

2026

# U.S. Benefits Guide



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# Your Cytokinetics benefits

We understand the important role benefits play in our lives and in our overall health. That's why we provide a benefits package that lets you elect the right coverage for you and your family, as a new hire and each year during Open Enrollment.

This benefits guide can help you get familiar with your options in Cytokinetics benefits program. It also provides useful tips, tools and resources to help you think through your options and make wise decisions.

### Getting ready to enroll:

- Consider your coverage needs for the upcoming year. For example, do you want to be financially protected if you can't work due to an accident or illness?
- Consider other available coverage.
- Gather information you'll need. If you're covering dependents, you'll need their dates of birth and Social Security numbers. You may also need documents to verify dependents' eligibility — such as a marriage license or birth certificate.

Getting the most value from your benefits depends on how well you understand your plans and how you choose to use them. Be sure to read this entire guide for important information about your benefit options.



### Enrolling in your benefits

-  Log into Workday.
-  Begin the benefits enrollment process.
-  Elect the benefits you want.
-  Save or submit your elections.
-  Print or save a copy of your elections for your records.

# Benefit Basics

Your benefits are a partnership between you and Cytokinetics. The table below outlines how you and Cytokinetics share costs for benefits. The tax treatment shows whether your contribution is taken from your paycheck before or after taxes. Per IRS guidelines, when enrolling a qualified domestic partner and/or domestic partner children, you will be subjected to taxable imputed income taxes. In addition, the domestic partner portion of the employee premium will be deducted on a post-taxed basis. A portion of your company paid life insurance is considered a taxable benefit per the IRS.

Benefit	Tax Treatment	Who Pays
Medical and Pharmacy	Pretax	Company & You
Dental	Pretax	Company & You
Vision	Pretax	Company & You
Health Savings Account	Pretax	Company & You
Flexible Spending Accounts	Pretax	You
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	After-tax	Company
Short-Term Disability	After-tax	Company
Long-Term Disability	After-tax	Company
Pet Insurance	After-tax	You
Legal and Identity Theft Protection	After-tax	You
Wellness Reimbursement Program	After-tax	Company
401(k) Retirement Savings Plan	Pretax or After-tax	Company & You



# Eligibility

## Who's Eligible?

### Employees

Employees who work at least 24 hours per week are eligible for the benefits described in this guide. Most benefits are effective on your date of hire.

### Dependents

- Your legal spouse
- Your domestic partner
- Your children up to age 26
  - Natural and adopted children
  - Stepchildren or the children of your domestic partner who you support and who live with you in a parent-child relationship
  - Any other children for whom you are the legal guardian or for whom you are required to provide coverage as the result of a qualified medical child support order

## Changing Your Benefits

Generally, you may only make or change your benefit elections as a new hire or during the Open Enrollment period. However, you may change your benefit elections during the year if you experience a qualifying life event such as:

- Marriage, divorce or legal separation
- Birth or adoption of a child\*
- Loss or gain of other coverage by you or your dependent
- Eligibility for Medicare or Medicaid

\*Please note, enrollment for newborns or adopted children is not automatic. You must complete the life event process to add them to your coverage.

### You have 31 days from the qualified life event to make changes to your coverage.

- Depending on the type of event, you may need to provide proof of the event, such as a marriage license or birth certificate.
- If you do not make the changes within 31 days of the qualified event, you will have to wait until the next Open Enrollment period to make changes (unless you experience another qualified life event).



### Enrolling dependents? Items to have ready

When you add dependents to your coverage, you must provide their:

- Legal name
- Date of birth
- Social Security number
- Supporting documentation, such as marriage certificate, birth certificate, adoption papers and tax documents

If you do not provide the required information, your dependents may be dropped from coverage.

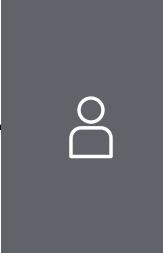
# Medical Plan Overview

We offer the choice of two medical plans through Cigna and one medical plan through Kaiser. Only California residents are eligible for the Kaiser HMO plan. To select the plan that best suits your family, you should consider the key differences between the plans, the cost of coverage (including payroll deductions) and how the plan covers services throughout the year.

## Understanding How Your Plan Works

-  **1. Your deductible**  
You pay out-of-pocket for most medical and pharmacy expenses, except those with a copay, until you reach the deductible. If you are enrolled in the Cigna HDHP/HSA, you can pay for these expenses from your Health Savings Account (HSA).
-  **2. Your coverage**  
Once your deductible is met, you and the plan share the cost of covered medical and pharmacy expenses. The plan will pay a percentage of each eligible expense, and you will pay the rest.
-  **3. Your out-of-pocket maximum**  
When you reach your out-of-pocket maximum, the plan pays 100% of covered medical and pharmacy expenses for the rest of the plan year. Your deductible and coinsurance apply toward the out-of-pocket maximum.

## Understanding aggregate vs. embedded deductibles and out-of-pocket maximums

-  **Aggregate approach**
  - **One family limit:** A single limit applies to the entire family.
  - **Shared limit:** When the family limit (deductible or out-of-pocket maximum) is met by one or a combination of family members, it is considered met for everyone.
  - **Plan coverage:** Once the limit is met, the plan starts paying its share of eligible expenses for the entire family for the rest of the year.
-  **Embedded approach**
  - **Individual limits:** Each person has their own deductible and out-of-pocket maximum.
  - **Personal coverage:** Once an individual meets their deductible and out-of-pocket maximum, the plan begins paying its share for that person.
  - **Family coverage:** Once two or more family members meet the family limits, the plan starts paying its share for all covered family members.
- Key differences**
  - **Aggregate approach:** One shared limit for the entire family.
  - **Embedded approach:** Individual limits for each family member, with a family-wide trigger.

## Making the Most of Your Plan

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan.

- **In-network providers and pharmacies:** You will generally pay less if you see a provider within the medical and pharmacy network.
- **Preventive care:** In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms. Check your insurer's preventive care guidelines to see what services fall into the preventive category.



# Pharmacy Plan Overview

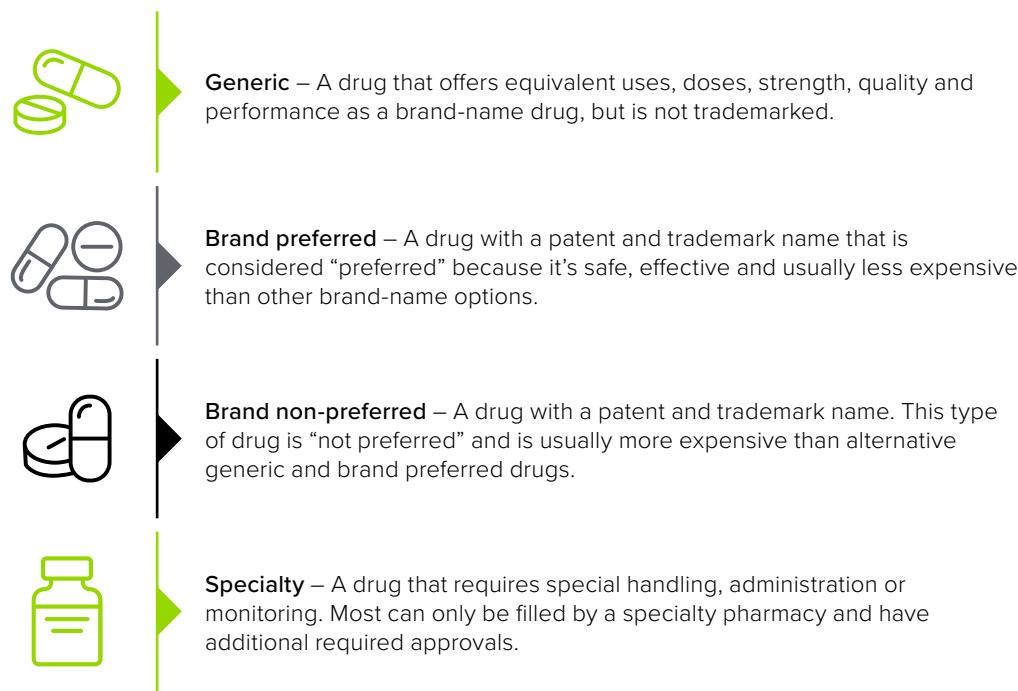
We offer prescription drug coverage through Cigna and Kaiser.

## Understanding Your Pharmacy Coverage

- **Preventive drugs:** Many preventive drugs and those used to treat chronic conditions like diabetes, high blood pressure, high cholesterol and asthma are on the Preventive Condition Drug List. These prescriptions are covered at 100% (no cost to you) when you use an in-network pharmacy.
- **Mail order pharmacy:** If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the mail order pharmacy through Cigna and Kaiser to save on a 90-day supply.

## Pharmacy Categories

Medications are placed in categories based on drug cost, safety and effectiveness. These tiers also affect your coverage.



Cigna members may view current drug list on myCigna referencing the “Performance” formulary.

# Medical and Pharmacy Coverage

Medical Plan Provisions	Cigna OAP/PPO		Cigna HDHP/HSA		Kaiser HMO
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>2</sup>	In-Network
<b>Cytokinetics' Contribution to HSA (Individual/Family)</b>	None		\$1,450/\$2,850		None
<b>Annual Deductible (Individual/Family)</b>	\$500/ \$1,000	\$1,000/ \$2,000	\$3,400/ \$5,600 <sup>3</sup>	\$5,000/ \$10,000	None
<b>Out-of-Pocket Maximum (Includes Deductible)</b>	\$2,500/ \$5,000	\$5,000/ \$10,000	\$3,400/ \$6,000	\$7,500/ \$15,000	\$1,500/\$3,000
<b>Preventive Care</b>	Covered at 100%	30%*	Covered at 100%	30%*	Covered at 100%
<b>Primary Care Provider Office Visit<sup>5</sup></b>	\$20 copay*	30%*	10%*	30%*	\$10 copay
<b>Specialist Office Visit</b>	\$30 copay*	30%*	10%*	30%*	\$10 copay
<b>X-Ray and Lab</b>	10%*	30%*	10%*	30%*	Covered at 100%
<b>Inpatient Hospital Services</b>	10%*	30%*	10%*	30%*	Covered at 100%
<b>Outpatient Hospital Services</b>	10%*	30%*	10%*	30%*	\$10 copay (per procedure)
<b>Urgent Care</b>	\$35 copay	30%*	10%*	30%*	10%*
<b>Emergency Room</b>	\$150 copay + 10%*		10%*		\$50 copay (per visit)
<b>Retail Pharmacy (up to a 30-day supply)</b>					
Generic	\$10 copay	Not covered	\$10 copay*	Not covered	\$10 copay
Brand Preferred	\$30 copay	Not covered	\$30 copay*	Not covered	\$20 copay
Brand Non-Preferred	\$50 copay	Not covered	\$50 copay*	Not covered	\$20 copay
Specialty	20%* (up to \$200)	Not covered	20%* (up to \$200)	Not covered	Not covered
<b>Mail Order Pharmacy (90-day supply)</b>					
Generic	\$20 copay	Not covered	\$20 copay*	Not covered	\$10 copay
Brand Preferred	\$60 copay	Not covered	\$60 copay*	Not covered	\$20 copay
Brand Non-Preferred	\$100 copay	Not covered	\$100 copay*	Not covered	\$20 copay
Specialty	20%* <sup>4</sup> (up to \$200)	Not covered	20%* (up to \$200)	Not covered	Not covered

\*After deductible.

<sup>1</sup>Cigna OAP/PPO Out-of-Network services are paid at a percentage of Medicare – Professional: 180%, Facility: 225%.

<sup>2</sup>Cigna HDHP/HSA Out-of-Network services are paid at a percentage of Medicare – Professional: 105%, Facility: 140%.

<sup>3</sup>Cigna HDHP/HSA individual deductible within the family plan is met at \$3,400.

<sup>4</sup>Cigna OAP/PPO members taking certain qualifying specialty medications are encouraged to participate in Cigna's SaveOnSP program to take advantage of \$0 cost share. Members will pay 30% coinsurance to fill their specialty medications if they did not enroll in the SaveOnSP program.

<sup>5</sup>Cigna OAP/PPO members may experience Specialist Office Visit copays while visiting their Primary Care Provider. Consult with your physician's office on your covered service procedure billing.

<sup>6</sup>Cigna OAP/PPO and Cigna HDHP/HSA will apply deductibles and out-of-pocket expenses you've paid based on a percentage of Medicare and not the actual amount you paid to the out-of-network provider.

**Note:** Pharmacy formularies are adjusted on a regular basis and may occur throughout the year. Please check the carriers' websites for updates.



# Medical Plan Resources

## Kaiser Telehealth

Kaiser offers a number of ways for you to get care day or night.

- Phone Visit
- Video Visit
- E-visit/Email

Learn more at [kp.org/getcare](http://kp.org/getcare).

## Cigna Telemedicine

- Cigna's MDLIVE is a 24/7 service that provides access to board-certified doctors via mobile app, online video, or phone.
- Whether you're at home, at work, traveling or you simply want a more convenient way to see a doctor, getting virtual care is easy and available anytime, anywhere.
- Get care for allergies, asthma, colds, flu, earaches, pinkeye, rashes and more. You can even get a prescription, if needed.
- MDLIVE Behavioral Services has a full mental health network to support emotional, behavioral and social needs. You and your covered dependents can visit with a licensed counselor, therapist, psychiatrist or psychologist from the comfort of your home through phone calls or video chats.
- Sign up at [myCigna.com](http://myCigna.com) or download the myCigna app.

## Digital ID Cards

Access digital cards on [myCigna.com](http://myCigna.com) or [kp.org](http://kp.org) or their respective mobile apps. Participants can also request a paper card by calling customer services or requesting it on the portal.

# Well-being Programs

## Well-being Programs

To encourage wellness and fitness activities, we offer employees exclusive access to our onsite fitness center, as well as free monthly webinars on your physical, mental, and financial well-being.

### Wellness Reimbursement Program

Cytokinetics has partnered with Forma to bring you a Wellness Reimbursement Account to underscore our commitment to supporting your well-being and providing choice and flexibility. With this new account and platform, you can submit reimbursements for eligible well-being-related expenses, as well as use Forma's online store.

In January and July of each year, we will load \$150 into your Wellness Account with Forma, for an annual benefit of \$300 per year. Categories range from Digital Health to Wellness to Virtual Coaching and more. The categories have been curated to put you in the driver's seat and enable Cytokinetics to make a meaningful investment in your priorities. Access your account via the Forma tile in Okta today.

Please note that this is a taxable benefit, meaning reimbursements provided to you will be reported on your annual W-2.

Refer to our Wellness Reimbursement Program Policy for complete details of this benefit: [Click here](#)



# Savings and Spending Accounts

Cytokinetics offers several accounts that enable you to pay for eligible expenses tax-free. The IRS provides a list of eligible expenses for each type of account at [www.irs.gov](http://www.irs.gov).



**Health Savings Account (HSA)** – Available if you are enrolled in the Cigna HDHP/HSA as long as you are not enrolled in any other health coverage, Medicare or claimed as a dependent on someone else's tax return.



**Health Care Flexible Spending Accounts (FSAs)** – Your options depend on your medical plan enrollment.

- **Health Care FSA** – If you are not enrolled in the Cigna HDHP/HSA, you can use this account for medical, pharmacy, dental and vision expenses.
- **Limited Purpose FSA** – If you are enrolled in the Cigna HDHP/HSA, you can use this account to pay for dental and vision expenses only.



**Dependent Care FSA** – Use for eligible childcare expenses for dependents under age 13 or elder care.

## Comparison of Accounts

	HSA	FSA
<b>Does the company contribute?</b> <i>Amount for full-year 2026</i>	✓ Employee: \$1,450 Employee +1 or Family: \$2,850	✗
<b>Can I contribute my own savings?</b>	✓	✗ (employer sponsored FSA's can only be taken from payroll deductions)
<b>Is there an IRS maximum annual contribution?</b>	✓ Employee: \$4,400 Family: \$8,750 Those 55 and older can contribute an additional \$1,000 annually.	✓ Health Care or Limited Purpose FSAs: \$3,400 Dependent Care FSA: \$7,500
<b>Will my savings roll over each year?</b>	✓ Unlimited	! Up to \$680 for Health Care and Limited Purpose FSAs; No roll over for Dependent Care FSA
<b>Will I earn interest on my savings?</b>	✓	✗
<b>Are the savings tax-free?</b> <i>In most states*</i>	✓	✓
<b>Do I keep the money if I leave Cytokinetics?</b>	✓	! Any monies not used for eligible expenses are forfeited; Option to continue Health Care or Limited Purpose FSAs only through COBRA
<b>Can I also have a Flexible Spending Account (FSA)?</b>	! Limited Purpose and Dependent Care FSAs only	N/A Dependent Care FSA

\*State taxes may still apply in CA, NJ and AL. For detailed tax implications of an HSA, please contact your professional tax advisor.

# Health Savings Account

A Health Savings Account (HSA) is a savings account that belongs to you that is paired with the Cigna HDHP/HSA. It allows you to make tax-free contributions that you can use to pay for current and future medical expenses for you and your dependents.



## Start it

- Contributions to an HSA are tax-favored for you — whether they come from you or Cytokinetics. Cytokinetics also contributes \$1,450 for individual coverage and \$2,850 for family. Employer contributions are made semi-annually, with funding provided at 50% in both January & July.
- The HDHP costs less than other plans so the money you save on premiums can be put into your HSA. This helps you save money on taxes and gives you more flexibility and control over your health care dollars.



## Build it

- All of the money in your HSA is yours (including any contributions deposited by the company) even if you leave your job, change plans or retire.
- In 2026, the total of your contributions and the company's can be up to \$4,400 for individual coverage and \$8,750 for family coverage. If you are age 55 or older, you can contribute an additional \$1,000 per year.



## Use it

- You can withdraw your money tax-free at any time, as long as you use it for qualified expenses (a list can be found on [www.irs.gov](http://www.irs.gov)).
- You can also save this money and hold onto it for future eligible health care expenses.



## Grow it

- Unused money in your HSA will roll over, earn interest and grow tax-free over time.
- You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it — tax-free.

## Eligibility details

- You cannot have an HSA if you are enrolled in any other health coverage, Medicare, or if you are claimed as a dependent on someone else's tax return.
- You cannot participate in the Health Care Flexible Spending Account (FSA) if you have an HSA. Your spouse/domestic partner also cannot have a Health Care FSA.
- The HSA is tax-favored under federal tax laws but may not apply to every state's tax regulations. New employees hired after the start of the year will receive prorated employer contribution(s) to the HSA.

# Flexible Spending Accounts

A Flexible Spending Account (FSA) helps you pay for health care, dependent care or commuting costs using tax-free dollars. Your contribution is deducted from your paycheck on a pretax basis and is placed into the FSA. When you incur expenses, you can access the funds in your account to pay for *eligible* expenses.

This chart shows the eligible expenses for each type of FSA and how much you can contribute per year. Each of these options reduces your taxable income.

Account type	Eligible expenses	Annual contribution limits
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan, such as copays, coinsurance, deductibles, eyeglasses, orthodontia and prescriptions.	Maximum contribution is \$3,400 per year. You cannot enroll if you are enrolled in the HDHP plan with an HSA. Funds are deducted throughout the year, but all funds are available on January 1.
Limited Purpose FSA	Only dental and vision expenses that are not covered by your medical, dental or vision plans, such as copays, coinsurance, deductibles, eyeglasses and orthodontia. In some cases, dental expenses will require that you submit a claim for reimbursement including proof of payment and a copy of the explanation of benefits.	Maximum contribution is \$3,400 per year. This is available to those enrolled in the Cigna HDHP/HSA plan with an HSA. Funds are deducted throughout the year, but all funds are available on January 1.
Dependent Care FSA	Dependent care expenses including day care, after-school programs for children under age 13 or elder care programs so you can dedicate your time more for work or attend school full-time.	Maximum contribution is \$7,500 per year (\$3,750 if married and filing separate tax returns).
Commuter Account	Expenses for commuting to and from work using public transit, or paying parking fees at or near your workplace or at a commuter lot where you transfer to a vanpool or mass transit.	Maximum contribution is \$340 per month to your transit/vanpool account and up to \$340 per month to your parking account.

## Important information about FSAs

- Your FSA elections are effective from January 1 through December 31.
- Services must be incurred by December 31 of each year.
- Claims for reimbursement must be submitted by March 31 of the following year.
- The Health Care or Limited Purpose FSAs allow you to carry over \$680 in unused funds to the following plan year.
- Please plan your contributions carefully. Any unused money remaining in your account(s) will be forfeited. This is known as the “use it or lose it” rule and it is governed by Internal Revenue Service regulations.
- FSA elections do not automatically continue from year to year; you must actively enroll each year.
- You can only change your FSA contribution amount if you experience a qualified status change.
- The FSA plans are not interchangeable. You must enroll in each separately and funds are non-transferable.
- Commuter Account contributions may be adjusted and will be effective the following month.

# Dental Plan

It's important to have regular dental exams and cleanings so problems are detected before they become painful — and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. We offer a dental plan through Cigna.

Plan Provisions	Cigna DPPO	
	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Annual Maximum (per Individual)	\$2,000	\$2,000
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	Covered at 100%	Covered at 100%
Basic and Restorative Services (e.g., fillings)	10%	10%
Major Services (e.g., dentures, crowns, bridges)	40%	40%
Orthodontia (adults & children up to age 26)	50%, up to a lifetime maximum of \$2,000 per individual	

\*After deductible.

## Get the most from your dental plan

- **Stay in-network** – While you have the option of choosing any provider, you save money when you use in-network dentists. When using an out-of-network dental provider, you will pay more out-of-pocket because there is no contract in place to set fees for services which the provider can balance bill you for.
- **Free annual check-up** – Use free preventive care to keep your mouth and gums healthy all year long.
- **Use your FSA or HSA funds** – Help pay for eligible out-of-pocket dental expenses.



# Vision Plan

The vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. You can choose any provider; however, you always save money if you see in-network providers. We offer a vision plan through VSP.

Plan Provisions	VSP Vision	
	In-Network	Out-of-Network
Exam	\$10 copay	Up to \$50
Frames	\$150 allowance, plus 20% off balance over your allowance*	Up to \$70
Lenses	Covered at 100%*	Up to \$50
▪ Single vision	Covered at 100%*	Up to \$75
▪ Bifocal	Covered at 100%*	Up to \$100
▪ Trifocal		
Contact Lenses (Medically necessary)	Covered at 100%*	Up to \$210
Elective Contact Lenses (in lieu of glasses)	Up to \$130	Up to \$105
Frequency	Once every 12 months	
▪ Exam	Once every 12 months	
▪ Lenses	Once every 12 months	
▪ Frames	Once every 12 months	
▪ Contact lenses	Once every 12 months	

\*Subject to copay.

Contact Lens allowance is in lieu of lenses and frames.

**Note:** This information summarizes the plans and is not intended to present complete details. Actual terms are governed by the master policies.

## Get the most from your vision plan

- **Pay for vision expenses tax-free** – Use your **FSA** or **HSA** to pay for your exam copay and eyeglasses or contacts.
- **LightCare benefits for in-network purchases** – Members without a need for prescription eyewear can use their LightCare benefit to purchase ready-made non-prescription blue light-filtering glasses or ready-made non-prescription sunglasses. When selecting this option, both the frame and lens benefits will be exhausted.

# Life Insurance and Disability

## Basic Life and AD&D Insurance

It's important to give some serious thought to what expenses and income needs your dependents would have if something happened to you. To make sure you have financial protection, Cytokinetics provides basic Life and AD&D insurance for employee through Unum.

- Life insurance is an important part of your financial wellbeing, especially if others depend on you for support.
- Cytokinetics provides basic life and accidental death and dismemberment insurance through Unum to all eligible employees at **no cost** equal to 2 times your base annual earnings, up to a maximum of \$900,000.
- No medical evidence is required for this coverage.
- Coverage is automatic; you do not need to enroll.
- You will need to declare beneficiaries through Workday.

## Disability Insurance

Disability insurance through Unum provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury. Cytokinetics provides eligible employees with disability coverage at **no cost** as shown below. Coverage is automatic; you do not need to enroll.

Coverage	Benefit
Short-Term Disability	<ul style="list-style-type: none"><li>▪ 66.67% of your weekly salary, to a maximum of \$2,000 per week for the first 12 weeks of a disability after the one-week (7 consecutive days) waiting period.</li><li>▪ 66.67% of your base salary, to a maximum of \$13,000 per month if you are disabled and are unable to work for more than 90 days.</li><li>▪ Benefits are offset with other sources of income, such as Social Security and Workers' Compensation.</li></ul>
Long-Term Disability	

## Augmented Pay

Augmented Pay is provided to employees who go on disability, pregnancy, parental leave, or family medical leave.

This benefit will be integrated with what an employee would receive from state disability insurance, short-term disability insurance, or state-paid family leave. The pay received will be equivalent to 100% of the employee's pay. The maximum amount an employee is eligible to receive is 12 weeks for disability claims, 8 weeks for parental leave, and 8 weeks for family medical care leave within a rolling 12-month period.

Unum Member Services | Phone: 800-Ask-Unum (800-275-8686) | Website: [www.unum.com](http://www.unum.com)

### Protect your loved ones

**Be sure to designate your beneficiary** – You must choose a beneficiary for life and AD&D insurance. Keep your beneficiaries up-to-date in Workday. Remember, you can change your beneficiary designation at any time throughout the year.

### Family Medical Leave Act (FMLA)

If you have been with the company for 12 months, you may be eligible for up to 12 work weeks of unpaid leave per year under the Family and Medical Leave Act (FMLA). FMLA can be used for an illness of your own, care needed for a family member, care for a newborn and certain other medical needs. To begin a claim, create an account by visiting [www.unum.com/claims](http://www.unum.com/claims).

### State Disability and Paid Family Leave Insurance

To protect employees who miss work due to a non-work-related accident or illness, caring for an ill family member, or baby bonding/parental leave, California law requires that a small percentage of each employee's wages be deducted each pay period for disability and paid family leave insurance.



# Voluntary Plans

## Legal and Identity Theft Protection

Protecting your personal information has become a major concern. Identity theft coverage through LegalShield is designed to protect your identity and assets through identity, credit and social media monitoring. LegalShield also extends coverage to any dependent who lives in the same household as you or who is financially dependent on you, with no age limit. The plan includes:

- Annual credit report and monthly credit score tracking
- Digital wallet storage and monitoring
- Full-service identity restoration
- Identity and credit monitoring
- Social media reputation monitoring

When you use a plan attorney for covered services, there is no waiting period, limits on usage, deductibles or copays.

This plan is available at a low monthly group rate, which you can pay through automatic payroll deductions. For more information, call 714-904-6501 or visit <https://www.legalshield.com>.

## Pet Insurance

You can purchase My Pet Protection through Nationwide, for your dog, cat, bird or other exotic animals. Like a regular health insurance plan, a pet insurance policy can help you plan for your pet's health care — and offset costs for routine care and unexpected illness or injury.

Your premium is based on your pet's species, age, the benefits coverage you select and where you live.

For more information, a quote or to enroll, visit [www.petinsurance.com/cytokinetics](http://www.petinsurance.com/cytokinetics) or call 877-738-7874.

# Additional Benefits

## Employee Assistance Program

Life is filled with change and uncertainty. The responsibilities and demands on our time can be overwhelming. Our Employee Assistance Program (EAP) is here to help you and your family members with life's challenges.

The EAP, administered by Concern EAP, provides 24/7 confidential support, resources and information for you and your dependents. You and your family have access to three free consultations with a licensed clinician per incident, per individual, per calendar year. Services include:

- Childcare and eldercare assistance:** Needs assessment along with referrals to childcare and eldercare providers.
- Daily living services:** Referrals to help with event planning, transportation services, pet services and more.
- Financial services:** Budgeting, credit and financial guidance, retirement planning and assistance with tax issues.
- Identity theft recovery services:** Information on identity theft prevention, an identity theft emergency response kit and help if you are victimized.
- Legal services:** Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning and more.
- LGBTQIA+ resources:** LGBTQIA+ friendly therapists, support groups and educational materials for people of all ages.

Confidential assistance is available any time. Call 800-344-4222 or visit [employees.concernhealth.com](http://employees.concernhealth.com). Use company code: Cytokinetics.

## Education Assistance

Cytokinetics encourages you to pursue further education that would be of direct benefit to Cytokinetics and you in terms of improved performance in your present position or in preparation for future assignments. In support of this mutual benefit, Cytokinetics offers an Education Assistance Program.

You are eligible to receive up to a maximum of \$10,000 per year for pursuing a degree or certification relevant to the company's business. Courses must be job-related and approved in advance by your supervisor.

## Commuter Shuttle

An array of commuter shuttle services are available between our SSF building and selected BART and Caltrain stations. Shuttles provided by [Commute.org](http://Commute.org) and the Genentech Glen Park BART Connector. For additional information, please contact [totalrewards@cytokinetics.com](mailto:totalrewards@cytokinetics.com).

## Adoption Assistance

Employees are eligible to be reimbursed up to \$5,000 for eligible expenses relating to the adoption of a child.

## Paid Time Off

Paid Time Off ("PTO") days are provided for you to use for vacation, to attend to personal business, to recover from an illness or take care of ill family members. This program removes the barriers usually associated with the traditional vacation/sick policies and allows you to make choices about how and when you use your paid time off.

This benefit is available to all regular full and part-time employees who work 24 or more hours per week. Part-time employees are eligible on a prorated basis.

## PTO Accrual Schedule

Eligible employees accrue PTO on a monthly basis according to their length of service with the company. The PTO accrual rate is based on your length of employment as shown below.

Length of Employment	Hours Per Month	Per Year	Maximum Accrual
Less than 5 Years	13.33 hours	20 days (160 hours)	30 days (240 hours)
5 to 10 Years	14.67 hours	22 days (176 hours)	33 days (264 hours)
10 Years or More	18.00 hours	27 days (216 hours)	41 days (328 hours)

Unused PTO may accumulate up to the maximum PTO accumulation limit (the "cap level"). For example, an employee accruing 20 days per year could accumulate a maximum of 30 unused PTO days.

Your accrual will stop after you reach the cap level. Once you use your PTO and bring your balance below the cap level, you will begin accruing again. If you go on an unpaid leave of absence, you will not accrue PTO time during the days you are not receiving pay. New hires may receive a proration of PTO hours on the last day of the first month of employment.

## PTO Policies

Your PTO may be used for all planned and unplanned absences from work. Exempt employees may request PTO in increments of 4 hours. Non-exempt employees may request PTO in increments of 2 hours.

# Additional Benefits (continued)

## Planned Absences

When you plan to take time off for vacation, make sure your PTO account has sufficient hours available. Complete your PTO request prior to your absence and obtain your supervisor's approval. Every effort will be made to grant your vacation at the time you request. However, schedules need to be coordinated to support your department's operation, so submit your request to your immediate supervisor well in advance.

You may use your PTO time to take care of personal business, such as visiting your child's school or going to the doctor.

## Unplanned Absences

You may take PTO without prior approval if you or one of your family members becomes ill or in a personal emergency. PTO for illness is approved by your supervisor for up to five (5) days and noted on the appropriate time record. Consult with Human Resources for illness absences over five (5) days to coordinate Disability Benefits.

Bereavement Leave may be approved for up to five (5) days. Relationships include parent, parent-in-law, grandparent, uncle, aunt, sibling and spouse/domestic partner, child/domestic partner child, in lieu of parent.

For an unplanned absence, call in directly to your supervisor no later than the start of your scheduled work time. This will assist your supervisor in arranging coverage.

## Holidays and Designated Winter Holiday Shutdown

The following holidays are recognized by Cytokinetics as paid holidays:

▪ New Year's Day (Observed)	▪ Labor Day
▪ Martin Luther King Jr. Day	▪ Thanksgiving Day
▪ Presidents' Day	▪ Day after Thanksgiving
▪ Memorial Day	▪ Holiday Shutdown
▪ Juneteenth (Observed)	▪ One Floating Holiday designated by the company
▪ Independence Day	

The 2026 Holiday Schedule is also available in Workday.

## Holiday Policies

All salaried employees shall be paid for Cytokinetics' observed holidays as part of their base salary. All regularly scheduled full-time 40-hour employees will be paid for Cytokinetics' observed holidays at their normal hourly base rate of pay, excluding any special elements of compensation, such as pay or shift differentials, bonuses, or commissions. Regular part-time employees are eligible on a prorated basis.

Holidays that occur on a Saturday or Sunday will normally be observed on the proceeding Friday or following Monday.

**Non-exempt employees:** To qualify for holiday pay as a non-exempt employee, you must work the scheduled workday immediately before and after the holiday. The only exception to this policy is if you are using pre-approved PTO to cover your absence.

A holiday that occurs during an employee's scheduled vacation may be used in place of accrued PTO or may be used to extend the vacation.

Employees may work on a company-scheduled holiday only under the direction of management. Non-exempt employees who work on a scheduled holiday, and are otherwise eligible, will receive holiday pay, plus time and one half (1.5x) for hours worked.

**Note:** You are not eligible to receive holiday pay when you are on a leave of absence.

## Travel and Accident Insurance

Cytokinetics provides all eligible employees business-related Travel and Accident Insurance equal to \$500,000.

This coverage is only payable when traveling on business and does not pay out when the location has been deemed a war risk.

Additionally, the policy will pay out to the following schedule:

Loss of	Amount Paid
Life	Principal Sum
Both hand or both feet	Principal Sum
Sight of both eyes	Principal Sum
One hand and one foot	Principal Sum
Speech and hearing of both ears	Principal Sum
Either hand or foot and sight of one eye	Principal Sum
Either hand or foot	½ Principal Sum
Sight of one eye	½ Principal Sum
Speech or hearing of both ears	½ Principal Sum
Thumb and index of same hand	½ Principal Sum
Quadriplegia	Principal Sum
Paraplegia	¾ Principal Sum
Hemiplegia	½ Principal Sum

Your Travel and Accident Insurance is provided through Chubb Europe Travel Assistance Insurance.

# Additional Benefits (continued)

## Travel Medical Emergency Services

If a medical problem occurs, you may feel more comfortable knowing that someone is there to assist you. The Travel Accident Program can provide air ambulance and companion services if necessary.

This program can help you:

- Obtain local medical care
- Monitor the quality and cost of the hospital treatment
- Confirm travel medical expense insurance
- Guarantee payment to the provider of medical services using your financial resources
- Arrange the payment of non-insured medical expenses
- Maintain contact between local and personal physicians
- Arrange shipment of prescription drugs, medical equipment, and prescription lenses
- Provide your medical records
- Maintain daily contact between patient, family, employer, and physicians

For more information, contact Europe Travel Assistance International Services.

- United States or Canada: 1-888-987-5920
- Other International Locations: 1-240-330-1571

## COBRA

Whenever you lose benefits due to a non-benefited Status change or if you leave Cytokinetics, Federal law provides that you and/or your currently covered dependents have the opportunity to continue your Group Health Coverage at group rates under the COBRA regulations.

Contributions are made through payroll deductions.

## Social Security

As an employee of Cytokinetics, you are covered under the provisions of the Federal Social Security Law (FICA). The amount of deductions from your wages for social security taxes is matched by Cytokinetics. The total contribution is credited toward your Social Security benefits. In addition to retirement, disability and survivor's benefits are financed through Social Security deductions.

## Unemployment Compensation

If your employment terminates, you may be eligible to receive Unemployment Insurance(UI). In most cases, you must file a claim to collect this benefit. If such a situation arises, you should inquire about UI at the time of your separation from the company.

## Workers Compensation

Cytokinetics provides and pays for Workers' Compensation insurance coverage. This insurance is intended to provide medical care and pay for lost time and rehabilitation benefits resulting from injuries on the job and from those illnesses caused by your work. Eligible employees will be paid a percentage of their regular base earnings through Workers' Compensation for a maximum period provided for by law. If you are injured on the job, you must report immediately to your supervisor and HR in order to file the proper reports.

## Discount Marketplace

BenefitHub is a one-stop shop for exclusive discounts at many of your favorite national and local merchants!

With BenefitHub, you'll find ways to stay healthy, enjoy thousands of specially negotiated ways to shop, travel and entertain, and improve the quality of your life. There's an endless list of places to save!

To get started, scan the code or visit <https://cytokinetics.benefithub.com>. Enter YTWR34 as the referral code.

For questions, call 866-222-8789 or send an email to [wtw@benefithub.com](mailto:wtw@benefithub.com).

# 401(k) Retirement Savings Plan

Whether retirement is way down the road or just around the corner, it's important to have specific savings and investment goals. To help you meet them, we offer a 401(k) Retirement Savings Plan, administered by Fidelity Investments, with multiple investment options and a company match.

Employee contributions	Employer contributions
<ul style="list-style-type: none"><li>You can contribute up to 90% of your salary up to a maximum of \$24,500 in 2026. If you are age 50 or older, you may contribute up to an additional \$7,500 as a "catch-up" contribution.</li><li>Contributions may be made on a pretax or Roth (after-tax) basis and are eligible for the company match.</li><li>Effective January 1, 2026, catch-up contributions for employees age 50 and older with earnings more than \$145,000 (indexed) in FICA wages in the prior year, must be in the form of ROTH contributions.</li></ul>	<ul style="list-style-type: none"><li>Our 401(k) plan includes a discretionary match for every pay period you contribute. Currently, we match 50% of your contributions, up to 6% of your eligible earnings, subject to relevant IRS limits.</li><li>The company match is funded every pay period and is fully vested once it's funded to the employee's 401(k) account.</li><li>If you contribute more than 6% in some paychecks, any additional employer match from the true-up calculation may be funded in the second quarter of the following year.</li></ul>

\*At the time of print, 2026 401(k) limits have not been released. For the most recent IRS limits, please visit [www.irs.gov](http://www.irs.gov).

## After-Tax Contributions

- Our plan allows the option to take advantage of additional savings with in-plan ROTH conversions.
- Continue to contribute to your retirement savings once you hit the IRS limit. Contributions are not subject to the employer discretionary match.
- Reach out to our dedicated retirement advisors at 800-835-5097 to learn more about this supplemental retirement savings vehicle.

## Withdrawals and Loans

Withdrawals from your Plan are generally permitted in the event of termination of employment, retirement, disability, or death.

You may also be eligible for a withdrawal in the case of a severe financial hardship as defined by the Plan. Keep in mind, withdrawals are subject to income taxes and possibly to early withdrawal penalties.

Participant Loans from the Plan account are available. Generally, you may borrow the lesser of 50% of your vested account balance or \$50,000. The minimum amount you may borrow is \$1,000. Loan repayments (plus interest) to your plan account are automatically deducted from your pay through after-tax payroll deductions. You may have one outstanding loan at a time.

### More information

- You can enroll in the plan and make changes to your contributions at any time. Assign your beneficiaries using the Fidelity NetBenefits app.
- Fidelity Investments has many different investment options for you to choose from, along with tools and resources you can use to determine which options best meet your investment goals.
- For more information about the 401(k) Retirement Savings Plan or to enroll or change your contribution rates or investment elections, visit [www.401k.com](http://www.401k.com) or call 800-835-5097.

## Employee Stock Purchase Plan (ESPP)

Employees can participate in our ESPP for up to 15% of their base pay (subject to IRS limits) and can purchase Cytokinetics stock at a discount. At the time of purchase, you will benefit from a minimum purchase discount of 15%.

# Benefit Costs

Your monthly payroll contributions for medical, dental and vision benefits are shown here.

## Grades A-E

Medical Tier	Kaiser HMO	Cigna HDHP/ HSA	Cigna OAP/ PPO
Employee Only	\$103.00	\$70.00	\$165.00
Employee + Spouse/DP	\$250.00	\$159.00	\$412.00
Employee + Child(ren)	\$227.00	\$136.00	\$354.00
Family	\$371.00	\$227.00	\$640.00

## Grades F and Above

Medical Tier	Kaiser HMO	Cigna HDHP/ HSA	Cigna OAP/ PPO
Employee Only	\$154.00	\$112.00	\$214.00
Employee + Spouse/DP	\$363.00	\$255.00	\$568.00
Employee + Child(ren)	\$329.00	\$218.00	\$488.00
Family	\$525.00	\$362.00	\$806.00

Dental Tier	Cigna DPPO	Vision Tier	VSP Vision
Employee Only	\$14.00	Employee Only	\$4.00
Employee + Spouse/DP	\$29.00	Employee +1	\$6.00
Employee + Child(ren)	\$34.00	Employee + 2 or more	\$9.00
Family	\$48.00		

In 2007, Cytokinetics implemented a two-tiered subsidy model based on grade level and compensation. We recognized that a flat cost-sharing model has a disparate impact on employees who have lower incomes. As a result, we implemented the tiered subsidy model above. The structure yields a generous market subsidy for employees in the lower half of our salary structure, yet retains a market competitive subsidy for employees within the higher compensated levels. We believe this is a more equitable approach for our team.

Per IRS guidelines, when enrolling a qualified domestic partner and/or domestic partner children, you will be subjected to taxable imputed income taxes. In addition, the domestic partner portion of the employee premium will be deducted on a post-taxed basis.



# Helpful Benefit Terms

Annual maximum	The maximum benefit amount paid each year for each family member enrolled in the dental plan.
Brand preferred drugs	A drug with a patent and trademark name that is considered “preferred” because it’s safe, effective and usually less expensive than other brand-name options.
Brand non-preferred drugs	A drug with a patent and trademark name that is “not preferred” because it’s usually more expensive than other generic and brand preferred options.
Coinsurance	The sharing of cost between you and the plan. For example, 80% coinsurance means the plan covers 80% of the cost of service after a deductible is met. You will be responsible for the remaining 20% of the cost.
Copay	A fixed amount (for example \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of service.
Deductible	The amount you have to pay for covered services each year before your health plan begins to pay.
Elimination period	The time period between the beginning of an injury or illness and receiving benefit payments from the insurer.
Evidence of Insurability (EOI)	EOI is documentation or declaration of good health requested by the insurance company in order for the enrollee to obtain coverage.
Flexible Spending Accounts (FSAs)	FSAs allow you to pay for eligible health care and dependent care expenses using tax-free dollars. The money in the account is subject to the “use it or lose it” rule which means you must spend the money in the account before the end of the plan year.
Generic drugs	A drug that is equivalent to brand-name drugs in use, dose, strength, quality and performance, but is not trademarked.
Guaranteed issue	Guaranteed issue refers to coverage that is offered to all eligible enrollees regardless of their health status.
Health Savings Account (HSA)	An HSA is a personal savings account for those enrolled in a High Deductible Health Plan (HDHP). You may use your HSA to pay for qualified medical expenses such as doctor’s office visits, hospital care, prescription drugs, dental care and vision care. You can use the money in your HSA to pay for qualified medical expenses now, or in the future, for your expenses and those of your dependents, even if they are not covered by the HDHP.
Health Reimbursement Arrangement (HRA)	A fund you can use to help pay for eligible medical costs not covered by your medical plan. Funds are contributed to the HRA by the company.
High Deductible Health Plan (HDHP)	A qualified High Deductible Health Plan (HDHP) is defined by the Internal Revenue Service (IRS) as a plan with a minimum annual deductible and a maximum out-of-pocket limit. These minimums and maximums are determined annually and are subject to change.
In-network	A designated list of health care providers (doctors, dentists, etc.) with whom the insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.
Inpatient	Services provided to an individual during an overnight hospital stay.

# Helpful Benefit Terms (continued)

Mail order pharmacy	Mail order pharmacies generally provide longer supplies of a prescription medication often with a smaller copay than what you would pay at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.
Out-of-network	Providers that are not in the plan's network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Higher deductibles and coinsurance will apply.
Out-of-pocket maximum	The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.
Outpatient	Services provided to an individual at a hospital facility without an overnight hospital stay.
Pre-existing condition	A health condition that an individual was treated for, or got medical advice from a doctor about, prior to when they applied for health or life insurance. This can also apply if a person had existing symptoms that would cause them to seek treatment.
Primary Care Provider (PCP)	A doctor (generally a family or internal medicine practitioner or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.
Reasonable & Customary Charges (R&C)	Prevailing market rates for services provided by health care professionals within a certain area for certain procedures. Reasonable and Customary rates may apply to out-of-network charges.
Specialist	A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist or neurologist).
Specialty drugs	A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

## Benefit acronyms

ACA	Affordable Care Act	HSA	Health Savings Account
AD&D	Accidental Death & Dismemberment	LPFSA	Limited Purpose Flexible Spending Account
FSA	Flexible Spending Account	LTD	Long-Term Disability
HDHP	High Deductible Health Plan	PPO	Preferred Provider Organization
HMO	Health Maintenance Organization	STD	Short-Term Disability

# Contact Information

Coverage	Carrier	Phone	Website/Email
Medical and Pharmacy	Cigna Express Scripts Pharmacy	866-494-2111 800-244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
Medical and Pharmacy	Kaiser	800-464-4000	<a href="http://www.kp.org">www.kp.org</a>
Dental	Cigna	800-244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
Vision	Vision Service Plan (VSP)	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Health Savings Account	WEX	866-451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
Flexible Spending Accounts	WEX	866-451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
Commuter Benefits	WEX	866-451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
Life and AD&D Insurance	Unum	800-Ask-Unum (800-275-8686)	<a href="http://www.unum.com">www.unum.com</a>
Disability Insurance	Unum	800-Ask-Unum (800-275-8686)	<a href="http://www.unum.com">www.unum.com</a>
Legal and ID Theft Protection	LegalShield	714-904-6501	<a href="https://www.legalshield.com">https://www.legalshield.com</a>
Pet Insurance	Nationwide	877-738-7874	<a href="https://benefits.petinsurance.com/cytokinetics">https://benefits.petinsurance.com/cytokinetics</a>
Discount Marketplace	BenefitHub	866-222-8789	<a href="https://cytokinetics.benefithub.com">https://cytokinetics.benefithub.com</a> (Referral Code: YTWR34) <a href="mailto:wtw@benefithub.com">wtw@benefithub.com</a>
Wellness Reimbursement Program	Forma		<a href="http://www.joinforma.com">www.joinforma.com</a>
Employee Assistance Program (EAP)	Concern EAP	800-344-4222	<a href="http://employees.concernhealth.com">employees.concernhealth.com</a> (Company code: Cytokinetics)
Travel Assistance	Chubb	(US/Canada) 1-888-987-5920 (International) 1-240-330-1571	
401(k) Retirement Savings Plan	Fidelity Investments	800-835-5097	<a href="http://www.401k.com">www.401k.com</a>

For more information, please visit Cytokinetics Benefits Website.



# Annual Notices

As an employee of Cytokinetics, you are entitled to receive Annual Notices discussing various state and federal laws and rights you have regarding your employment and benefits. To make the required information as accessible as possible, we post this information on [Cytokinetics' benefits site](#).

The following notices are available:

- Medicare Part D – Creditable Coverage
- HIPAA Notice of Special Enrollment
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Women's Health and Cancer Rights Act (WHCRA)
- Patient Protection Model Disclosure
- Model Newborns' Act Disclosure
- Grandfathered Health Plans Model Notice
- Paperwork Reduction Act Statement
- Notice of Cytokinetics Health Information Privacy Practices

Please contact Human Resources at 650-624-3000 with questions or if you need additional information.





## About this guide

This benefits summary provides selected highlights of the Cytokinetics benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefits plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Cytokinetics reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

