

TOTAL WELLBEING
#thisiswhyKPTI
TOTAL WELLBEING



BENEFITS

2022 ENROLLMENT GUIDE

EMOTIONAL



PHYSICAL



SOCIAL



FINANCIAL



At KPTI the commitment to employees goes well beyond a paycheck.

In addition to an innovative and exciting work environment and the opportunity to be part of a “patient first” culture, Karyopharm is proud to offer a benefits program that supports employees and families in a way that fosters well-being and a sense of security critical to being productive and successful.

Please use this guide as a way to navigate through the benefit options available to you and your family and make informed decisions.

Navigate to Sage People to access the benefits enrollment website.
Enrollment instructions can be found on the Benefits KaryoNet page.

Karyopharm offers a broad range of benefits with a variety of cost structures for those who choose to participate. You will find these symbols throughout this brochure to highlight the cost-sharing model for each.



Basic Life, Accidental Death and Dismemberment and Disability programs are 100% paid for by Karyopharm.



Medical, Dental and Vision are paid for by Karyopharm and the employee. On average, Karyopharm pays 80% of these benefits.



Additional benefits like Voluntary Life insurance for you and your family are 100% paid for by employees.

News and Reminders for 2022

- **2022 Premiums:** We are happy to share the good news that employee benefits premium rates will not be changing for 2022.
- **New EAP – ComPsych:** We have a new employee assistance partner, ComPsych. You can reach them at 800-272-7255, or guidanceresources.com Web ID: COM589
- **Claims Advocacy:** Karyopharm has enhanced our ability to assist our employees with benefits claims questions by engaging a claims advocacy group. You can reach them at csclaims@nfp.com.
- **Submit your Qualifying Event online:** New baby? Getting married? Spouse got a new job? You can change your benefits online in Sage People. Send an email to benefits@karyopharm.com to get started.
- **Beneficiaries:** Don't forget to add your beneficiaries in Sage for your life insurance coverage! Beneficiaries for life insurances, basic and voluntary coverage, are tracked in Sage. Make sure you designate whom you would like to receive your benefit.
- **Flexible Spending:** The 2022 contribution limit for Healthcare FSA is \$2,750 with a carryover amount of \$550. The Dependent Care 2022 contribution limit is \$5,000.
- **401(k):** The 401(k) IRS contribution maximums for 2022 are \$20,500 and an additional \$6,500 for catch-up contributions for participants 50 years old or older.
- **Care.com:** Childcare, back-up childcare, tutoring, elder care, pet care, and more are now at your fingertips to call on for an assist when you need it.

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**Wellness encompasses a
healthy body, a sound mind
and a tranquil spirit.**



Enjoy the journey as
you strive for wellness.

Caring for Your Changing Life: Qualifying Life Events



Reminder:
Qualifying life events
require proof of event
documentation. Contact
benefits@karyopharm.com
for more information.

**You have 30 days from your
qualifying event date
to report your event to
benefits@karyopharm.com.**

- **New Hires:** You are given the opportunity to elect your benefits within 30 days after your date of hire. Most benefits coverage begins on your date of hire; however, Vision coverage begins the first of the month following your date of hire. Coverage is effective through December 31st unless you have a qualifying life event.
- **Annual Enrollment:** Held in November, this is your once per year opportunity to select or update the employee health benefits that matter to you and your family. Your elections coverage is effective January 1st through December 31st unless you have a qualifying life event. You will enroll in benefits through Sage People.
- **Qualifying Life Events:** If you experience a qualifying life event such as marriage, divorce, birth, adoption, and any change in benefits eligibility elsewhere for you and your dependents (such as a change in your dependents' employment status or dependents who have reached age 26), you have the opportunity to change your benefit elections. It is your responsibility to report your event to benefits@karyopharm.com within 30 days of the date of your event and make benefit changes related to that event on Sage People. Proof of life event documentation will be required. Your elections coverage is effective on the date of your event through December 31st unless you report another qualifying event.
- **Terminated Employees:** When you terminate your employment, your medical, dental, and vision coverage ends at the end of the month in which you terminate. You will then be offered continued coverage through COBRA. Your life insurance coverage ends on the date of termination. Contact benefits@karyopharm.com for information about applying for personal direct billed life insurance.

Caring for You and Your Family: Dependents and Beneficiaries

Who's eligible: Karyopharm's regular employees scheduled to work 30 hours or more per week are eligible for benefits

Your Eligible Dependents: If you are eligible for benefits, the following dependents are eligible to participate in your benefits:

- your spouse
- your children up to age 26
- your domestic partner*
- your domestic partner's children

You will need to add your eligible dependents to Sage People for coverage.

Beneficiaries: Make sure you add your beneficiaries to your life insurance coverage when you enroll in benefits. Enter your beneficiaries for your 401(k) plan online with Fidelity.

* Contact benefits@Karyopharm.com to fill out a domestic partner affidavit when you want to cover your domestic partner on your benefits.



KPTI understands that caring for you, our employee, is not enough. Caring for your families is also essential to give you peace of mind and allow for you to maintain a happy, healthy, and productive work life.

Karyopharm Benefits



Caring for Your Health: Medical Coverage

- The **PPO \$1000** and **PPO \$1500** are national Preferred Provider Plans using the Harvard Pilgrim Healthcare network in New England and the United Healthcare Network nationwide. With these plans you will not need a referral to see a specialist. You receive the highest level of coverage by using In-Net-work providers and risk much higher out of pocket costs when using Out-of-Net-work providers.
- The **HMO \$1000** requires exclusive In-Network use of providers in New England and offers no coverage for Out-of-Network providers. Participants are required to select a primary care physician (PCP) and use referrals for additional services.
- All plans include an **HRA** that partially covers the deductibles.
- *Important note:* For the PPO plans, balance billing is not covered by the Out-of-Pocket Maximum. This means that if you use an out-of-network provider, you may be billed the balance in addition to the 20% co-insurance.

Summaries of Benefits and Coverage (SBCs) for your health insurance are available online at <https://karyopharm.sharepoint.com/sites/humanresources> or online with your benefits enrollment in Sage. You can also request to receive a copy at benefits@Karyopharm.com



KPTI knows that each family is different, so we offer multiple benefit options to make sure you have the protection you need, as well as additional opportunities to save.

Caring for Your Health: Medical Coverage

	HMO \$1,000	PPO \$1,000		PPO \$1,500	
Medical Service	In-Network (New England) ONLY You Pay	In-Network You Pay	Out-of-Network You Pay	In-Network You Pay	Out-of-Network You Pay
Karyopharm contribution to HRA	\$1,000 Individual, \$2,000 Individual+1 and Family				
Plan Year Deductible	\$1,000 Individual \$2,000 Individual +1 and Family	\$1,000 Individual \$2,000 Individual +1 and Family		\$1,500 Individual \$3,000 Individual +1 and Family	
Plan Year Out of Pocket Maximum	\$6,600 Individual, \$13,200 Individual+1 and Family				
Preventive doctor visits	Covered in Full	Covered in Full	20% coinsurance after Deductible	Covered in Full	20% coinsurance after Deductible
Doctor Visit	\$25 / \$30 Co-pay	\$25 / \$30 Co-pay	20% coinsurance after Deductible	\$25 / \$30 Co-pay	20% coinsurance after Deductible
Diagnostic Tests and Imaging	Covered in full after Deductible	Covered in full after Deductible	20% coinsurance after Deductible	Covered in full after Deductible	20% coinsurance after Deductible
Inpatient Hospital	Covered in full after Deductible	Covered in full after Deductible	20% coinsurance after Deductible	Covered in full after Deductible	20% coinsurance after Deductible
ER visit	\$100 Co-pay after Deductible (waived if admitted for 24 hours)	\$100 Co-pay after Deductible (waived if admitted for 24 hours)		\$100 Co-pay after Deductible	
Behavioral Health	\$25 Co-pay	\$25 Co-pay	20% coinsurance after Deductible	\$25 Co-pay	20% co-insurance
Retail Prescriptions (30 day supply)	\$5/\$20/\$30/\$50	\$5/\$20/\$30/\$50		\$5/\$20/\$30/\$50	

Caring for Your Health: Medical Coverage Prescription Drugs

PRESCRIPTION DRUG COVERAGE TIERS

There are four levels of coverage with different copays for each

- **Tier 1:** Selected generic drugs that are equivalent to brand name drugs and your cheapest option
- **Tier 2:** Brand name drugs that do not have a generic equivalent and some high-cost generic drugs
- **Tier 3:** Brand name drugs that have a generic option and some lower cost specialty drugs
- **Tier 4:** Specialty drugs and high-cost brand name drugs that have a generic option

You can visit harvardpilgrim.org/rx and choose *Value 4-Tier* to review covered drugs with Optum.

All Plans	Coverage and Cost
Tier 1 - Generic 30-day supply Mail Order: 90 day supply	\$5 Co-pay \$10 Co-pay
Tier 2 - Brand name no generic 30-day supply Mail Order: 90 day supply	\$20 Co-pay \$40 Co-pay
Tier 3 - Preferred brand name 30-day supply Mail Order: 90 day supply	\$30 Co-pay \$60 Co-pay
Tier 4 - Non-preferred brand name 30-day supply Mail Order: 90 day supply	\$50 Co-pay \$150 Co-pay

FORMULARY EXCEPTIONS

Step Therapy: Some medications on your plan require that you take a generic equivalent before taking the brand name. Once you have tried the generic, your doctor can request an exception for the brand name drug from Optum.

Prior Authorization: Some medications on your plan require that your doctor explain the medically necessary reason for the prescription. Your doctor can contact Optum directly to request the authorization. Your providers can contact Optum at 855-258-1561.



All KPTI's medical plans include prescription drug coverage through Optum. These benefits include prescription medication provided either by a retail pharmacy (30-day supply) or by mail order (90-day supply).

**With mail order you
get 3 months supply
for the price of 2!**



When you enroll in one of our medical plans, KPTI provides a Health Reimbursement Account (HRA) that automatically funds a portion of your deductible when you use the plan.

This benefit is administered by HRC Total Solutions.

Always wait to receive an Explanation of Benefits before paying any provider bills.

Caring for Your Health: Medical Coverage

EMPLOYER-FUNDED HEALTH REIMBURSEMENT ACCOUNT

When you use the medical plan to see a physician, purchase prescription drugs, have a test, etc. Karyopharm's Health Reimbursement Account partially covers your deductible, if needed, as follows:

- \$1,000 for Individual coverage
- \$2,000 for Employee + 1 and Family coverage

How deductible is used to pay claims

- Your provider bills Harvard Pilgrim after your visit
- Harvard Pilgrim pays your claim less any deductible
- Harvard Pilgrim sends your claim to HRC
- HRC pays the deductible amount directly to your provider

Bottom line? Always wait to receive an Explanation of Benefits from Harvard Pilgrim Health Care and wait for everything to be paid through your insurance before paying any bills. If the "your responsibility" amount on your EOB is only for the deductible, wait at least a month's billing cycle for HRC to pay the deductible amount due.

If you have further questions you can call Benefits Concierge at (877) 835-1361 or csclaims@nfp.com for help with your claims questions.

Caring for Your Health: Medical Coverage

ADDITIONAL BENEFITS COVERAGE:

Chiropractic: 12 visits per year, \$30 copay In-Network

Acupuncture: 20 visits per year, \$30 copay In-Network

Annual Routine Eye Exam: \$25 copay In-Network

OTHER BENEFITS:

Your dollars go further with your Harvard Pilgrim card. Discover many great savings on products and services to help you keep fit, healthy and well.

Here are some ways you can save:

- Fitness Reimbursement benefit
- Generous discounts on eye-wear (frames, lenses, supplies, laser correction surgery)
- Healthy discounts with nutrition programs, fitness & sports clubs, athletic footwear, health & fitness magazine subscriptions, exercise DVDs & videos, hearing aids and more

TELEMEDICINE:

Harvard Pilgrim Health Care has partnered with Doctor on Demand (DoD) to ensure members will have access to virtual consultations for medical conditions that can be treated through video visits. With Telemedicine, you can see a doctor anywhere you have online access, including your home, workplace, or wherever else you may be.

- Real-time interactive access to have a virtual visit with a doctor through DoD's network
- On-demand medical consultations, available 24/7
- You are covered to receive virtual visits, or telemedicine/telemental health, urgent medical care and routine behavioral health care using live video on a smartphone, tablet or computer
- Visits are typically subject to the applicable outpatient office visit cost sharing



KPTI embraces wellness in all forms and ensures additional Benefits Coverage is available with Harvard Pilgrim Healthcare enrollment for things like acupuncture, nutrition programs, and Doctor on Demand.



KPTI's dental benefit plan is designed to cover a portion of your dental expenses after you meet an annual deductible (except for Preventive services paid at 100%).

The Delta Dental PPO plan provides access to Delta Dental's extensive national networks of dentists offering great discounts for you and your family

Caring for Your Health: Dental Coverage

DELTA DENTAL PPO COVERAGE

DENTAL SERVICE	IN-NETWORK	OUT-OF-NETWORK
Diagnostic/Preventive (Type I) (Exams, Teeth Cleaning)	100%	100%
Basic Restorative (Type II) (Fillings, Extractions, Root Canals)	85%	80%
Major Restorative (Type III) (Crowns, Dentures)	55%	50%
Deductible (For Types II & III, waived for Type I)	\$50 per Individual/ \$150 per Family	
Calendar Year Maximum (Type I, II, III)	\$1,500	
Orthodontics Lifetime Maximum	Covers 50% up to \$1,500 per Individual	

*Subject to reasonable and customary charges when seeking care outside of network.

Caring for Your Health: Dental Coverage

ROLLOVER MAXIMUM

This valuable benefit feature allows you to roll over a portion of your unused spending to increase your maximum benefit limit next year, and beyond. So, you can save and accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future—such as bridges, crowns, and root canals.

Your plan includes a Rollover Maximum - \$500 of your calendar maximum will rollover from one plan year to the next if:

- you receive at least one cleaning or oral exam in the plan year
- you are enrolled for dental coverage before the 4th quarter of the calendar year
- your paid claims do not exceed the maximum “threshold” amount

(Rollover Max dollars do not apply to orthodontic services.)

Your calendar year maximum benefit amount.	If your total yearly claims don't exceed this threshold amount...	If your total yearly claims don't exceed this threshold amount...	Your accumulated rollover total is capped at this amount.
\$1,500	\$700	\$500	\$1,250



Rollover Max increases your dental benefit value.

You get more flexibility in planning and paying for your dental care, as well as the peace of mind knowing you have more benefits, if you need them, when you need them.

Best of all, Rollover Max comes as part of your Delta Dental coverage. There's no additional fee.



KPTI provides a vision plan through VSP, with coverage for annual comprehensive eye exams as well as benefits towards the purchase of eyeglasses or contact lenses.

Save with VSP! VSP offers additional savings through Exclusive Member Extras, including discounts on featured frame brands and savings on LASIK! For more great offers, visit vsp.com/specialoffers.

Caring for Your Health: Vision Coverage

DELTA DENTAL PPO PLUS PREMIER COVERAGE

VISION SERVICE	IN-NETWORK	OUT-OF-NETWORK
Well Vision Exam	\$10 Copay (1 every 12 months)	\$10 Copay Up to \$55
Prescription Glasses (lenses and/or frames)	\$25 Copay	\$25 Copay
Lenses (every 12 months)	(Included in Prescription Glasses Copay) Single Vision Lined Bifocal Lined Trifocal	Single Vision – Up to \$50 Lined Bifocal – Up to \$75 Lined Trifocal – Up to \$100
Frames (every 24 months)	(Included in Prescription Glasses Copay) \$140 allowance \$160 allowance for featured brands	Up to \$70
Contacts (instead of glasses, every 12 months)	Contact lens exam (fitting and evaluation) Copay up to \$60 \$140 allowance	Up to \$105

Caring for Your Wealth: Flexible Spending Accounts (FSA)

HEALTH CARE FSA

The Health Care FSA can be used for your and your dependent's eligible health care expenses not covered by your insurance such as copays, deductibles, and co-insurance for medical, dental, prescription drug and vision care costs. This plan is available to all employees regardless if you are enrolled in any of our health benefits. You can contribute pre-tax money from your paycheck up to the IRS annual limit. You have access to your full election at the beginning of the plan year and can either use your FSA debit card to pay for expenses or submit receipts for reimbursement. The plan allows an end of plan year rollover of \$550 of unused funds into the new plan year

Note: Medical premiums *cannot* be paid with FSA dollars.

DEPENDENT CARE FSA

The Dependent Care FSA can be used to reimburse you for eligible dependent care expenses for children under the age of 13, such as day care expenses and summer day camps so you can work or look for work. You can contribute pre-tax money from your paycheck, up to the IRS annual limit, to be reimbursed for these eligible dependent care expenses. The IRS maximum election for 2022 is \$5,000 per calendar year, per household. Benefits are available as they are deducted from your paycheck, and receipts must be submitted for reimbursement. The plan allows for a 2 ½ month grace period to incur Dependent Care expenses after the plan year ends on December 31st.

NOTE: Funds in your Dependent Care FSA cannot be used to pay for your dependent's medical expenses. For more information about eligible expenses. See IRS Publication 503, "Child and Dependent Care Expenses," on www.irs.gov.

You should carefully estimate your expected out of pocket expenses to determine your contribution amounts for the plan year. It cannot be changed unless you have a qualifying event. Your taxable gross income is reduced by the amount of your election divided equally over your pay periods for the plan year.



FSAs can help you pay for eligible expenses with pre-tax dollars. KPTI provides an opportunity for you to save money on your taxes by offering two types of FSAs: Health Care and Dependent Care.

FSA RULE NOT TO FORGET:
The FSAs are subject to the "use it or lose it" rule. If you don't use your funds, you will forfeit them. You have until March 31, 2022 to submit for reimbursement of your 2021 expenses.



To help protect your family from the financial burden of death or sudden injury and plan for your family's security, KPTI provides you with life and accidental death and dismemberment (AD&D) insurance at no cost you.

Providing for Your Family: Life Insurance Coverage

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Basic Life Insurance covers you for 2x your base annual salary up to \$500,000 in the event of your untimely death.

Note: The IRS requires Karyopharm to tax the amount of basic life coverage greater than \$50,000. You will see a notation on your paycheck as well as on your W2 at the end of the year.

Basic AD&D Insurance covers you for 2x your base annual salary up to \$500,000 in the event of your untimely death from an accidental injury. AD&D also pays a benefit if you are severely injured and suffer a loss, such as the loss of a limb or eyesight.

Note that if in the event of accidental death both Basic Life and AD&D will be applicable.

Providing for Your Family: Life Insurance Coverage

VOLUNTARY LIFE & ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Voluntary Employee Life Insurance: You can elect additional benefit amounts in \$10,000 increments up to the lesser of 5 x your Base Annual Earnings to a maximum of \$500,000. As a newly eligible employee you can elect up to \$150,000. This amount is called Guarantee-Issue (GI). Any election over the GI amount, or *any future increased election*, will require approval from our vendor through an online health questionnaire. Once the vendor has approved the additional amount, we will add it to your benefits coverage.

Voluntary Spouse Life Insurance: You can elect to cover your spouse or domestic partner in \$5,000 increments up to the lesser of 100% of the Employee election or \$500,000. During enrollment you can elect up to \$25,000 as a newly eligible employee. This amount is called Guarantee-Issue (GI). Any election over the GI amount, or any future increased election, will require approval from our vendor through an online health questionnaire. Once the vendor has approved the additional amount, we will add it to your benefits coverage.

Voluntary Child(ren) Life Insurance: You can elect to cover your dependent children up to age 26 in \$2,000 increments up to the lesser of 100% of the Employee election or \$10,000. All dependent children are covered under one elected amount.

Voluntary Employee AD&D Insurance: You can elect additional benefit amounts in \$10,000 increments up to the lesser of 5 x your Base Annual Earnings to a maximum of \$500,000.

Voluntary Spouse AD&D Insurance: You can elect to cover your spouse or domestic partner in \$5,000 increments up to the lesser of 100% of the Employee election or \$500,000.

Voluntary Child(ren) AD&D Insurance: You can elect to cover your dependent children up to age 26 in \$2,000 increments up to the lesser of 100% of the Employee election or \$10,000. All dependent children are covered under one elected amount.



In order to ensure you have the appropriate level of insurance available, additional life and AD&D insurance is available to meet the needs of you and your family.



KPTI provides parental leave for employees to care for a child after birth or adoption.



KPTI's disability insurance plan provides a stable income source to carry you and your family through your temporary disability. In the event of a non work related accident or any non work related debilitating event, a portion of your salary will be continued for a period of time.

Providing Income Protection: Disability Coverage

SHORT-TERM DISABILITY

After an elimination period of 7 calendar days, STD benefits will begin. STD coverage provides you with 60% of your Base Weekly Earnings for the length of your recovery up to 12 weeks.

LONG-TERM DISABILITY

If your disability lasts longer than 12 weeks or 90 days, you may be eligible for Long Term disability. LTD provides you with 60% of your Base Monthly Earnings up to a maximum benefit of \$13,000 per month. Benefits continue while you are disabled up to age 65 or longer if the disability occurs after age 65.

PARENTAL LEAVE

Primary Caregiver: After six months of regular full-time employment, you will be eligible to receive up to ten (10) weeks of paid *Parental* leave for the purpose of caring for a newborn, adopting a child eighteen (18) years or younger, or adopting a mentally or physically disabled child age twenty-three (23) or younger, provided that you will be the primary caregiver of the child.

Secondary Caregiver: After six months of regular full-time employment, you will be eligible to receive up to two (2) weeks of paid *Parental* secondary caregiver leave for the purpose of caring for a newborn, adopting a child eighteen (18) years or younger, or adopting a mentally or physically disabled child age twenty-three (23) or younger.

LEAVE OF ABSENCE

You must apply for STD or LTD coverage as well as any state or government related benefits for which you may qualify including FMLA. Please contact benefits@Karyopharm.com should you need to take a leave of absence.

Caring for Your Future: Retirement Savings Plan

With the *Karyopharm Therapeutics Inc. 401(k) Plan*, you can contribute up to 100% of your paycheck, after tax and benefit deductions are taken, toward a Pre-tax and/or Roth 401(k) plan up to the annual IRS limit. You can enroll and change your contribution % at any time at www.netbenefits.com.

TRADITIONAL OR ROTH

Your traditional 401(k) deductions are taken before your income tax deductions are calculated, lowering your taxable income on your W2. Any funds withdrawn from your plan after you reach retirement age will be taxed at your current income tax rate at the time of withdrawal, including any earnings on your investments.

Your Roth 401(k) deductions are taken after your income tax deductions are calculated. Any funds taken out of your plan after you reach retirement age will not be taxed, including any earnings on your investments.

The IRS contribution limit for both Pre-tax and Roth 401(k) contributions combined is \$20,500 with an additional \$6,500 if you will be over 50 by 12/31 in the current year.

COMPANY MATCH

In addition to your contributions, Karyopharm has a Safe Harbor Company Match that vests immediately. The company matches 100% of the first 3% you contribute, and 50% of the next 2% you contribute. To receive a full match of 4%, you will need to contribute at least 5%. At the end of the year Karyopharm calculates a match true up and contributes any match that may have been missed during the year. The company match is 100% vested, which means it's yours from the day it is deposited.

INVESTMENTS

To help grow your retirement savings, you have several mutual funds covering various asset classes to invest your deductions. Review your investment options as well as online retirement planning tools at www.netbenefits.com. While you're there, be sure to add your beneficiaries online, so Fidelity can track them.



Karyopharm offers a retirement plan through Fidelity with a traditional 401(k) as well as a Roth 401(k) option to provide you with a savings and investment vehicle to help you reach your financial goals for retirement.

To receive a full match of 4%, you will need to contribute at least 5%.



Twice a year Karyopharm offers the employee stock purchase plan with a 15% discount on KPTI stock shares.

Caring for Life: Valuable Additional Benefits

EMPLOYEE STOCK PURCHASE PLAN (ESPP)

Stock is purchased at a 15% discount of the lower of the closing prices on the first day and the last day of the offering period:

- You may elect to withhold up to the lesser of 15% of your pay or \$10,625 per 6 month offering period
 - There are two offering periods:
 - May 1 through October 31
 - November 1 through April 30
- If the stock price happens to be lower on the last day of the period, a refund is made to those employees whose contributions exceeded that limit

Participants can:

- Decrease or stop your contributions once per offering period
- Withdraw from the plan and get a refund of current offering period contributions

BUSINESS TRAVEL ACCIDENT (BTA) INSURANCE

Karyopharm Therapeutics offers \$500,000 in coverage for Accidental Death & Dismemberment (AD&D) Insurance through The Hartford for eligible employees while they are traveling on company assignment, including local business travel.

Our BTA coverage includes these value-added services provided by Europe Assistance USA:

Travel Assistance before and during a trip when you are more than 100 miles from home for 90 days or less

- 24/7 Identity theft protection while at home and away
- No additional cost to employee, 100% employer paid

Caring for Life: Valuable Additional Benefits

TUITION ASSISTANCE PROGRAM

After 6 months of employment, Karyopharm will provide tuition assistance, where appropriate, to invest in the professional development of employees enrolled in job related undergraduate or graduate degree programs.

Karyopharm will reimburse up to \$5000 each calendar year! Two payments will be made to the employee for the requested amount. Fifty percent will be paid at the start of a course and 50% upon completion of the course. You can find the Tuition Assistance form and more program details on our KaryoNet.

Please email benefits@karyopharm.com for any additional questions.

EMPLOYEE REFERRAL BONUS

The best employees come from current employees, therefore, Karyopharm offers an employee referral bonus to employees that introduce candidates, who become employees. The following outlines the program.

- \$2,500 for standard roles, paid \$500 in first paycheck after new hire start date. Remainder paid after 3-month anniversary date of the newly hired employee
- Not Eligible: HR, VP level and above, if in department of hiring manager, or filling role in own reporting line

CARE.COM

Care.com can help you manage all of your family care needs! Karyopharm pays for your Premium-Care.com membership – unlimited access to the world's largest network of caregivers to find care for children, adults, pets, housekeeping, and more! You can easily browse local caregivers, post jobs describing your exact care needs, set up interviews and access background check options. Care.com accepts your payment through the website for care giver fees. You can access this special network at karyopharm.care.com and select "Let's Get Started" or call 855.781.1303 or email careteam@care.com for assistance.



**Education is the passport
to the future, for
tomorrow belongs to those
who prepare for it today.**





The KaryoCares Wellness Program is aimed to promote total wellbeing for each member of our team and their families. The program includes weekly offerings in fitness classes, meditation, nutrition, financial health and so much more!

Make sure to check out the KaryoCares Wellness Resource Center on KaryoNet!

Caring for Your Wellbeing: KaryoCares Wellness Program



The KaryoCares Wellness Program aims to play an impactful role in driving total wellness and wellbeing through events, training sessions, learning opportunities, and much more! Karyopharm aims to support employees and families across the range of personal and professional needs; physically, emotionally, socially, and financially. The goal and mission: A happy & healthy Karyophamily!

The Wellness Program is built around 4 Pillars of Wellness:

- **Physical Wellbeing:** Tackling specific issues that are sapping productivity and spiking health-care cost
- **Emotional Wellbeing:** From job and life satisfaction to managing stress, focusing on helping individuals with mindfulness and emotional intelligence
- **Social Wellbeing:** Building a culture of trustworthiness, making connections and strengthening relationships
- **Financial Wellbeing:** Improving financial confidence by tackling topics such as budgeting, banking, student loans, credit cards, and retirement

Caring for your Wellbeing: Valuable Additional Benefits

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Living a productive and fulfilling life requires a healthy mind and healthy body. The Employee Assistance Program offered by Karyopharm through ComPsych, a confidential, third-party administrator, is available for you and your dependents should you need assistance with managing daily stresses of work, home and family. ComPsych can assist with health and wellness topics such as stress, alcohol and drug dependencies, adjusting to change, child and elder care, grief, family or parenting issues, marital or relationship issues.

The program is available to you at no additional cost, except when using discounted services like Legal Consultation.

PAID TIME OFF (PTO)

Length of Service	Hours Per Year	Monthly Accrual (Hours)	PTO Accrual Cap (Hours)
0 - 5 years	160 hours (20 days)	13.34 hours	160 hours*
5+ years	200 hours (25 days)	16.67 hours	200 hours*

PTO balance is a combination of vacation, sick and personal days.

**PTO accrual is capped at 160 hours or 200 hours depending on length of service (California employees refer to the Employee Handbook for further information). Once you hit 160/200 hours, you stop accruing. The accrual will begin again once you take time and fall below 160/200 hours. You do not lose any time from one year to the next. View balances and record time taken in Sage People.*

EMPLOYEE PERKS AND DISCOUNTS

Access Perks is our employee discounts provider. They offer exclusive reduced pricing – 20% to 30% off on average – on over 850 products, services and experiences. There are several discount categories, like Fitness, Sports and Electronics! To request access, email benefits@Karyopharm.com.



Wellbeing includes taking a break from time-to-time. Don't forget to use your PTO, that's what it's there for.



KPTI believes in caring for each employee as a whole person. This includes rest and relaxation! KPTI is excited to offer a generous PTO policy as well as multiple perks and discounts to help the whole family enjoy a night out or dream vacation!

Required Notices:

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

Health care plans that cover mastectomies must also cover post-mastectomy reconstruction breast surgery. Specifically, health plans must cover:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of the physical complications at all stages of the mastectomy, including lymphedemas
- Benefits required by law will be provided in consultation between the patient and the attending physician. These benefits are subject to the health plan's regular deductibles, co-payments and coinsurance.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Under federal law, health care plans may not restrict any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal delivery, or less than 96 hours following a Cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother and with the mother's consent, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

MENTAL HEALTH PARITY

Effective January 1, 2010, the Company sponsored medical plans were modified to cover mental health and substance abuse expenses subject to the same treatment limits, deductibles, co-payments, co-insurance and out-of-pocket requirements that apply to other medical and surgical expenses. This change applies to both inpatient and outpatient services.

CONTINUED COVERAGE UNDER COBRA

If you enroll in medical coverage you should be aware of your right under COBRA (the Consolidated Omnibus Budget Reconciliation Act, as amended). Among other things, COBRA mandates that an employer give employees the ability to continue those same coverage's, on a self-paid basis, after leaving employment. For more information, contact Benefits@karyopharm.com

NOTICE OF HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after

your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan.

However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or for more information, contact Karyopharm's Benefits at benefits@karyopharm.com.

PATIENT PROTECTIONS

Karyopharm Therapeutics health plan offered through Harvard Pilgrim Healthcare generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Harvard Pilgrim Healthcare at the phone number listed on the back of your ID card or click on "find a doctor" on www.harvardpilgrim.org. You may contact Karyopharm Therapeutics Benefits at benefits@karyopharm.com.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Harvard Pilgrim Healthcare or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Harvard Pilgrim Healthcare at the phone number listed on the back of your ID card or by clicking on "find a doctor" on www.harvardpilgrim.org. You may contact Karyopharm's Benefits at benefits@karyopharm.com.

Required Notices: Medicare Part D

IMPORTANT NOTICE FROM KARYOPHARM ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE (Part D)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Karyopharm Therapeutics and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Karyopharm Therapeutics has determined that the prescription drug coverage offered by Harvard Pilgrim Healthcare is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Karyopharm Therapeutics coverage will not be affected. Your options are as follows:

- Retain your existing coverage and choose not to enroll in a Part D plan; or
- Enroll in a Part D plan as a supplement to the other coverage
- If your existing prescription drug coverage is under a Medigap policy, you cannot have both your existing prescription drug coverage and Part D coverage.

If you enroll in Part D coverage, you should inform your Medigap insurer of that fact, and the Medigap insurer must remove the prescription drug coverage from the Medigap policy and adjust the premium as of the date the Part D coverage starts. If you do decide to join a Medicare drug plan and drop your current Karyopharm coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Karyopharm and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Karyopharm Therapeutics changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: January 1, 2022 Name of Entity/Sender: Karyopharm Therapeutics Inc. Contact: Joanne Cardin
Address: 85 Wells Avenue, Suite 210, Newton, MA 02459 Contact Phone #: 617-658-0600

Contact Email: benefits@karyopharm.com

CMS Form 10182-CC Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.