

Medical Coverage



HOW MEDICAL COVERAGE WORKS

You have two options for Medical Coverage through Aetna.

The **PPO Premium** and **PPO Value** are national Preferred Provider Plans utilizing the Aetna network. With these plans, you will not need to designate a Primary Care Physician (PCP) or request a referral to see a specialist. You receive the highest level of coverage by using in-network providers and risk much higher out-of-pocket costs when using out-of-network providers.

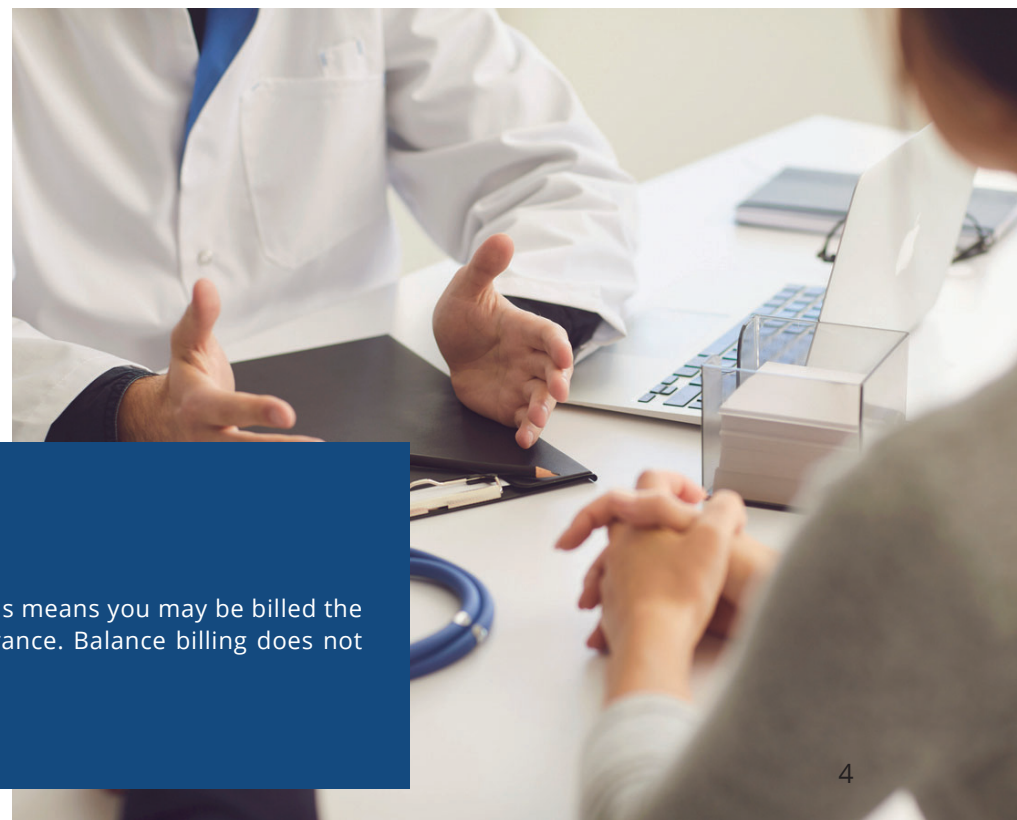
Both plans include the Aetna HealthFund, which covers a portion of the deductible.

Summaries of Benefits & Coverage (SBCs): Visit 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.

Find a Provider: Visit aetnaresource.com/m/karyopharm and click on "Find a Doctor" to search for your providers to determine if they are in-network.

MEDICAL PLAN PREMIUMS PER PAYCHECK

	PPO Premium	PPO Value
Employee	\$95.92	\$71.48
Employee + 1	\$199.42	\$148.60
Family	\$287.75	\$214.42



IMPORTANT NOTE

If you use an out-of-network provider, they may balance bill you. This means you may be billed the balance over Aetna's negotiate rate, in addition to the 20% coinsurance. Balance billing does not accumulate toward the Out-of-Pocket Maximum.

Medical Coverage



You have two options for Medical Coverage through Aetna.

	PPO Premium	PPO Value
Kayropharm Contribution to HealthFund (Individual / family)	\$1,500 / \$3,000	
Deductible	\$1,500 / \$3,000	\$2,000 / \$4,000
Out-of-Pocket Maximum	\$6,600 / \$13,200	
Out-of-Network Coinsurance	20%	20%
Preventive Care Visit	\$0	\$0
Primary Care Office Visit	\$25 copay	\$25 copay
Specialist Visit	\$30 copay	\$30 copay
Emergency Room Visit	\$200 copay after deductible <i>waived if admitted</i>	\$200 copay after deductible <i>waived if admitted</i>
Inpatient Hospital & Outpatient Surgery	\$0 after deductible	\$0 after deductible
Diagnostic Tests & Imaging	\$0 after deductible	\$0 after deductible
Behavioral Health	\$25 copay	\$25 copay
PRESCRIPTION DRUGS		
Retail Pharmacy (30 Day Supply)	\$5 / \$25 / \$50 / \$100	\$5 / \$25 / \$50 / \$100
Mail Order (90 Day Supply)	\$10 / \$50 / \$100 / \$200	\$10 / \$50 / \$100 / \$200

Prescription Drug Coverage



PRESCRIPTION DRUG COVERAGE TIERS

There are four levels of coverage with different copays for each. **With mail order you get a 3 months' supply for the price of 2!**

- **Tier 1a:** Lowest-cost selected generic drugs and certain over-the-counter (OTC) medications
- **Tier 1:** Higher-cost generic drugs and select brand-name drugs
- **Tier 2:** Mostly brand-name drugs that may have generic or brand-name alternatives in Tiers 1a or 1
- **Tier 3:** Highest-cost specialty, brand name, or generic drugs

You can visit aetnaresource.com/m/karyopharm and click on "Find a Medication" to review covered drugs with CVS Caremark.



ALL PLANS	COVERAGE & COST
Tier 1a - Low-Cost Generic & OTC: Retail 30-day supply Mail Order 90-day supply	\$5 copay \$10 copay
Tier 1 - Preferred Generic: Retail 30-day supply Mail Order 90-day supply	\$25 copay \$50 copay
Tier 2 - Preferred Brand Name: Retail 30-day supply Mail Order 90-day supply	\$50 copay \$100 copay
Tier 3 - Non-Preferred Brand Name: Retail 30-day supply Mail Order 90-day supply	\$100 copay \$200 copay

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 CVS Caremark.

Prior Authorization: Some medications on your plan require that your doctor explain the medical necessity for the prescription. Your doctor can contact CVS Caremark directly to request the authorization.



HealthFund

AETNA HEALTHFUND

When you use the medical plan to have a test, x-ray, hospital stay, emergency room visit, etc. Karyopharm's HealthFund through Aetna partially covers your deductible, if needed, as follows:

- **Individual:** \$1,500
- **Family:** \$3,000

HOW THE HEALTHFUND IS USED TO PAY CLAIMS:

- The Aetna HealthFund is automatically part of your Aetna medical plan
- The HealthFund is visible to provider staff when they verify your benefits
- Your provider bills Aetna after your visit
- Aetna pays your claim and automatically sends the HealthFund payment, if applicable, directly to your doctor

Bottom line? Always wait to receive an Explanation of Benefits from Aetna and wait for everything to be paid through your insurance before paying any bills. If the "your responsibility" amount on your Explanation of Benefits (EOB) does not match the amount due on your provider's invoice, call Aetna Member Services.

If you have further questions, you can call the Aetna Concierge at **(866) 267-1442** for help with your claims questions.



IMPORTANT NOTE

When you enroll in one of our medical plans, you also automatically have access to the Aetna HealthFund, which funds a portion of your deductible when you use the plan. This benefit is administered by Aetna and is included in your Aetna medical benefits.

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

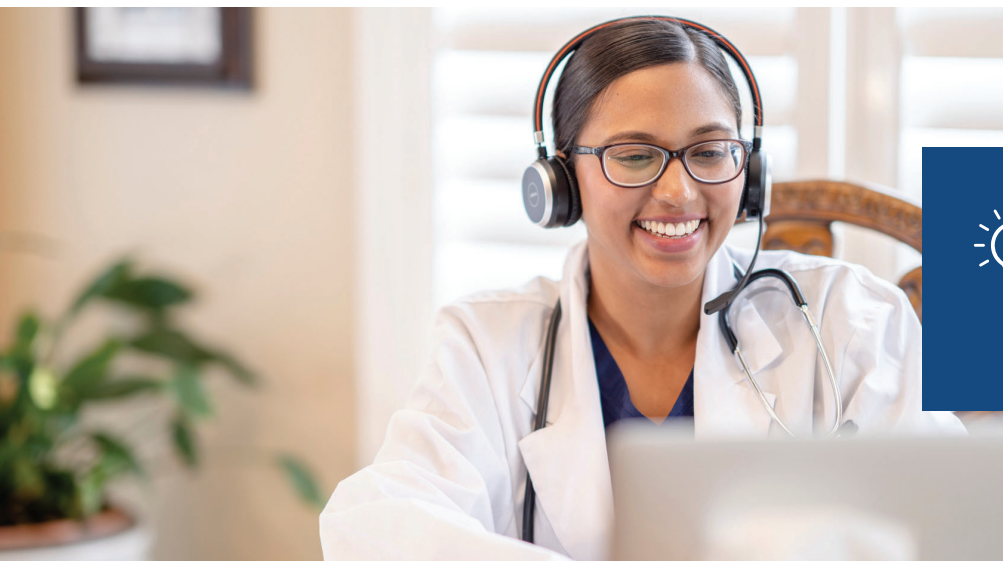
The Aetna logo, consisting of the word "aetna" in a lowercase, purple, sans-serif font, with a small "SM" trademark symbol. To the right of the logo is a photograph of a doctor in a white lab coat with their arms crossed and a blue stethoscope around their neck.

Additional Medical Benefits

TELEMEDICINE

Aetna has partnered with Teladoc so members can talk with licensed doctors anywhere, anytime, by phone, mobile app, or online 7 days a week. Contact Teladoc to speak with doctors for non-emergency general medical issues. You can also speak with experienced psychiatrists, psychologists, master's level therapists, licensed mental health counselors, or social workers to discuss a variety of common medical issues, including mental health and substance use services. Dermatology appointments are also available through Teladoc. Upload images of a skin issue online and get a custom treatment plan within two days.

Teladoc is quick and easy online. Visit the Teladoc website at [Teladoc.com/aetna](https://teladoc.com/aetna). You can also call Teladoc for assistance over the phone at 1-855-Teladoc or download the mobile app through your phone's app store.



ADDITIONAL BENEFITS COVERAGE

- **Chiropractic:** 12 visits per year, \$30 copay
- **Acupuncture:** 20 visits per year, \$30 copay
- **Annual Routine Eye Exam:** Covered 100%

AETNA CONCIERGE

Questions About Your Plan? Your Aetna Concierge can help. If you have questions about your health plan, call your Aetna Concierge at **(866) 267-1442**. Your Aetna Concierge can assist with the following topics:

- Finding a specialist
- Guidance on what to do after you receive a diagnosis
- Medical and prescription drug coverage
- Questions about surgery referrals
- Estimating the cost of services



IMPORTANT NOTE

KPTI embraces wellness in all forms and ensures additional benefits coverage is available with Aetna enrollment for things like acupuncture, nutrition programs, and Teladoc.

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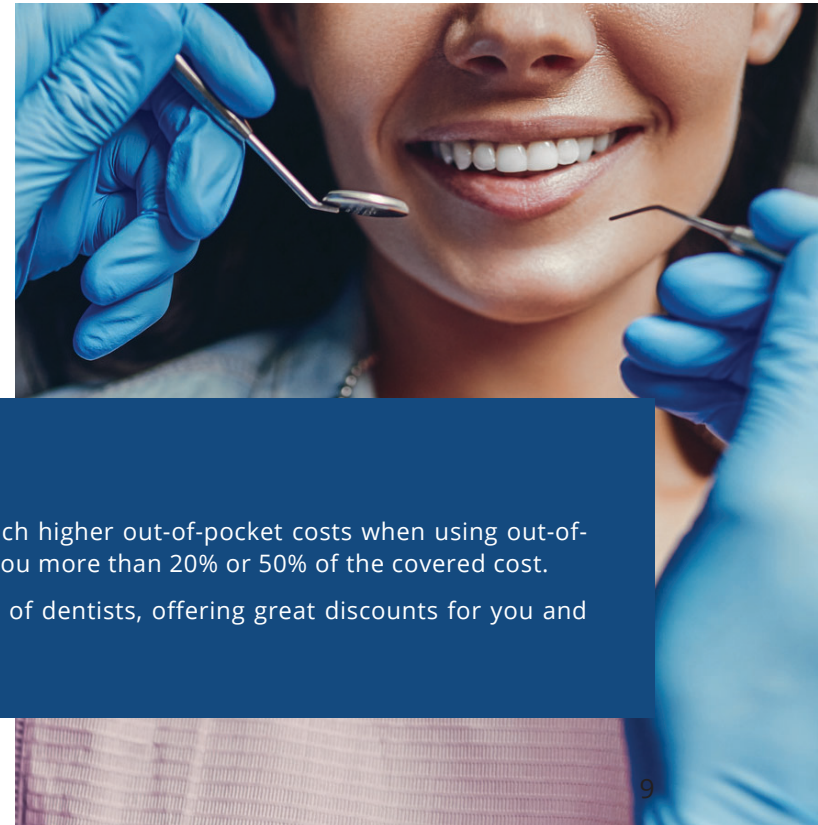
Dental Coverage

We partner with Delta Dental to offer you comprehensive dental coverage.

	PPO NETWORK	PREMIER NETWORK & OUT-OF-NETWORK*
Type I: Diagnostic / Preventive — <i>Exams, Teeth Cleaning</i>	100%	100%
Type II: Basic Restorative — <i>Fillings, Extractions, Root Canals</i>	85%	80%
Type III: Major Restorative — <i>Crowns, Dentures</i>	55%	50%
Deductible <i>(For Types II & III, waived for Type I)</i>	Individual: \$50 Family: \$150	
Calendar Year Maximum <i>(Per Member, Type I, II, III,)</i>	\$2,000	
Orthodontics Lifetime Maximum	Covers 50% up to \$1,500 per Individual <i>(children and adults)</i>	

DENTAL PLAN PREMIUMS PER PAYCHECK

	RATES
Employee	\$4.37
Employee + 1	\$8.88
Family	\$17.32



IMPORTANT NOTE

You receive the highest level of coverage by using in-network providers and risk much higher out-of-pocket costs when using out-of-network providers. Additionally, out-of-network providers may balance bill and cost you more than 20% or 50% of the covered cost.

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

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: \$600 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
- your paid claims do not exceed the maximum “threshold” amount
- you are enrolled for dental coverage before the 4th quarter of the calendar year

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



IMPORTANT NOTE

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.

YOUR CALENDAR YEAR MAXIMUM BENEFIT AMOUNT	If your total yearly claims don't exceed this threshold amount...	You can roll over this amount into the next year...	Your accumulated rollover total is capped at this amount.
\$2,000	\$800	\$600	\$1,500

Vision Coverage



We partner with Vision Service Plan (VSP) to offer comprehensive vision coverage. You will have access to VSP's nationwide network of providers.

	IN-NETWORK	OUT-OF-NETWORK
Well Vision Exam	\$10 copay (once 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	up to \$50 up to \$75 up to \$100
Frames (every 24 months)	(included in prescription glasses copay) \$140 allowance or \$160 for featured brands 20% savings on the amount over your allowance	up to \$70
Contacts (instead of glasses, every 12 months)	contact lens exam (fitting & evaluation) copay up to \$60 \$140 allowance	up to \$105

VISION PLAN PREMIUMS PER PAYCHECK

	RATES
Employee	\$0.52
Employee + 1	\$1.12
Family	\$1.12



IMPORTANT NOTE

Find In-network providers on [VSP.com](https://www.vsp.com).

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](https://www.vsp.com/specialoffers).