or use the phone number provided on your prescription label. OR
- Complete a mail-in form, which you can find in SoFi Central.

Kaiser Member Video Visit Service

Experience a new type of house call with Kaiser's innovative video visit service. Depending on your symptoms or condition, you can receive the care you need from your doctor, all from the comfort of your location. Best of all, this service is completely free of charge.

If you're using a mobile device, simply download the KP Preventive Care app from the App Store or Google Play to access the service.

Note: A detailed summary of coverage is available at SoFi Central. The next page 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.

Kaiser HMO: High Level Plan Summary & Your Associated Costs

	Kaiser HMO (CA employees only)
	In- Network Only
Annual Deductible	
Individual	\$500
Family	\$1,000
Annual Out-of-Pocket Maximum (includes deducti	ble)
Individual	\$2,500
Family	\$5,000
Lifetime Maximum	Unlimited
	You Pay
Coinsurance/ Copays	
Office Visit	\$20 copay Primary care \$30 copay specialist deductible waived
Preventive: Routine annual physicals, immunizations, diagnostic x-ray, & lab	\$0
MaternityInitial Visit to Confirm PregnancyAll Subsequent VisitsDelivery	\$020% after deductible20% after deductible
Physical Therapy, Accupuncture & Chiropractic See plan summaries for limits	\$20 copay (up to 20 visits per year)
Outpatient Standard Lab & X-ray	\$10 copay per encounter
In-patient Hospital	20%
Outpatient Surgery	20%
Urgent Care (Physician Services)	\$20 copay per visit
Emergency Room	\$200 copay per visit
Kaiser Retail Prescriptions (up to 30 day supply)	
Generic	\$10 copay
Brand Preferred/ Brand Non-Preferred*	\$30 copay
Speciality	20% up to \$250
Kaiser Mail Order Prescriptions (up to 100 day suppl	y)
Generic	\$20 copay
Brand Preferred/ Brand Non-Preferred*	\$60 copay
Speciality	30-day Retail Only

^{*}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 process.







Delta Dental of California

Our dental plan is offered through Delta Dental of California. You can either use a Delta Dental provider or opt for an out-of-network provider. Choosing participating providers means you'll spend less out of pocket!

There are two networks available, each with distinct benefits. The Delta Dental PPO Network provides contracted discounts, and you'll pay a lower coinsurance percentage. The Delta Premier Network offers a wider selection of dentists, but with fewer discounts, resulting in a higher percentage of costs for services. For details on how to find network providers, please see page **13.**

If you choose a non-Delta Dental dentist, you may need to submit your own claims form, and the dentist may charge you their full fee. This means you will be responsible for the difference between Delta Dental's allowable amount and the dentist's fee. It's advisable to obtain a predetermination of benefits from Delta Dental for any services costing over \$300 before proceeding, to confirm if you will receive a bill later.

Delta Dental Digital ID Card

You do not need a Delta Dental ID card when you visit the dentist. You have two options:

- Let your dental provider know you have coverage through Delta Dental *of California* and provide requested demographic information.
 - If family members are covered under your plan, they'll need your information.
- Download an ID card online at <u>deltadentalins.com</u> to print your ID card or access it through the Delta Dental mobile app.

Obtain a Pre-treatment estimate

Delta Dental offers free pre-treatment estimates, an easy way to predict your out-of-pocket costs for a procedure. Consider obtaining a pre-treatment estimate for dental work that could exceed \$300, such as a crown, wisdom tooth extraction, bridge or periodontal surgery.

The pre-treatment estimate include an overview of services covered, limited or excluded by your dental plan and an explanation of how your coinsurance, deductibles and maximums may affect your share of the cost.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at **deltadentalins.com**.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — Delta Dental will handle the rest.

Dental Wellness

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 of California Plan Highlights						
Choice of Network	Delta Dental PPO*	Dental Dental Premier*	Non-Delta Dental Provider			
Provider Choice	You may use any licensed dentist; however, your out-of-pocket costs will be lower when you use Premier dentists and the lowest when you use PPO dentists. If you use non-Delta dentists, you are responsible for your percentage share plus any amounts the dentist charges above the allowed amount.					
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 • Who is eligible • Lifetime maximum	50% Adult & children \$2,000 per person	50% Adult & children \$2,000 per person	50% Adult & children \$2,000 per person			

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

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 Benefits Team.

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





Ameritas Vision

Vision coverage is provided through Ameritas, offering two plans: Vision Service Plan (VSP) and EyeMed Vision. Both plans are PPOs with similar copays and coverage, but differ in networks. VSP has more private practice ophthalmologists, while EyeMed includes retailers like LensCrafters, Shopko, and Pearle Vision, providing better evening and weekend options.

	VSP Choice Plus Network		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 Con	tact Lenses: once o months, Base	every 12 months; Fram d on date of service	nes once every 12
Single Vision Lenses	Covered in full	Up to \$30	Covered in full	Up to \$25
Frames or Contact Lenses	Frames or Contacts: \$180 allowance** + 20% off over allowance Medical Necessity: Covered in full	Frames: Up to \$70 Elective Contacts: \$145 Medical Necessary: \$210	Frames or Contacts: \$180 allowance** + 20% off over allowance Medical Necessity: Covered in full	Frames: Up to \$90 Elective Contacts: \$144 Medical Necessary: \$200
Contact Lens Fitting Fee	Member Cost up to \$60	No benefit		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. A more detailed summary of coverage is available at SoFi Central/ US Benefits.



LGBTQ+ Inclusive Benefits

SoFi is committed to providing inclusive benefits for LGBTQ+ employees and their dependents, fostering an affirming work environment. Key highlights include:

- Comprehensive benefit plans (medical, dental, vision, life insurance) available for same-sex spouses and registered domestic partners.
- Medical plans with Cigna and Kaiser cover transgender health services when medically necessary, including:
 - Gender reassignment surgery
 - Chest surgery (mastectomy, breast augmentation)
 - Hormone therapy
 - Behavioral counseling
 - HIV treatment & prevention
 - Additional services

Cigna

For detailed eligibility and covered services, visit **myCigna.com** or call Cigna at **800.244.6224.**

Note: Some services may require prior authorization.

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

Claim 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.

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

- Family Formation Benefits with Maven. Please see page 40.
- Modern Health, mental health and well-being support. Please see page 38.
- Short-term Disability (STD). Please see page 34.
- Medical Travel Reimbursement. Please see page 41.



401(k) Retirement Plan

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	Fidelity Investment Services Group #2411X Phone: 800.835.5095 Website: Fidelity NetBenefits via Okta
When can I enroll?	 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 Fidelity NetBenefits via Okta.
How much may I contribute?	 1–80% of paycheck Up to IRS limit of \$23,500 \$31,000 if over age 50 in 2025
Is there an employer match?	SoFi does not currently provide a 401(k) employer match. While we understand the importance of a 401k match, our priority right now is to continue offering a comprehensive and cost effective portfolio of benefits, as we continue to build a durable business. Each year we continue to reassess our benefits program.

401(k) Plan Provisions **Higher Catch-up limit for** The SECURE 2.0 Section 109 legislation increases catch-up participants ages 60-63 contributions for employees who attain age 60-63 in a given calendar year. The legislation increases the catch-up contribution limits for those ages 60-63 to the greater of: \$10,000 (indexed) or • 150% of the regular catch-up contribution limit **Contribution Type** • 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 (LTI and commissions). How do I request a rollover into the • You can rollover contributions to your account from a previous SoFi 401(k) plan? employer's 401(k) plan. Simply log on to www.NetBenefits.com, select Rollovers under the Quick links menu and follow the prompts. If you have questions, please call Fidelity at 800.835.5095. How do I opt-out of automatic To opt out of SoFi's 401(k) plan, visit the Fidelity Netbenefits website and register to access your account. Change your contribution enrollment?

may call Fideltiy at **800.835.5095** to request assistance with making this change. It may take 1-2 pay periods for any changes to reflect on your paycheck.

Additional information on the 401(k) plan, such as investment options, withdrawal regulations, and loans, can be found in the Summary Plan Description from Fidelity and it available online at SoFi Central/ US Benefits.

Key Account Choices

Pre-tax (traditional)

- 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 thencurrent rates and total income levels.
- All withdrawals prior to eligibility are subject to limitations, taxes, and/or penalties.

Post-tax (Roth)

Contributions are made after taxes have been applied.

percentages to 0% and click confirm. Or after your first paycheck, you

- 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.

Your investment options

Fidelity provides a number of investment funds so you can build a portfolio that meets your needs. If you are not sure where to begin, consider a Target Date Fund based on your age. You will automatically be enrolled in a Target Date Fund with your automatic enrollment. The fund takes into consideration your age and time to retirement and contains a mix of stocks, bonds and other investments, which becomes more conservative as the target retirement age approaches. Learn more about your investment options and to choose your investments, simply log onto your Empower retirement account or call Fidelity at **800.835.5095**.

Plan Investment Advisor: One Digital

SoFi partners with One Digital as our 401(k) Plan Investment Advisor. If you have 401(k) questions, you may reach out to OneDigital directly at **732.530.8129** or visit online at https://www.onedigital.com/Financial-academy







Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSA) play a vital role in your benefits package, allowing you to save money. An FSA enables you to cover eligible out-of-pocket dependent care and healthcare costs using pre-tax dollars, which lowers your taxable income. On average, an employee can save 30% for every dollar contributed to the FSA. The management of FSA benefits is handled by P&A Group. Any elections you make for the FSA will apply to services incurred between January 1 and 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.

How to make changes

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 to obtain 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 or by calling 800.TAX.FORM. Note: All FSA limits/dollar amount projections are subject to change upon IRS updates.

Claims Filing Deadline

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

Logging into Your P&A Group Account:

- 1. Register at **padmin.com.**
- 2. First-time users:
 - Find the blue login box and select "Employees."
 - Enter your username and password in the My Benefits Account Login section, then click Submit.
 - For first-time logins, click the First Time Logging In link to create your credentials (pressing Enter won't work).
- 3. Download the new Mobile App by searching for "P&A MyBenefits" in the App Store or Google Play.

Upon termination of employment with SoFi:

- Your Flexible Spending Accounts (FSA) will end.
- Health Care FSA: Eligible expenses before termination can be reimbursed, but services after are not eligible unless COBRA coverage is chosen. Notifications on COBRA continuation will be sent if a positive balance exists.
- Dependent Care FSA: Balance remains for reimbursement of eligible services during the Plan Year. Claim forms can be obtained at padmin.com or by contacting P&A Group at 800.688.2611.

FSA Key Provisions: January 1-December 31, 2025

	Health Care FSA	Dependent Care FSA (Daycare)	Limited Health Care FSA (Cigna HDHP Enrollees ONLY)
Provider Information	P&A Group: padmin.com / May also access via Okta		
Who is eligible for this plan?	Employees who are not enrolled in the Cigna HDHP with 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 HDHP with HSA
Maximum Contribution Amount 2025 limits are subject to change based on IRS decisions.	employee (annually; deduction taken over 26	Up to \$2,500. IRS restricts a calendar year per household limit of \$5,000	Up to \$3,300 per employee (annually; deduction taken over 26 pay periods)
What expenses are allowed?	Eligible expenses Health related costs (medical, dental & vision out-of-pocket costs) Prescription medication Ineligible expenses Cosmetic surgery Insurance Premiums	Eligible expenses Childcare Preschool Before or after-school care Ineligible expenses Education expenses Transportation expenses for childcare	Eligible expenses Dental & vision expenses Orthodontia expenses Medical expenses & heath related costs Dependent care (day care) expenses
*What happens to the account funds at the end of the year? 2025 limits are subject to change based on IRS decisions	 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.

SoFi 2025 Social Finance LLC 29

Things to Know about FSAs

Quick Facts about Health Care FSAs

- 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 Healthcare FSAs

- 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.

Quick Facts about Dependent Care FSAs

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.







Commuter Benefits

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.

- 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.**

	Transit	Parking	
Provider Information	P&A Group: <u>padmin.com</u> Phone: 800.688.2611		
Maximum IRS Pre-tax contribution	• Up to \$325 monthly	• Up to \$325 monthly	
What expenses are allowed?	Work related expenses such as: Mass transit fares Monthly bus passes Vanpooling fees	 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?	 Taxi fares Bridge tools Cost of auto maintenance	Parking costs at homeParking when not commuting to or from work location.	

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 at SoFi Central/US Benefits.



Disability Insurance

Short-Term Disability Insurance

SoFi offers Short-Term Disability Insurance for all eligible employees through Reliance Matrix, with the **entire cost covered by SoFi.**

Benefits are calculated at 60% of your base weekly wages and commissions, with a maximum payout of \$2,500. Coverage starts on the 8th day of your qualified disability and continues as long as you remain eligible, up to a maximum of 12 weeks. Please note that the benefits you receive are taxable, and at the end of the year, you will need to report these benefits on your Federal and State Income tax returns.

Short-term Disability Key Provisions			
Class Description	All full-time employees working 30 hours or more per week.		
Definition of Salary	Base monthly earning including commissions		
Benefit Amount	60% of weekly earnings to a maximum of \$2,500 per week		
Elimination Period	8th consecutive day of disability		
Benefit Duration	Maximum of 12 weeks		

Long-Term Disability Insurance

SoFi provides Long-Term Disability Insurance for eligible employees through Reliance Matrix, **fully funded by the company.**

Benefits equal 60% of base salary and commissions, starting after a 90-day qualified disability period, and continue until the normal retirement age defined by Social Security, as long as qualifications are met. Benefits are taxable and must be reported on Federal and State Income tax returns.

Long-term Disability Key Provisions			
Class Description	All full-time employees working 30 hours or more pe week.		
Definition of Salary	Base monthly earning including commissions		
Benefit Amount	60% to a max benefit of \$15,000 per month		
Elimination Period	90 consecutive days of total disability		
Benefit Duration	For the first 24 months, you must be disabled and coverage will continue provided you are continuously disabled until your normal retirement age.		







Basic Life and AD&D Insurance

SoFi offers Basic Life and Accidental Death & Dismemberment (AD&D) insurance to all eligible employees through Reliance Matrix. The cost of these benefits is fully covered by SoFi and becomes effective on your hire date.

Employees are encouraged to designate a life beneficiary who will receive the benefit in the unfortunate event of their death. Beneficiary designations can be made in Workday.

Basic Life and AD&D Insurance Key Provisions.		
Life Benefit Amount	2 times annual base salary and commissions up to a maximum of \$500,000.	
AD&D Benefit Amount	2 times annual base salary and commissions up to a maximum of \$500,000.	
Benefit Amount & Age Reduction	Percentage of available or in force amount at age 64: • 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 with 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 Voluntary 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.

Voluntary Life Key Provisions Employee Benefit Increments of \$10,000 to a **Amount** maximum of \$1,000,000 Spouse/Domestic Increments of \$10,000 to a **Partner Benefit** maximum of \$500,000 **Amount** Coverage must be elected before spouse/domestic partner turns age 60 and coverage terminates at age 75. Benefit Amount Age Percentage of available or Reduction 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** Employee: \$200,000; under age 70. Age 70 and above **Amounts** must complete medical underwriting. **Spouse**: \$50,000; under age 60. Age 60 and above must complete medical underwriting. Child: \$10,000

Voluntary Life: Employee & Spouse/Domestic Partner

Age	Rates per \$10,000 of coverage 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 Child Life Costs per pay period

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

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 Key Provisions				
Class Description	All full-time employees working 30 hours or more per week.			
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 Long-Term Care Monthly Costs

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	\$85.55	\$116.49	\$172.37
50	\$115.41	\$152.27	\$225.98
55	\$162.50	\$215.01	\$320.02
60	\$221.61	\$239.82	\$438.25









Mental Wellbeing Services

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: AllforOne Health via Reliance Standard

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





Bright Horizons: Back-up Child & Adult Care Services

Bright Horizons serves as our family care solution, providing both center-based and in-home care for children and adults/elders during emergencies or when regular care is unavailable. Employees can start accessing Bright Horizons benefits on the first of the month following their hire date.

Employees can secure back-up care for their entire family, as well as find pet care, tutoring for various subjects, and camps for school-free days, all for an additional cost covered by the employee.

Benefit Details

- 15 days of care per year
 - For children, available in our centers nationwide or in your home
 - For adult and elder loved ones, provided in your home or theirs
- Center copay: \$15 per child per day or \$25 per family per day
- In-home copay: \$6 per hour (covering up to 3 care recipients, with a minimum of 4 hours and a maximum of 10 hours)
- Schedule care up to 90 days in advance or as late as the day it is needed

How to Register

- Use your Employee ID (found in Workday under "job details") to register at Bright Horizons
- Don't forget to download the Bright Horizons mobile app for quick backup care requests on the go.







Maven: Family Formation & Parental Support

SoFi provides employees and their partners complimentary access to virtual care through Maven, covering a range of topics such as fertility, egg freezing, pregnancy, postpartum support, adoption, surrogacy, and the transition back to work after parental leave. With Maven, you can enjoy 24/7 access to doctors, specialists, coaches, and reliable content tailored to your journey. Maven is designed to assist you at every stage, from family planning to parenthood and pediatric care.

Enjoy these free services by signing up:

- Unlimited access to over 25 specialties in women's and family health through video consultations and messaging
- · A dedicated Care Advocate to help you navigate your care, benefits, and health bills
- Personal referrals to high-quality fertility clinics, along with preferred pricing for select treatments
- Trustworthy resources, including virtual classes, informative articles, and community forums

Maven Programs include:

Maternity

Partners/Dads
 Egg Freezing

Adoption
 Breast Milk Shipping Services

IVF

Surrogacy
 Parenting & Pediatrics

MiscarriageMenopause

SoFi employees and their partners can access Maven Programs at no cost, ensuring unlimited support.

Get Started Today

Visit <u>mavenclinic.com/join/takecare</u> or download the Maven Clinic app. For help, contact support@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.

Maven Wallet

The Maven Wallet program offers access to employer reimbursements for eligible expenses related to fertility treatment, preservation, maternity, adoption, and surrogacy. Throughout your career at SoFi, you can receive up to a lifetime maximum of \$20,000 in reimbursements for these eligible expenses.

The SoFi Wallet plan includes:

- A lifetime maximum of \$20,000 for reimbursements covering IUI/IVF, egg freezing, adoption, and surrogacy
- Comprehensive support throughout your family formation journey, from preconception assistance, including financial and medical planning, to ongoing guidance from Maven's clinical support team
- A user-friendly interface that allows for easy receipt uploads and straightforward access to reimbursement status and remaining balance

Eligibility

- Full-time employees are eligible for employer reimbursements through Maven Wallet starting on the first of the month following their hire date.
- Enrollment in a SoFi medical plan with Cigna or Kaiser is required to access Maven Wallet for employer reimbursements.
- Each plan year runs from January 1 to December 31
- Eligible expenses must be incurred after the employee becomes eligible and submitted within 90 days of incurring them.
- If expenses are incurred by a spouse or taxdependent partner, they must also be enrolled in a SoFi medical plan with Cigna or Kaiser.
- Expenses that are reimbursed by any other source are not eligible for reimbursement.

Important Tax Information

- Any reimbursement you receive through Maven Wallet is intended to be treated as taxable income to you and are reported on your W-2 as wages subject to standard tax withholding.
- You are solely responsible for complying with your personal income tax filing and payment obligations.

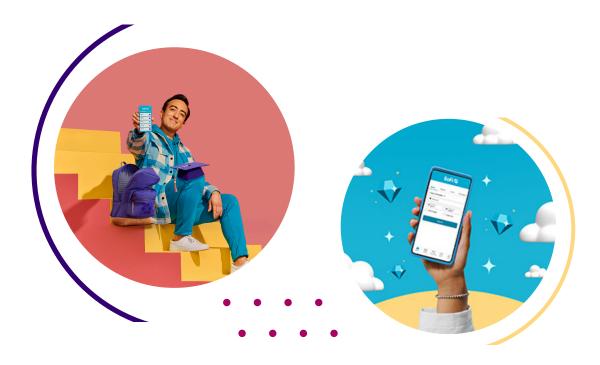
How does it work?

- Download the Maven Clinic app (Google Play or App Store) and register for an account.
- Sign into your account and select a track: IUI/IVF, Preconception, Egg Freezing, Maternity, Adoption, Surrogacy.
- Pay your service providers for your eligible expenses using a checking or credit card account with your or your eligible spouse's/tax-dependent partner's name on it and obtain a detailed statement showing your or your spouse's/tax-dependent partner's financial responsibility.
- When you are ready to submit an eligible expense, activate Maven Wallet by selecting the Maven Wallet dashboard card in the "Home" tab or selecting "My Maven Wallet" in your profile (the "Me" tab) and completing the survey. Once your eligible expense is approved, you will receive reimbursement via SoFi Payroll within 1-2 pay cycles.
- Within 90 days of your date of service, submit a reimbursement request through Maven
 Wallet and upload any required substantiation

Important Things to Know about Maven Wallet

We encourage employees to carefully review which medical plan option works best for you and your family as your choice will impact how the Maven Wallet reimbursement will work.

- Cigna HDHP Participants: 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. You must meet the IRS statutory minimums, not the minimums set by the Cigna health plan. The minimum IRS statutory spend for 2025 is \$1,650 for single coverage and \$3,300 for family coverage.
- FSA Participants: You must exhaust your Maven Wallet funds before using your FSA funds for the expense.
- Out-of-pocket co-pays and coinsurance, for eligible expenses are reimbursable (for US employees, subject to satisfying the HDHP minimum statutory spend, if applicable).
 However, Maven Wallet cannot be used for deductibles.



Work/Life Benefits

Student Loan Employer Contribution Program

SoFi is dedicated to the financial well-being of its employees. We provide a leading benefit designed to assist regular, full-time employees, who are scheduled to work at least 30 hours per week, with their student loan debt. The pre-tax maximum amount that can be disbursed in one calendar year is \$5,250. This limit includes contributions from both the Student Loan Repayment Program and the Tuition Reimbursement Program. Please note that the loan must be in the employee's name, as this benefit does not extend to loans taken out for family members.

Once the \$5,250 pre-tax maximum is reached in conjunction with the Tuition Reimbursement Program, this benefit will be subject to applicable taxes. You will receive an enrollment email approximately at the end of the week in which you become eligible. For the enrollment process, please use a personal email address.

Employees will not be eligible for any student loan repayment benefits for months worked prior to enrollment. To maximize benefits, timely enrollment is essential. Please be aware that the student loan repayment program will terminate on the date of the employee's departure. Additionally, SoFi will not contribute to the employee's student loan repayment during any leave of absence.

SoFi at Work

Your financial wellness one-stop shop can be found at <u>SoFi.com</u> via the SoFi at Work Dashboard. SoFi has resources to help support your financial wellbeing and goals. With SoFi at Work Dashboard, you can:

- Take a financial self-assessment.
- Get exclusive SoFi offers and rate discounts.
- And so much more

Visit: **SoFi.com/at-work/lookup** and enter your last name and work email to discover more.

Phone: 833.277.7634

Live Chat: Look for chat box after starting an app

Tuition Reimbursement Program

SoFi will cover tuition expenses for approved programs from accredited institutions, pre-tax, up to \$5,250 annually, with a lifetime maximum of \$25,000. This benefit is available to all regular full-time and part-time employees, who become eligible after six months of employment. The maximum reimbursement of \$5,250 can be claimed within a single calendar year and is combined with the Student Loan Repayment Program as per the CARES Act.

For additional information, please visit SoFi Central or reach out to the SoFi Health Advocate at benefits@sofi.org.

Identity Theft Protection

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**.

Emergency Travel Assistance

If you experience an emergency when traveling — no matter how big or how small — you have around-the-clock access to On Call International's 24-hour, toll-free travel assistance services. Whether you need help with an illness or injury, lost passport, missing luggage or even a prescription refill, you can rest assured you (and your covered dependents) have access to a personal travel emergency companion anytime you're more than 100 miles away from home.

On Call's Global Response Center is open 24 hours a day, 365 days a year and can provide the following services through your group life insurance coverage with Reliance Matrix.

Call in U.S: 800.456.3893

Call from other countries: 603.328.1966

Medical Travel Reimbursement

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: P&A Group via Okta

Phone: 800.688.2611

Delta Dental Member Perks

Your Delta Dental membership does more than help keep your smile bright and healthy when you visit the dentist. Your plan also brings exclusive product discounts, resources and more to support a healthy lifestyle for your smile and beyond, including:

- Virtual dentistry offerings. Get remote video or photo consultations with a dentist at low or no cost.
- Free wellness resources. Check out articles, videos, recipes, newsletters and more that will help you lead a healthy life.
- LASIK discounts with QualSight. Call 855-248-2020 to save up to 35% off the national average price of LASIK with QualSight.1
- Hearing aid discounts with Amplifon. Call 888-779-1429 to save an average of 66% off retail pricing for hearing aids with Amplifon.2
- Thousands of discounts with LifePerks. Save on oral health products, auto, financial and travel services, childcare and entertainment like movies and theme parks.

To get started, visit:

www1.deltadentalins.com/memberperks





WellHub: Gym and Wellness Support

Wellhub provides an all-inclusive wellness subscription that grants access to gym studios, wellness apps, and a variety of additional services. The company partially subsidizes the monthly Wellhub membership fee for regular, full-time employees. Wellhub offers various rates, including special discounts specifically for SoFi employees. With a monthly Wellhub plan, SoFi employees can try out new activities such as yoga, CrossFit, cycling, and more, while also having access to fully equipped gyms.

Employees can start participating in Wellhub on the first of the month following their hire date. The most affordable plan begins at \$11.99 per month. Discounted gym memberships are available for Crunch, Lifetime Fitness, Orange Theory, and others. Employees will have their contributions deducted directly from their payroll. If dependents are added to the plan, a separate payment arrangement must be set up directly through Wellhub.

Free Digital Tier

Wellhub also offers FREE access to a digital tier featuring some of the top-rated wellness apps at no cost. Available apps include MyFitnessPal, Sleep Cycle, FizzUp, and more.

- Download the app on your phone and enter SoFi as the company.
- · Register for an account.
- On the landing page, scroll to the last option and select "Digital Plan \$0.00."

To get started with Wellhub

- Download the Wellhub app from the Google Play Store or the App Store.
- · Create a free account using your work email.
- Alternatively, visit <u>wellhub.com/en-us.</u>

For any immediate questions regarding account setup, please reach out to the Wellhub team via the Wellhub App or visit wellhub.com/en-us.







Legal Assistance with LegalShield

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 Highlights

- · 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

100% of all matters are handled in network and there are never any claim forms. For more information, please visit: **shieldbenefits.com/sofi**



Additional Wellbeing Services

To be eligible for the following well-being programs, you must be a participant in a Cigna or Kaiser plan. These programs are offered to you at no cost and are part of your medical plan 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. 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 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 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 Lifestyle Management Programs

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**.

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: Chronic Condition Coaching Program

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 will 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 Healthcare Wellness Experience 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.

Cigna FoodSmart: Virtual Nutritional Counseling

As a participant in Cigna, you have access to Foodsmart, a network provider that offers virtual nutrition counseling with registered dietitians. These dietitians develop personalized food programs based on your budget and health objectives, addressing areas such as weight management, gut health, irritable bowel syndrome, diabetes, hypertension, and heart health.

After registering with Foodsmart, you can schedule a nutritional counseling appointment. Additionally, you will gain access to a variety of tools, including recipes, customized meal plans, grocery price comparisons, and support for integrated grocery store and restaurant ordering.

Moreover, you'll receive weekly newsletters and notifications about events, such as upcoming webinars focused on wellness and nutrition. To view and register for webinars, visit foodsmart.com/members/cigna-healthcare.

IdentityForce

Employees enrolled in the Cigna Healthcare medical plan can access identity theft protection at no cost. IdentityForce, a brand under TransUnion®, has been dedicated to safeguarding identities and credit for over 40 years. Their Certified Resolution Specialists work tirelessly to ensure the safety of you and your family.

Here are two ways to activate your account:

1. Visit <u>cigna.identityforce.com/starthere</u> 2. Call **833.580.2523**

Kaiser Member Programs

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

Kaiser Pregnancy Care

- Visit <u>kp.org/pregnancy</u> 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 <u>kp.org/choosehealthy</u>
Or call **877.335.2746**

Kaiser Virtual Assistance for Mental Well-being

Kaiser members can explore 2 evidence-based apps, including:

Calm is the number one app for meditation and sleep. You can choose from hundreds of programs and activities, including:

- Guided meditations
- Sleep Stories
- · Mindful movement videos

Headspace Care (formerly called Ginger) offers 1on-1 emotional support coaching and self-care activities to help with many common challenges.

- Coaches are available by text 24/7
- You can use Headspace Care's text-based coaching services at no cost, no referral needed.

Visit **kp.org/selfcareapps** to get started.

Additional Kaiser Healthy Resources & Benefits

Visit **kp.org** and select "Health and Wellness"





Frequently Asked Questions

General Inquiries

I recently relocated. Do I need to update my address with Benefits for my insurance?

No, there is no need to change your address with the Benefits Department. However, it is essential to update your address in Workday. Once you do that, it will automatically be forwarded to all health insurance providers. Please allow 7 to 10 business days for the carriers to process your new address.

Important: If you are enrolled in the Cigna Home Pharmacy Delivery service, you must update your address directly with Cigna. You can contact Cigna Home Pharmacy at **800.835.3784.**

What if I want to cancel or modify my insurance plans?

Once the new hire or Open Enrollment period concludes, you cannot make any changes. SoFi conducts Open Enrollment annually in early November, typically lasting for two weeks, with specific dates communicated in advance. The only exception to this is for IRS-approved Qualifying Life Events, as detailed on page 6.

What is imputed income if I include a domestic partner in my insurance?

If you choose to enroll your Registered Domestic Partner and/or their dependents, please note

that the IRS considers SoFi's contribution toward the coverage cost as imputed income. Imputed income is subject to taxation, meaning it contributes to your taxable gross income for both federal and state income taxes, as well as FICA (Social Security and Medicare) taxes, which are withheld from your paycheck.

Please review the document that explains how adding a domestic partner affects your benefits. It is advisable to consult your tax advisor regarding the tax implications of your benefit choices. SoFi employees who are married or in a Registered Domestic Partnership, as well as parents or children, are not permitted to double cover each other for benefits.

How do my Deductible and Out-of-Pocket Maximum Accumulators function?

Your Deductible is the amount you must pay each calendar year before your health insurance begins to cover certain services. The Out-of-Pocket Maximum is the highest amount you will pay in a calendar year, which includes your deductible, coinsurance, and copays for covered expenses. Once you reach your annual Out-of-Pocket Maximum, your health insurance will cover 100% of your cost share for medical services that contribute towards this maximum for the remainder of the calendar year.

When utilizing both In-Network and Out-of-Network providers, please be aware that your In-Network and Out-of-Network Deductibles and Out-of-Pocket Maximums do not accumulate together. Only the expenses you incur for In-Network services count towards your In-Network Deductible and Out-of-Pocket Maximum. Similarly, only the expenses you incur for Out-of-Network services count towards your Out-of-Network Deductible and Out-of-Pocket Maximum.

Cigna

When will I receive my Cigna ID card?

Cigna does not mail out physical ID cards to plan participants. You may access your ID card by going to the myCigna app on your mobile phone or print a copy by visiting their website **myCigna.com**.

To access your account online or via the mobile app, you must first create a member account. Please see the attached <u>flier</u> and <u>registration</u> info for instructions. The Group number is #3342825.

We also encourage you to bookmark the <u>SoFi</u>
<u>Central/ US Benefit site</u> so you have easy access to learn more about all the great benefits available to you.

Commuter

What happens to my commuter funds if my employment with SoFi ends?

Upon termination of your employment, any remaining balance in your commuter benefit account will be forfeited. According to IRS regulations, SoFi is unable to refund any unused commuter benefit funds. However, you can file claims for eligible expenses incurred during your employment for up to 90 days. Please note that expenses must fall within the claim year and those incurred after your employment has concluded are not eligible for reimbursement.

For any inquiries, feel free to reach out to P&A Group at **800.688.2611.**

How do I submit a claim for reimbursement for parking or transit?

You can submit eligible parking claims using the following methods:

- P&A Group Mobile App: Download the app, log into your account, and navigate to the menu to select Upload Claim/Documentation for your submissions.
- QuikClaim: Quickly submit claims via your smartphone by logging into your account and following the on-screen prompts.
- Electronic Claim Upload: Log into your P&A account online and choose Upload Claim/Documentation under the Member Tools Tab.
- Fax or Mail a Claim: Claim forms can be accessed by logging into your account at www.padmin.com
 - Fax: 877.855.7105
 - Mail: P&A Group, 17 Court St. Suite 500, Buffalo, NY 14202

401(k)

How do I access my 401(k) account?

Fidelity Investments is our 401(k) service provider. You may access your account at any time after you've received your first paycheck from SoFi via Okta or at <u>Fidelity Netbenefits</u>.

How do I rollover a 401(k) account into my SoFi 401(k) account with Fidelity?

Log on to <u>Fidelity NetBenefits</u> or call Fidelity at 800.835.5095 for assistance.

How much can I contribute to my 401(k)?

For the 2025 tax year, the IRS' elective deferral limit for 401(k) accounts is \$23,500, with an additional \$7,500 catch-up contribution allowed for participants aged 50 or older. If you are aged 60-63, your additional catch-up is \$11,500.

Can I elect 401k after-tax?

SoFi does not currently offer 401k after-tax contributions.

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.

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 preblended 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.

LegalShield

How do I enroll?

You need to log into Workday via Okta and elect coverage through a new hire event event. Please reach out to the benefits team at **benefits@sofi.org** if you need assistance.

What if I do not elect now, can I enroll later?

No, if you elect to waive this coverage now, you will need to wait until the 2025 Open Enrollment to elect this benefit, unless you experience a qualified life event.

How much does LegalShield cost?

Employees pay for the program with convenient payroll contributions of \$7.27 per pay period by signing up via the Workday system.

Can I stop the plan at any time?

No. This plan is an annual election and you will not be able to drop the coverage until our next open enrollment in 2025 or if you experience a qualifying life event and have participated in the program for 1 year.

Where can I find more information about what is covered?

Click here for additional information.

What happens to the LegalShield benefit if my employment at SoFi ends?

Your coverage will end as of your termination date, and you will not be able to start any new legal matters while in suspension. You will be eligible to continue your plan by paying for the coverage directly to LegalShield on a monthly or quarterly basis. LegalShield will send you a notice allowing you to continue your enrollment and provide you up to 45 days to respond.

To learn more about employee benefit programs, please visit **SoFi Central/US Benefits.**

SoFi 2025 Social Finance LLC



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.