

# Medical Coverage



## HOW MEDICAL COVERAGE WORKS

**You have two options for Medical Coverage through Aetna.**

The **PPO HSA** 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.

**The PPO Value plan includes the Aetna HealthFund**, which covers a portion of the deductible.

**The PPO HSA plan includes the Aetna Inspira Health Savings Account**, a tax advantage personal account to be used for qualified Medical, Dental, and Vision expenses.

**Summaries of Benefits & Coverage (SBCs):** Visit [aetnaresource.com/m/karyopharm](https://aetnaresource.com/m/karyopharm) or online with your benefits enrollment in Sage. You can also request to receive a copy at [benefits@Karyopharm.com](mailto:benefits@Karyopharm.com).

**Find a Provider:** Visit [aetnaresource.com/m/karyopharm](https://aetnaresource.com/m/karyopharm) and click on "Find a Provider" to search for your providers to determine if they are in-network.

## MEDICAL PLAN PREMIUMS PER PAYCHECK

	PPO HSA	PPO Value
Employee	\$49.92	\$78.62
Employee + 1	\$103.77	\$163.46
Family	\$149.74	\$235.87



### 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 negotiated rate, in addition to coinsurance. Balance billing does not accumulate toward the Out-of-Pocket Maximum.

# Medical Coverage



You have two options for Medical Coverage through Aetna.

	PPO HSA	PPO Value
Karyopharm Contribution to HealthFund or Health Savings Account <i>(Individual / family)</i>	\$1,000 / \$2,000	\$1,500 / \$3,000
Deductible	\$2,000 / \$4,000	\$2,000 / \$4,000
Out-of-Pocket Maximum	\$6,600 / \$13,200	\$6,600 / \$13,200
Out-of-Network Coinsurance	Either 20% or 30% (see SBC for details)	20%
Preventive Care Visit	\$0	\$0
Primary Care Office Visit	\$25 copay after deductible	\$25 copay
Specialist Visit	\$30 copay after deductible	\$30 copay
Emergency Room Visit	10% coinsurance after deductible	\$200 copay after deductible <i>waived if admitted</i>
Inpatient Hospital & Outpatient Surgery	10% after deductible	\$0 after deductible
Diagnostic Tests & Imaging	10% after deductible	\$0 after deductible
Behavioral Health	\$25 copay after deductible	\$25 copay
<b>PRESCRIPTION DRUGS</b>		
Retail Pharmacy <i>(30 Day Supply)</i>	\$20 / \$50 / \$95 after deductible	\$5 / \$25 / \$50 / \$100
Mail Order <i>(90 Day Supply)</i>	\$40 / \$100 / \$190 after deductible	\$10 / \$50 / \$100 / \$200

# Prescription Drug Coverage



## PRESCRIPTION DRUG COVERAGE TIERS

There are three to four levels of coverage with different copays. **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](https://aetnaresource.com/m/karyopharm) and click on "Find a Medication" to review covered drugs with CVS Caremark.



ALL PLANS	COVERAGE & COST - PPO Value	COVERAGE & COST - PPO HSA
<b>Tier 1a - Low-Cost Generic &amp; OTC:</b> Retail 30-day supply Mail Order 90-day supply	\$5 copay \$10 copay	n/a
<b>Tier 1 - Preferred Generic:</b> Retail 30-day supply Mail Order 90-day supply	\$25 copay \$50 copay	\$20 copay* \$40 copay*
<b>Tier 2 - Preferred Brand Name:</b> Retail 30-day supply Mail Order 90-day supply	\$50 copay \$100 copay	\$50 copay* \$100 copay*
<b>Tier 3 - Non-Preferred Brand Name:</b> Retail 30-day supply Mail Order 90-day supply	\$100 copay \$200 copay	\$95 copay* \$190 copay*

\*after deductible

## 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

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## AETNA HEALTHFUND

When you use the PPO Value Plan to have a test, x-ray, hospital stay, emergency room visit, etc. Karyopharm's HealthFund through Aetna partially covers your deductible, 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 the PPO Value Plan, 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.

# Health Savings Account (HSA)

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A Health Savings Account (HSA) is a tax-advantaged savings account that can be used to pay for medical, dental, vision, and other qualified expenses now or later in life. An HSA is your personal financial account—it's yours even if you leave your current job. The funds in your HSA roll over from year-to-year and you can make additional contributions at any time during the plan year, up to the IRS limit.

Karyopharm will contribute to your HSA account in the amount of \$1,000 for Employee only coverage and \$2,000 for Employee + 1 and Family coverage. These funds count towards your annual contribution limit.

## TAX BENEFITS OF AN HSA

Health Savings Accounts provide a “Triple Tax Advantage”, allowing for:

**Tax-Free Deposits** — When you contribute to an HSA directly from your paycheck, you reduce your federal income tax by the amount you deposit in your HSA.

**Tax-Free Interest** — Your money earns interest while it is in the account and you do not pay taxes on the interest earned.

**Tax-Free Withdrawals** — You never pay taxes on HSA withdrawals when the money is used to pay for qualified medical expenses.



# Health Savings Account (HSA)

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## SAVE NOW – AND FOR YOUR FUTURE

If you're enrolled in the PPO HSA plan, you can use an HSA to pay for qualified health expenses with pretax funds.

With an HSA, you may be able to contribute up to \$4,300\* per individual or \$8,550\* per family (pretax) annually. If you are 55 or older, you can contribute an extra \$1,000. These IRS limits are inclusive of both your contribution and the amount from Karyopharm.

*Note: Employer HSA contributions will be deposited into member's accounts with the amount prorated if hired during the plan year; please see Human Resources for more information.*

## CHECK HSA ELIGIBILITY

You're eligible if you're enrolled in the PPO HSA plan, with a few exceptions. They include:

- Other health plan coverage that pays out-of-pocket expenses before you meet your plan deductible, such as Medicare or TriCare coverage
- A general-purpose health care flexible spending account or health reimbursement arrangement in the same year
- Veterans Affairs medical benefits used in the last three months, unless the hospital care or medical services were for a service-connected disability
- Someone claiming you as a dependent on their tax return

## USE THE INSPIRA MOBILE™ APP

It's the easiest way to manage your account and view alerts; make payments, withdrawals, and deposits; use our barcode scanner to see if an item is an eligible expense.

An HSA allows tax-free payment of medical expenses, many over-the-counter products, and prescriptions, as well as vision and dental expenses. Find a list of which expenses may not be covered on the Inspira website.

For more information visit [inspirafinancial.com](https://www.inspirafinancial.com).



# 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://www.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

### PPO Value Plan

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

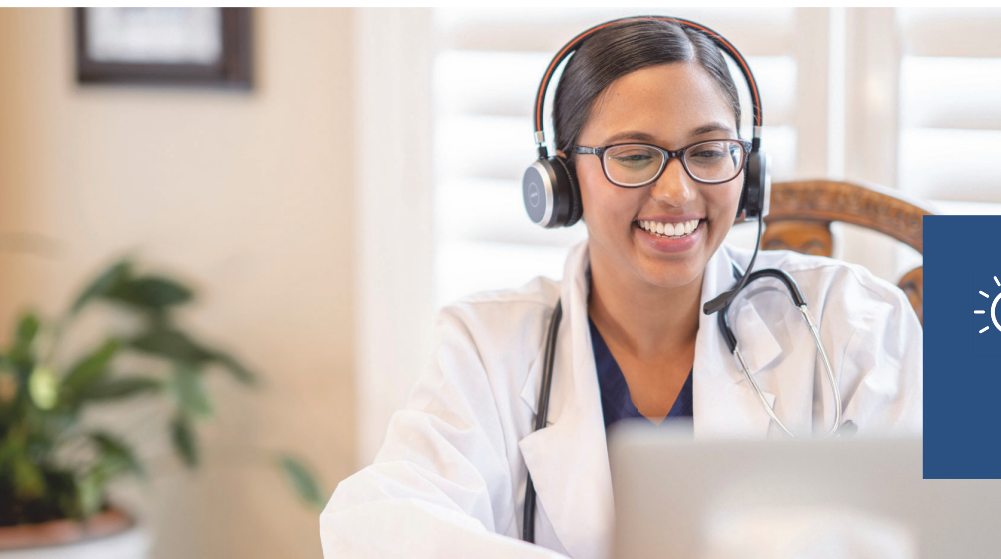
### PPO HSA Plan

- **Chiropractic:** \$30 copay; after deductible
- **Acupuncture:** 20 visits per year, \$25 copay; after deductible
- **Routine Eye Exam (every 24 months):** 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.



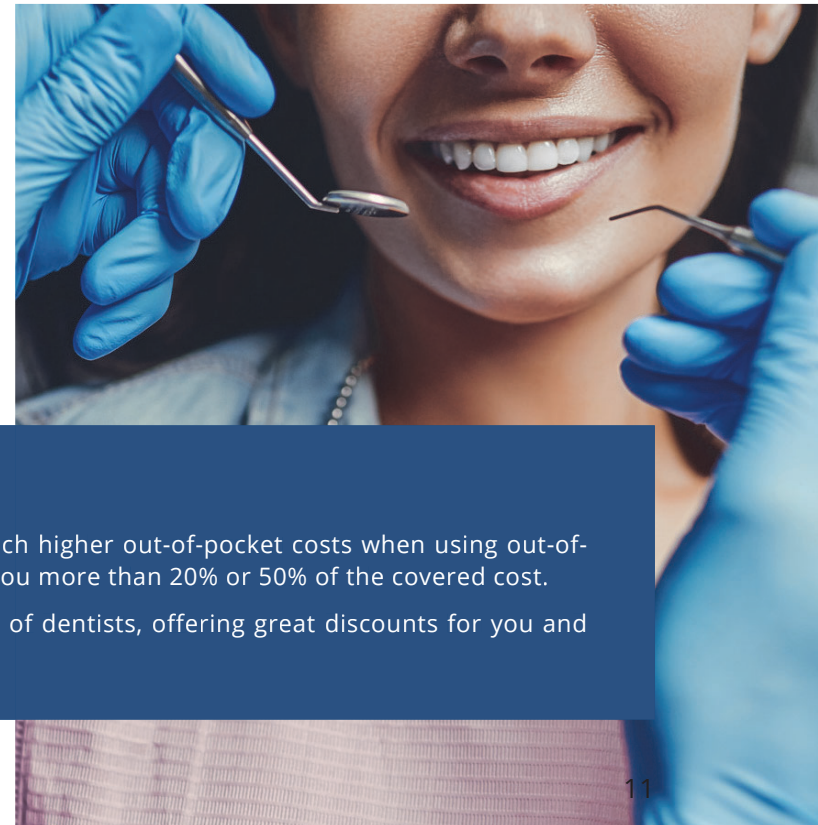
# Dental Coverage

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

	PPO NETWORK	PREMIER NETWORK & OUT-OF-NETWORK*
<b>Type I:</b> Diagnostic / Preventive — <i>Exams, Teeth Cleaning</i>	100%	100%
<b>Type II:</b> Basic Restorative — <i>Fillings, Extractions, Root Canals</i>	85%	80%
<b>Type III:</b> Major Restorative — <i>Crowns, Dentures</i>	55%	50%
Deductible <i>(For Types II &amp; 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 <i>(once every 12 months)</i>	\$10 copay up to \$55
Prescription Glasses <i>(lenses and/or frames)</i>	\$25 copay	\$25 copay
Lenses <i>(every 12 months)</i>	<i>(included in prescription glasses copay)</i> single vision lined bifocal lined trifocal	up to \$50 up to \$75 up to \$100
Frames <i>(every 24 months)</i>	<i>(included in prescription glasses copay)</i> \$140 allowance or \$160 for featured brands 20% savings on amount over allowance	up to \$70
Contacts <i>(instead of glasses, every 12 months)</i>	contact lens exam <i>(fitting &amp; evaluation)</i> 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).